Child Care and Development Fund (CCDF) Plan

for

State/Territory Mississippi

FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 – 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub. L. 113-186) (https://www.acf.hhs.gov/sites/default/files/occ/child_care_and_development_block_grant_markup.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

CCDF Plan Overview. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families' access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

1. Define CCDF Leadership and Coordination with Relevant Systems
2. Promote Family Engagement through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to High Quality Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

CCDBG Implementation Deadlines. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission (March 1, 2016), the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)

- Current overall status for this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)
- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02 and corresponding timeline of effective dates https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: https://childcareta.acf.hhs.gov/ccdf-reauthorization In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

CCDF Plan Submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see http://www.section508.gov/ for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law.

In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance

with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

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

Identify the Lead Agency or joint inter-agency office designated by the State/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))

Name of Lead Agency Mississippi Department of Human Services

Address of Lead Agency 750 N State Street, Jackson, MS 39202

Name and Title of the Lead Agency Official Mr. John Davis, Executive Director

Phone Number 601-359-4480

E-Mail Address deccd@mdhs.ms.gov

Web Address for Lead Agency (if any) www.mdhs.ms.gov

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State/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 entity with administrative responsibilities and include contact information.

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator Laura Dickson

Title of CCDF Administrator Director, MDHS Division of Early Childhood Care and Development

Address of CCDF Administrator 750 N State Street, Jackson, MS 39202

Phone Number 601-359-4555

E-Mail Address Laura.Dickson@mdhs.ms.gov

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

Name of CCDF Co-Administrator N/A

Title of CCDF Co-Administrator N/A

Phone Number N/A

E-Mail Address N/A

Description of the role of the Co-Administrator N/A

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) 1-800-877-7882

Web Address for CCDF program (for the public) (if any) www.mdhs.ms.gov/early-childhood-care-development/

Web Address for CCDF program policy manual (if any) www.mdhs.ms.gov/early-childhood-care-development/child-care-policy-manual/

Web Address for CCDF program administrative rules (if any) www.mdhs.ms.gov/early-childhood-care-development/child-care-policy-manual/

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

- ☐ Outreach and Consumer Education (section 2):
  - Agency/Department/Entity Early Years Network
  - Name of Lead Contact Dr. Louise Davis
- ☐ Subsidy/Financial Assistance (section 3 and section 4)
  - Agency/Department/Entity Division of Early Childhood Care and Development
  - Name of Lead Contact Laura Dickson
- ☐ Licensing/Monitoring (section 5):
  - Agency/Department/Entity Mississippi State Department of Health Division of Child Care Licensure (Licensed Centers); DECCD Monitoring Unit (License Exempt Providers)
  - Name of Lead Contact Vickey Berryman (MSDH Division of Child Care Licensure); Laura Dickson (DECCD Monitoring Unit)
- ☐ Child Care Workforce (section 6):
  - Agency/Department/Entity Early Years Network
  - Name of Lead Contact Dr. Louise Davis
- ☐ Quality Improvement (section 7):
  - Agency/Department/Entity Early Years Network
  - Name of Lead Contact Dr. Louise Davis
- ☐ Grantee Accountability/Program Integrity (section 8):
  - Agency/Department/Entity MDHS Division of Program Integrity
  - Name of Lead Contact Laura Griffin

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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

☒ All program rules and policies are set or established at the State/Territory level.

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

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

☒ State/Territory

☐ County. If checked, describe the type of eligibility policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set _____

☐ Other. Describe _____

☒ Sliding fee scale is set by the:

☒ State/Territory

☐ County. If checked, describe the type of sliding fee scale policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set _____

☐ Other. Describe _____

☒ Payment rates are set by the:

☒ State/Territory

☐ County. If checked, describe the type of payment rate policies the county can set _____

☐ Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set _____

☐ Other. Describe _____

☐ Other. List and describe (e.g., quality improvement systems, payment practices) _____

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1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

☒ CCDF Lead Agency

☒ TANF agency. Describe. The TANF agency is the Divison of Field Operations within the Lead Agency (MDHS). TANF clients are directly referred by caseworkers for child care subsidies (both TANF and Transitional Child Care). Eligibility for the CCPP is determined by the TANF Caseworker. Participants must comply with all requirements of the TANF program in order to remain eligible. Caseworkers review the Parent Statement of Agreement with all clients.

☒ Other State/Territory agency. Describe. The Division of Family and Children's which is currently housed within the Lead Agency (MDHS) determines eligibility for children in Foster and Protective Services. These clients are served without regard to income and are directly referred by caseworkers who review the Parent Statement of agreement with all clients.

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☒ Community-based organizations. Describe. Homeless agencies (that are approved by DECCD) directly refer clients for childcare subsidies. The condition of homelessness is the basis of eligibility. Referral agents are trained by DECCD and are required to review the Parent Statement of Agreement with all clients. The McKinney Vento Liasons in LEAs will also issue referrals for homeless clients.

☐ Other. Describe. _____

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

☒ CCDF Lead Agency

☐ TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

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☒ Child care resource and referral agencies. Describe. There are 17 CCR&R sites across the state staffed with early child care professionals who can provide parents with consumer education materials and assist parents with locating a child care provider that fits their needs. DECCD also has an online search tool which enables parents to locate subsidy-approved providers based on a variety of search criteria including location, provider type, care type, and quality rating (if applicable).

☐ Community-based organizations. Describe. _____

☐ Other. Describe. _____

c) Who issues payments?

☒ CCDF Lead Agency

☐ TANF agency. Describe. _____

☐ Other State/Territory agency. Describe. _____

☐ Local government agencies such as county welfare or social services departments. Describe. _____

☐ Child care resource and referral agencies. Describe. _____

☐ Community-based organizations. Describe. _____

☐ Other. Describe. _____

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 three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

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1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

- ☐ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe DECCD hosted a series of interactive webinars while in the process of drafting the state plan. Stakeholders from across the state were invited to attend and provide feedback during the writing process. Once the draft was complete, stakeholders were provided copies of the state plan document for public comment and recommendations. DECCD established an online web form where stakeholders could submit a public comment at any time.
- ☐ [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe DECCD made several presentations to the SECAC thro DECCD hosted a series of interactive webinars while in the process of drafting the state plan. Stakeholders from across the state were invited to attend and provi de feedback during the writing process. Once the draft was complete, stakeholders were provided copies of the state plan document for public comment and reccomendations. DECCD established an online web form where stakeholders could submit a public comment at any time.
    - If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?
        - ☒ Yes
        - ☐ No.
    - If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____
- ☐ [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with DECCD invited representatives of the MS Band of Choctaw Indians to participate in the state plan webinar series while in the process of drafting the state plan. Once the draft was complete, stakeholders were provided copies of the state plan document for public comment and recommendations. DECCD established an online web form where stakeholders could submit a public comment at any time. Check N/A if no Indian Tribes and/or Tribal organizations in the State ☐
- ☐ State/Territory agency responsible for public education. Describe _____

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- ☐ State/Territory agency/agencies 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 Section 619 for preschool). Describe _____
- ☐ State/Territory institutions for higher education, including community colleges. Describe _____
- ☐ State/Territory agency responsible for child care licensing. Describe _____
- ☐ State/Territory office/director for Head Start State collaboration. Describe _____
- ☐ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe _____
- ☐ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe _____
- ☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe _____
- ☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____
- ☐ State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe _____
- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- ☒ McKinney-Vento State coordinators for Homeless Education. Describe DECCD consulted with the McKinney Vento State coordinator specifically regarding the expansion of child care subsidies to the homeless population
- ☒ State/Territory agency responsible for public health. Describe DECCD consulted with the Divison of Childcare Licensure at the MSDH
- ☐ State/Territory agency responsible for mental health. Describe _____
- ☐ State/Territory agency responsible for child welfare. Describe _____
- ☐ State/Territory liaison for military child care programs. Describe _____
- ☐ State/Territory agency responsible for employment services/workforce development. Describe _____
- ☐ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe _____
- ☐ State/community agencies serving refugee or immigrant families. Describe _____
- ☐ Child care resource and referral agencies. Describe _____
- ☒ Provider groups or associations. Describe DECCD hosted a series of interactive webinars while in the process of drafting the state plan. Stakeholders from across the state were invited to attend and provide feedback during the writing process. Once the draft was complete, stakeholders were provi ded copies of the state plan document for public comment and recommendations. DECCD established an online web form where stakeholders could submit a public comment at any time.
- ☐ Worker organizations. Describe _____
- ☐ Parent groups or organizations. Describe _____

☐ Other. Describe _____

1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a) Date(s) of notice of public hearing Notice of the public hearing was posted on 1/30/16. The state tour of public hearings which took place the first week of February were posted on the DECCD website in Dec 2015 and advertised on DECCD's State Plan webinar series which ran through Jan 2016. The final pulic hearing scheduled for February 19, 2016 was posted on the website and sent to all subsidy parents, providers, and stakeholders via email on January 29, 2016. **Reminder** - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. The notice was published on DECCD's website. An email was also sent to all DECCD approved providers, parents, the SECAC, and provider organizations across the state. http://www.mdhs.ms.gov/early-childhood-care-development/child-care-resources/ccdf-state-plan/

c) Date(s) of public hearing(s) The formal public hearing was held on 2/19/16. Prior to this hearing, DECCD staff conducted a state tour of informal hearings which included: 2/2/16 - MS Gulf Coast; 2/3/16 -MS Delta; 2/4/16 - Northeast MS; 2/4/16 Northwest MS; 2/5/16 - Central MS **Reminder** - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed DECCD held multiple, geographically-dispersed hearings across the state including the gulf coast and the delta as well as Northeast, Northwest, and Central MS. A final public hearing was held in central Mississippi.

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) A draft of the state plan was distributed and made available on the website a week prior to the public hearing tour. A final draft of the state plan was available on the website a week prior to the final public hearing.

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? all comments received from the public will be compiled and reviewed by the State Administrator. Any comments that can support the strengthening of the plan will be incorporated where possible

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

- ☐ Working with advisory committees. Describe _____
- ☐ Working with child care resource and referral agencies. Describe _____
- ☐ Providing translation in other languages. Describe _____
- ☒ Making available on the Lead Agency website. List the website http://www.mdhs.ms.gov/early-childhood-care-development/child-care-resources/ccdf-state-plan/
- ☐ Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe _____
- ☒ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe Stakeholders and provider groups were asked to participate in a series of webinars which DECCD conducted during the drafting process of the state plan. These webinars walked through each section of the state plan. Participants were given the opportunity to provide feedback during the writing process.
- ☐ Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/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.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe 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 quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

- ☒ [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special

education services, etc.). Describe expand continuity of care and assist children enrolled in early childhood programs to receive full-day services

- ☒ [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with MS Band of Choctaw Indians
  - ☐ Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.
- ☒ [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe Developing supply of quality care for vulnerable populations
- ☒ [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe Developing supply of quality care for vulnerable populations
- ☒ [REQUIRED] Early childhood programs serving children in foster care. Describe expand accessibility and continuity of care
- ☐ State/Territory agency responsible for child care licensing. Describe _____
- ☐ State/Territory agency with Head Start State collaboration grant. Describe _____
- ☐ State Advisory Council authorized by the Head Start Act. Describe _____
- ☐ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe _____
- ☒ McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe _____
- ☐ Child care resource and referral agencies. Describe _____
- ☒ State/Territory agency responsible for public education. Describe the Lead Agency funds the Out-of-School Project which works with public and private school age care providers to offer mentoring and quality evaluation. The Lead Agency's support of this program will result in increased support for and quality of existing school age care services.
- ☐ State/Territory institutions for higher education, including community colleges. Describe _____
- ☐ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe _____
- ☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe _____
- ☒ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe coordination will be achieved throught he Lead Agency's participation in the MS Dept of Health's Expanding Opportunities Initiative. The Lead Agency is working to increase the number of quality inclusive learning environments for children with special needs.
- ☒ State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe The Lead Agency was the prior recipient of these funds, but the program has been absorbed by the Early Years Network. The Lead Agency will continue to coordinate with the EYN to advance the goals of the program.
- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____

- ☒ State/Territory agency responsible for public health. Describe Coordination will be achieved through the Lead Agency's funding of the EYN and the child care provider training surrouding healthy development.
- ☐ State/Territory agency responsible for mental health. Describe _____
- ☐ State/Territory agency responsible for child welfare. Describe _____
- ☐ State/Territory liaison for military child care programs. Describe _____
- ☐ State/Territory agency responsible for employment services/workforce development. Describe _____
- ☒ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The Lead Agency will continue to work with TANF to expand accessibility and continuity of care
- ☐ State/Territory community agencies serving refugee or immigrant families. Describe _____
- ☐ Provider groups or associations. Describe _____
- ☐ Worker organizations. Describe _____
- ☐ Parent groups or organizations. Describe _____
- ☐ Other. Describe _____

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs 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, homeless children, 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 in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high 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 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 or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) 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 the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative

programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

☐ Yes. If yes, describe at a minimum:

- How do you define "combine" _____
- Which funds will you combine _____
- Goal(s) of combining funds (why?) and expected outcomes, 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 _____
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) _____
- How are the funds tracked and method of oversight _____

☒ No

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (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 reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services. 1) DECCD partners with the MS Head Start Association and the MS Department of Education to leverage professional development resources across all agencies in order to benefit all child care providers in the State. 2) DECCD worked on a stakeholder group convened by the MS Department of Education to reach a common definition of both school readiness and quality early child care. 3) Within the DECCD slot provider program there are several examples of public private partnership including our contract with the City of Vicksburg, the City of Jackson, Sanderson Farms, Catholic Charities,

Hancock County Human Resource Agency, and Jackson County Civic Action Agency. 4) DECCD implemented an Shared Services Alliance via a partnership with the MS Center for Education Innovation which provides online access to provider resources.

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

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) 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 (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

☒ Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the

CCR&Rs. The Lead Agency has a contractual agreement with the Early Years Network (EYN) to support quality early care and education for Mississippi's children. This relationship between the Lead Agency and the EYN is governed by the MDHS subgrantee manual. The EYN is referred to as a one-stop-shop that provides cohesive education, outreach, and services based on research and best-practices. In addition to the 17 CCR&R sites across the state which give parents and providers access to lending libraries and early child care professionals, the EYN also administers the following programs: Parent education programs, Training and TA to Providers, Credentialing to TA Providers, Leadership development, MS Director's Credential, National Director's Credential, CDA, Financial/business TA, Allies for Quality Care Pilot, Quality Stars Program, Child Assessment, In-Home Provider QRIS pilot, Out of School QRIS pilot, and the WELS data system.

☐ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State/Territory's Statewide Child Care Disaster Plan.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan _____

☒ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) Sept 30, 2016
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable 1.The Lead Agency has established guidelines for continuity of care following a disaster
    - Unmet requirement - Identify the requirement(s) to be implemented 1) The Lead Agency must establish requirements for unlicensed child care providers regarding the filing of individualized plans and procedures to be followed in the event of an emergency. 2) The Lead Agency must establish requirements for unlicensed child care settings
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1. Convene coordinating committee; 2. Revise DECCD Policy including emergency plan template; 3. Promulgate New Rules 4. Conduct Provider Trainings and support compliance with new requirements
        - Projected start date for each activity 1) Convene Coordinating Committee in March 2016 2) Revise DECCD Policy in March 2016 3) Promulgate New Rules upon finalization of Federal Rulemaking 4. Conduct training and support compliance upon promulgation of new rules
        - Projected end date for each activity 1) Adjourn Coordinating Committee in April 2016 2) Finalize DECCD Policy in April 2016 3) Promulgate New Rules upon finalization of Federal Rulemaking 4. Conduct training and support compliance through full implementation Oct 1, 2016
        - Agency – Who is responsible for complete implementation of this activity DECCD
        - Partners – Who is the responsible agency partnering with to complete implementation of this activity MEMA, Division of Child Care Licensure, EYN

DRAFT

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
    a) the availability of child care assistance,
    b) the quality of child care providers (if available),
    c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
    d) Individuals with Disabilities Education Act (IDEA) programs and services,
    e) Research and best practices in child development, and
    f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:

a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services. (658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) The Lead Agency has established subsidy referral partners for priority populations (Including TANF/TCC/FCPS/HHM/homeless) that can be served even when a Pending Funding list is in effect, and these agencies are a key component of the Lead Agency's outreach efforts in regard to identifying potentially eligible families. The volume of applications placed on the Pending Funding list is also indicative of the need that exists across the state of Mississippi among these potentially eligible families.

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. The Lead Agency partners with the Early Years Network on outreach efforts which are primarily available through the CCR&Rs. Referral agencies (Including TANF/Family and Children's Services/HHM/homeless agencies) are a vital component of our outreach efforts to potentially eligible families. The Lead Agency Call Center also informs clients about the availability of funding for the certificate program.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach? General information about the subsidy program and the availability of funds for certificate program is availble on the Lead Agency website.

2.1.2 How can parents apply for services? Check all that apply.

☒ Electronically via online application, mobile app or email. Provide link https://www.apps.mdhs.ms.gov/ccis/NewApplication/AppStartPage.aspx
☐ In-person interview or orientation. Describe agencies where these may occur _____
☐ Phone
☐ Mail

- ☐ At the child care site
- ☒ At a child care resource and referral agency
- ☐ Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe _____
- ☐ Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe _____
- ☒ Other strategies. Describe Referred clients are not required to complete an application. Caseworkers or referral agents submit an online referral and DECCD will issue a certificate based on that referral

2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- Information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify,
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,
- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF.

☒ Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
    - Projected start date for each activity _____
    - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access, including accessible to persons with disabilities.

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public DECCD has an online search tool where anyone can search for DECCD approved providers based on several search criteria including location, provider type, care type, and quality rating (if applicable).

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) DECCD provides written communication through our email system. Brochures are available on the DECCD website as well as the CCR&R sites. We also have a in-house call center which can provide basic information about the program as well as information about how to obtain additional resources available through the Lead Agency or other relevant agency or partner.

c) Describe who you partner with to make information about the full diversity of child care choices available The Early Years Network is a source for consumer education. Our referral partners (including TANF, FCS, and homeless agencies) also play a vital role in informing parents about the child care services available to them.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public DECCD has an online search tool where anyone can search for DECCD-approved providers who participate in the Quality Stars program. Individuals can search for providers in their area based on several search criteria including quality rating.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Information regarding provider quality is available on the Quality Stars website. Brochures are also available online and at CCR&R sites.

c) Describe who you partner with to make information about child care quality available Early Years Network implements the Quality Stars Program and also providers information to parents about choosing quality care

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

a) Temporary Assistance for Needy Families (TANF) This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

b) Head Start and Early Head Start Programs This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

c) Low Income Home Energy Assistance Program (LIHEAP) This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

e) Women, Infants, and Children Program (WIC) This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

f) Child and Adult Care Food Program(CACFP) This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

g) Medicaid This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

h) Children's Health Insurance Program (CHIP) This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

i) Individuals with Disabilities Education Act (IDEA) This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten) This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) This information is available on the consumer education website and is also emailed to parents when they complete the online application for childcare subsidy

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

a) Temporary Assistance for Needy Families (TANF) The information is available on the consumer education website

b) Head Start and Early Head Start Programs The information is available on the consumer education website

c) Low Income Home Energy Assistance Program (LIHEAP) The information is available on the consumer education website

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) The information is available on the consumer education website

e) Women, Infants, and Children Program (WIC) The information is available on the consumer education website

f) Child and Adult Care Food Program(CACFP) The information is available on the consumer education website

g) Medicaid The information is available on the consumer education website

h) Children's Health Insurance Program (CHIP) The information is available on the consumer education website

i) Individuals with Disabilities Education Act (IDEA) The information is available on the consumer education website

j) Other State/Federally Funded Child Care Programs (example-State Pre-K) The information is available on the consumer education website

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) The information is available on the consumer education website

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public The information is available on the consumer education website

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Subject matter experts with the Early Years Network continuously update research and best practices in child development on the consumer education website. Information is presented in a variety of formats including written materials and media. The information contained on the consumer education website will evolve based on updates from the field of research; and requests for information from parents, providers, and the general public.

c) Describe who you partner with to make information about research and best practices in child development available Early Years Network curates the consumer education website

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to 1) parents, 2) providers and 3) the general public. (658E(c)(2)(E)(i)(VII))

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parentsinformation (regarding research and best practices as well as implementation resources) is available on the consumer education website
ii. Providersinformation (regarding research and best practices as well as implementation resources) is available on the consumer education website
iii. General publicinformation (regarding research and best practices as well as implementation resources) is available on the consumer education website

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available The Lead Agency has partnered with the MS Department of Education to align policies and resources regarding the social-emotional health of young children

c) Does the State have a written policy regarding preventing expulsion of:

- Preschool-aged children (from birth to five) in early childhood programs receiving child care assistance?

  ☐ Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link _____

  ☒ No.

- School-age children from programs receiving child care assistance?

  ☐ Yes. If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link _____

  ☒ No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) 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.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State**/**Territory's procedures for providing information on and referring families to existing developmental screening services.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency policy citation(s) _____and:

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened _____

b) Describe how CCDF families or child care providers receiving CCDF may utilize the resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays _____

☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable Resources are included in email communication to parents who complete the application for subsidy
    - Unmet requirement - Identify the requirement(s) to be implemented DECCD to issue requirements for providers to connect families with developmental screenings as part of the intake process
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) implement timelines for when children should be screened 2) develop policy regarding referral of parents to developmental screeners 3) train providers on how to connect families with available resources
            - Projected start date for each activity Pending publication of final rule
            - Projected end date for each activity October 2016
            - Agency – Who is responsible for complete implementation of this activity DECCD
            - Partners – Who is the responsible agency partnering with to complete implementation of this activity MSDH

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

a) How does the State/Territory define substantiated parental complaint

Substantiated parental complaint may include any of the following:

- Complaint received from a parent regarding an unlicensed center when that complaint results in a monitoring visit *and* a finding or corrective action plan
- Complaint received from a parent regarding the child care payment program within either a licensed or unlicensed center that is substantiated through an audit or fraud investigation by the MDHS Division of Program Integrity.
- *Please note that the Lead Agency does not have access to records of substantiated parental complaints regarding the health and safety of children within licensed centers. These complaints are referred directly to the MSDH Division of Childcare Licensure for investigation and substantiation.*

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) The Lead Agency stores information in CCPS.

c) How does the State/Territory make substantiated parental complaints available to the public on request Individuals may submit a public information request to the agency. The agency will then compile the information and respond to the request.

d) Describe how the State/Territory defines and maintains complaints from others about providers all complaints are investigated and substantiated regardless of who filed the complaint

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

☐ Application in other languages (application document, brochures, provider notices)

☒ Informational materials in non-English languages

☐ Training and technical assistance in non-English languages

☒ Website in non-English languages

☐ Lead Agency accepts applications at local community-based locations

☒ Bilingual caseworkers or translators available

☐ Bilingual outreach workers

☐ Partnerships with community-based organizations

☐ Other _____

☐ None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages informational materials and bilingual caseworkers available for Spanish-speaking individuals. Website is available in Spanish and Vietnamese.

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities The Lead Agency has collaborative partnerships with the Mississppi Department of Education's Early Childhood Special Education Coordinator, the Early Years Network, and the Institute for Disability Studies

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Provide the link to the website _____ and describe how the consumer education website meets the requirements to:

a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe _____

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe Consumers are directed to the Department of Health Website for information regarding

health and safety requirements for licensed centers. http://msdh.ms.gov/msdhsite/_static/30,0,183,225.html

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe _____

d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe _____

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe _____

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) November 19, 2017
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, in progress, partially completed, substantially completed, other) partially completed
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable b) description of health and safety regulations; c) description of processes for licensing; d) information on deaths and injuries; e) website is consumer friendly
  - Unmet Requirement(s) – Identify the requirement(s) to be implemented a. Provider specific information regarding the results of monitoring and last date of inspection
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) Update data system to collect and distribute monitoring and inspection reports in a publicly viewable format

- Projected start date for each activity In Development
- Projected end date for each activity November 2017
- Agency – Who is responsible for complete implementation of this activity DECCD and MSDH
- Partners – Who is the responsible agency partnering with to complete implementation of this activity MS State Department of Health Divison of Child Care Licensure

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements – and the opportunity for children to form trusting relationships with teachers – are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have 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 job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed $1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children and children in foster care if served pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 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 such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from 6 weeks (weeks/months/years) to 12 years 11 months years (through age 12).

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))

☒ Yes, and the upper age is 18 years 11 months (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity A child under the age of 19 who meets the SSI definition of disability by having a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for acontinuous period of not less than 12 months. Documentation of SSI benefits is sufficient to determine priority eligibility for child care. In the abscense of SSI benefits, the applicant must submit a statement to DECCD from the child's physician indicating that the child's condition renders them incapable of age-appropriate self care activities AND requires additional personnel with specialized training to help them function in their child care environment.

☐ No.

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))

☐ Yes, and the upper age is _____ (may not equal or exceed age 19)

☒ No.

3.1.2 How does the Lead Agency define the following eligibility terms?

a) residing with – living with, including taking meals and sleeping in the same house for a majority of a seven day period beginning with Sunday and ending with Saturday.

b) in loco parentis – in place of parent, for example, a guardian or a relative or friend with whom the child resides if the child's parent is unable to act as the parent or has delegated his or her authority to someone else. The term describes someone who provides care and supervision like a parent but without going through the formalities of legal adoption or guardianship

3.1.3 Eligibility Criteria Based on Reason for Care

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

- working performing duties to earn a wage (for a minimum of 25 hours per week) or complete education/job training such as practicums or internships (enrollment for education/training must be full time).
- attending job training full time enrollment in an education and/or training program resulting in a degree or certificate designed to promote job skills and employability. Full time is determined by the institution.
- attending education full time enrollment in an education and/or training program resulting in a degree or certificate designed to promote job skills and employability. Full time is determined by the institution.

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

☒ Yes.

☐ No. If no, describe additional requirements _____

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

☒ Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services – full time enrollment in an education and/or training program resulting in a degree or certificate designed to promote job skills and employability. Full time is determined by the institution.

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

☒ Yes.

☐ No.

Note – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for purposes of CCDF these children are considered to be in protective services and should be included in the protective services definition above.

☐ No

3.1.4 Eligibility Criteria Based on Family Income

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

- Definition of income – funds received by all applicable individuals as described in policy which are not supplemented by an public assistance other than food stamps or medical assistance, and does not exceed 85 percent of the State Median Income (SMI).

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here ☐. Describe how many jurisdictions set their own income eligibility limits _____. Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) ($/month)	(b) 85% of State Median Income (SMI) ($/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) $/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) $/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	N/A	N/A				
2	$3,770	$3,205				
3	$4,094	$3,480				
4	$5,200	$4,420				
5	$4,652	$3,955				

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal poverty guidelines are available at http://aspe.hhs.gov/poverty/index.cfm .

c) SMI Source and year ACS - US Census Bureau, 2014 (1 year estimates). This update to the SMI will become effective on Oct 1, 2016.

d) These eligibility limits in column (c) became or will become effective on N/A for column c. Columns a and b will become effective on Oct 1, 2016.

e) Provide the link to the income eligibility limits http://www.mdhs.ms.gov/early-childhood-care-development/for-parents/child-care-certificate-program/income-eligibility-guidelines/ - This page will be updated when new eligibility limits are effective

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv)) This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g.,

establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called and "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out Families are eligible for the CCPP up to 85% SMI. Families whose income has increased at the time of redetermination up to 85% SMI are still considered eligible, although some parents may experience a change in priority population (such as from 50th work to 85th work) without a disruption of service.

☐ Not implemented. The State must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

DRAFT

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement Irregular hours of employment and income should be averaged per Policy Manual Section 102.03(1)(C-D). Parents who experience seasonal fluctuations in income must submit income documentation to support the irregularity.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____

- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents and include in the description what information is required and how often. There are no federal requirements for specific documentation or verification procedures.

☒ Applicant identity. Describe Parents must submit copies of their Driver's license or state-issued ID

☒ Applicant's relationship to the child. Describe Parents must submit a Long Form Birth Certificate. Guardians who are not the biological parents of the child must submit the Guardianship/In Loco Parentis Verification Form

☒ Child's information for determining eligibility (e.g., identity, age, etc.). Describe Long Form Birth Certificate

☒ Work. Describe Parents must submit 2 check stubs from within the past 30 days. If paid once a month, only one check stub is required.

☒ Job training or Educational program. Describe parents enrolled in an approved educational program must provide enrollment documentation in the form of a letter from the institution's registrar confirming current full time enrollment. GED classes should be handled the same as any other approved educational training. Teen parents enrolled in high school should submit verification of enrollment from the school principal.

☒ Family income. Describe Parents must submit 2 check stubs from within the past 30 days. If paid once a month, only one check stub is required. Children in FC/PS or Healthy Homes Mississippi are served without regard to income.

☐ Household composition. Describe _____

☒ Applicant residence. Describe Parents must supply a current driver's license or state issued I.D. and a current bank statement, cell phone bill, utility bill, or cable bill.

☒ Other. Describe If the applicant is single, eligibility workers use the applicant's information to verify cooperation with child support and/or child support payments

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public

educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

☒ Time limit for making eligibility determinations. Describe length of time once an application is submitted, DECCD will send a written notice of eligibility, ineligibility, or non-availability of funds within 10 business days

☒ Track and monitor the eligibility determination process

☒ Other. Describe DECCD's data system is capable of producing a report to track the amount of time it takes our staff members to make an eligibility determination

☐ None

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

Per CCDF regulations, 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 under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant 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:

State/Territory TANF Agency MDHS Division of Field Operations

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

- "appropriate child care" a licensed child care center or a family day care(home or an individual) chosen by the parent/caretaker relative to care for the child. The child care provider must be 18 years old or older.
- "reasonable distance" Appropriate child care must be within a reasonable distance (within a 20-mile radius) of the parent/caretaker relative's home or worksite.
- "unsuitability of informal child care" Unavailable or unsuitable child care shall be defined as a situation involving child abuse, neglect or an unsafe environment. If the

parent/caretaker relative refuses to take the child to a particular day care center, he/she must inform the case manager of the reason for the refusal. The case manager must investigate to verify and substantiate the parent's claim of unsuitable child care. Complaints involving child abuse, neglect or an unsafe environment will be reported to the MS State Health Department, Division of Child Care Facilities Licensure. The case manager must contact DECCD to discuss the problem and determine what other child care services are available in the area. The case manager will determine good cause for non-participation based on the investigation and information gathered.

- "affordable child care arrangements" Affordable formal child care is child care that is equal to or less than the established rates for the type of care according to the Mississippi Child Care Payment Program Policy Manual.

c) How are parents who receive TANF benefits informed about the exception to individual penalties associated with the TANF work requirements?

☐ In writing

☒ Verbally

☐ Other. Describe _____

☐ List the citation to this TANF policy TANF Policy Volume III, Chapter 10

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed $1,000,000. A check-off on the application is sufficient.

☒ Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed $1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

a. Provide definition of "Children with special needs" A child under the age of 19 who meets the SSI definition of disability by having a medically determinable physical or mental impairment, which results in marked and severe functional limitations, and which can be expected to result in death or which has lasted or can be expected to last for a continuous peiod of not less than 12 months and describe how services are prioritized Children with

special needs are in our second priority level for special populations up to 85% SMI. Children with special needs can be served even if a Pending Funding list is in effect. Documentation of SSI benefits is sufficient to determine priority eligibility for child care. In the abscense of SSI benefits, the applicant must submit a statement to DECCD from the child's physician indicating that the child's condition renders them incapable of age-appropriate self care activities AND requires additional personnel with specialized training to help them function in their child care environment. DECCD also reimburses providers at a higher rate for children with special needs as described in Appendix N of the CCPP Policy Manual.

b. Provide definition of "Families with very low incomes" income at or below 50 percent of the State Median Income (SMI). and describe how services are prioritized Families with very low incomes are our 3rd priority level (after referred clients and special/at-risk populations).

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) TANF and TCC families are referred clients and are our first priority level. These families can be served even when a Pending Funding list is in effect.

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:

a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements _____

b. Procedures to conduct outreach to homeless families to improve access to child care services DECCD accepts referrals for homeless families directly from community based organizations or shelters providing services to homeless families.

c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services _____

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable DECCD has created a priority population for homeless clients. DECCD will accept homeless clients upon a direct referral from homeless agencies. DECCD has begun to accept application from a limited number of agencies at this time, but wil l continue to identify partner organizations to expand access across the state.
    - Unmet requirement - Identify the requirement(s) to be implemented a) Grace period for homeless children to comply with immunizations c) Grace period for foster children to comply with immunizations
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) modify agreements with MSDH to allow for necessary grace periods 2) coordinate with McKinney Vento to

provide training and TA to providers and continue to identify other online and in-person training opportunities

- Projected start date for each activity 1) Modify policies to allow for immunization grace periods upon publication of final rule 2) Lead Agency is currently in the development phase regarding training
- Projected end date for each activity 1) September 2016 2) September 2016
- Agency – Who is responsible for complete implementation of this activity DECCD
- Partners – Who is the responsible agency partnering with to complete implementation of this activity MSDH, MDE

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory may not terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination _____
- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no

later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) substantially implemented
    - Implemented requirement(s) – Identify any requirement(s) implemented to date DECCD has a twelve month eligibility period for non-referred clients. TANF and TCC clients are exempt from redetermination processes. FCPS caseworkers are are asked to complete the redetermination process on behalf of the parent every 12 months. Currently, HHM, and Homeless caseworkers issue terminations at any time (which may be prior to 12 months). Foster Care Caseworkers issue terminations at any time (which may be prior to 12 months), when the child is moved to another family, however care can be reinstated with the new family with no disruption in service.
    - Unmet requirement - Identify the requirement(s) to be implemented provide for 12 month eligibility for all referred clients. DECCD receives terminations from foster care workers when the child is legally adopted. DECCD receives terminations for HHM or Homeless cleints when they are no longer eligible.
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) modify policies to allow for 12 month eligibiilty for adopted foster children 2) modify policies to allow for 12 month eligibility HHM referral is terminated 3) Modify policies to allow for 12 month eligibility when homeless referral is terminated. 4) Modify policies to allow for 12 month eligibility when a TANF client is terminated prior to 12 months and is not referred to TCC. 5). Change the policy to remove the requirement that students submit proof of continuing enrollment (for 50th Student or 85th Student priority populations) prior to 12 month redetermination.
            - Projected start date for each activity 1) Upon publication of final rules 2) Upon publication of final rules 3) Upon publication of final rules 4)Upon publication of final rule 5) Upon publication of final rule
            - Projected end date for each activity 1) Sept 30, 2016 2) Sept 30, 2016 2) Sept 30, 2016 3)Sept 30, 2016 4) Sept 30, 2016 5) Sept 30, 2016

- Agency – Who is responsible for complete implementation of this activity DECCD
- Partners – Who is the responsible agency partnering with to complete implementation of this activity ITS, and referral agencies

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

☒ Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs DECCD allows a 60 day job search prior to termination (this period will be extended to 90 days to comply with new federal regulations). Clients are required to notify DECCD within ten days of non-temporary job loss or non-temporary cessation of an educational program. The job search policy is described in Child Care Policy Manual Section 105.01 and will be updated in the new policy manual. Job loss is considered non-temporary when the individual resigns, retires, is fired, or is laid off for a period expected to last in excess of three months. Cessation of attendance at a job training or educational program is considered non-temporary if the individual graduates from the program, drops out with no intent to re-enroll within 90 days, or is suspended for a period of time in excess of 90 days.

☐ No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment TANF, TCC, HHM and Homeless clients are exempt from redetermination. FCS caseworkers are asked to complete the redetermination process on behalf of thier foster/protective service clients. All other non-referred clients are redetermined annually and are sent a 60 day and a 30 day notice of redetermination. The application is online, and parents are asked to submit the application as well as any necessary documentation prior to the due date listed on the notice(s). Parents are *not* required to complete any portion of the redetermination application in person or during standard work hours. Redetermination policies are described in Child Care Policy Manual Section 102.04, but will be updated in the next iteration of the policy manual to reflect technological upgrades (specifically the online application).

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____

- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____
            - Projected end date for each activity _____
            - Agency – Who is responsible for complete implementation of this activity _____
            - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here ☐ and describe how many jurisdictions set their own sliding fee scale _____. Fill in the chart based on the most populous area of the State.

DRAFT

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1						
2	$0-$9,999 annually	$46	5.5%	$38,457 annually	$211	6.5%
3	$0-$9,999 annually	$42	5%	$41,756 annually	$210	6%
4	$0-$9,999 annually	$38	4.5%	$53,040 annually	$247	5.5%
5	$0-$9,999 annually	$33	4%	$47,455 annually	$200	5%

a) What is the effective date of the sliding fee scale(s)? Oct 1, 2016

b) Provide the link to the sliding fee scale The current sliding scale fee is available in the Child Care Policy Manual. This manual and the updated copayment rate chart will be available at the following web address when the new copayment rates become effective. http://www.mdhs.ms.gov/early-childhood-care-development/child-care-policy-manual/ .

3.4.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

☐ Fee is a dollar amount and

- ☐ Fee is per child with the same fee for each child
- ☐ Fee is per child and discounted fee for two or more children
- ☐ Fee is per child up to a maximum per family
- ☐ No additional fee charged after certain number of children
- ☐ Fee is per family

☒ Fee is a percent of income and

- ☐ Fee is per child with the same percentage applied for each child
- ☐ Fee is per child and discounted percentage applied for two or more children
- ☒ Fee is per child up to a maximum per family
- ☐ No additional percentage applied charged after certain number of children
- ☐ Fee is per family

DRAFT

☐ Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____

☐ Other. Describe _____

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

☒ Yes, and describe those additional factors using the checkboxes below.

☒ Number of hours the child is in care

☐ Lower copayments for higher quality of care as defined by the State/Territory

☐ Other. Describe other factors _____

☐ No.

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.42(c)). Will the Lead Agency waive family contributions/co-payments for families whose incomes are at or below the poverty level?

☐ Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is $_____.

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

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.

☐ Limits the maximum co-payment per family. Describe _____

☒ Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe Copay is based on a percentage of income. This percentage varies based on family size and priority population but the highest percentage applied is 6.5% which is below the federal benchmark of 7%

☐ Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe _____

☐ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe Pending implementation of rules described in the NPRM

☐ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe Pending implementation of rules described in the NPRM

☐ Other. Describe _____

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2)) When a parent completes an application for child care they are asked to select a DECCD approved provider. A list of approved providers is available on the DECCD website. Slot-contracted providers are clearly labeled as such. Certificates can be issued to children attending slot-contracted child care centers even when a pending funding list is in effect. When the DECCD Communications Unit receives a call from a concerned parent who has been placed on the pending funding list, the parent is informed of how to locate slot-contracted providers in their area.

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

- ☐ Certificate form provides information about the choice of providers, including high quality providers
- ☐ Certificate is not linked to a specific provider so parents can choose provider of choice
- ☒ Consumer education materials on choosing child care
- ☒ Referral to child care resource and referral agencies
- ☐ Co-located resource and referral in eligibility offices
- ☐ Verbal communication at the time of application
- ☐ Community outreach, workshops or other in-person activities
- ☒ Other. Describe Interactive Search Tool: https://www.apps.mdhs.ms.gov/ccis/DECCDProviderSearch.aspx

4.1.3 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 in order to be paid in the certificate program.

☒ Yes. If yes, **describe:**

- the type(s) of child care services available through grants or contracts The Lead Agency has non-competitive subgrants with varous entitites to provide child care slots to children and families. These subgrants are administered by 16 entities at 25 sites across the state including: ALPHA KONNECTION ACADEMY (JACKSON); BOYS AND GIRLS COMMUNITY LEARNING CENTER (TCHULA); CALVERT'S ABC PRE SCHOOL NURSERY(ABERDEEN); CHILDREN'S LEARNING CENTER (VICKSBURG); CITY OF JACKSON (3 sites); CORNERSTONE PRESCHOOL AND NURSERY (BROOKHAVEN); CREATIVE MINDS LEARNING CENTER(JACKSON);GLOBAL CONNECTION LC (JACKSON);GOOD SHEPHERD PRESCHOOL(VICKSBURG);HANCOCK COUNTY HUMAN RESOURCES AGENCY (6 Sites); HAPPY START LEARNING -GLORY REVEALED MISSION (MACON); HAPPY START LEARNING CENTER #2 (STARKVILLE); JACKSON COUNTY CIVIC

ACTION COMMITTEE (3 Sites); KARITAS DAY CARE CENTER (JACKSON); SANDERSON FARMS INC CHILD CARE CENTER (COLLINS); and SUGAR MAGNOLIA LEARNING ACADEMY, INC. (MERIDIAN).

- the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) Contracts are issued to child care providers who obtain local matched dollars
- the process for accessing grants or contracts The Lead Agency issues contracts through a non-competitive bidding process. This process is not continuous. The Lead Agency will issue an RFP and successful applicants are funded as a new cohort. The most recent cohort of slot providers began a 3-year contract on October 1, 2015.
- the range of providers available through grants or contracts the current cohort of slot-contracted providers includes local chid care centers, community action agencies, municipalities, a business partnership, and a faith-based non-profit
- how rates for contracted slots are set through grants and contracts Slot Contractors are paid the same rate as other providers, however a condition of their contract is that they will strive to attain a 3 Star Rating which comes with a rate bonus. Slot providers are also paid prospectively whereas all other providers are reimbursed.
- how the State/Territory determines which entities to contract with for increasing supply and/or improving quality The non-competitive bid process was open statewide. Contracts were issued to as many successful applicants as the Lead Agency had the ability to fund in an effort to increase the supply and quality of childcare across the state.
- if contracts are offered statewide and/or locally the non-competitive bid process was open statewide and not restricted to any location.

☐ No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

☒ Increase the supply of specific types of care with grants or contracts for:

☒ Programs to serve children with disabilities

☒ Programs to serve infants and toddlers

☒ Programs to serve school-age children

☐ Programs to serve children needing non-traditional hour care

☒ Programs to serve homeless children

☐ Programs to serve children in underserved areas

- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas
  - ☐ Urban
  - ☐ Rural
- ☐ Other. Describe _____

☐ Improve the quality of child care programs with grants or contracts for:

- ☐ Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
- ☐ Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
- ☐ Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
- ☒ Programs to serve children with disabilities or special needs
- ☒ Programs to serve infants and toddlers
- ☒ Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☒ Programs to serve homeless children
- ☐ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas
  - ☐ Urban
  - ☐ Rural
- ☐ Other. Describe _____

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access Licensed providers must adhere to MSDH Rule 1.4.3 assuring that parents have unlimited access to their child(ren). Unlicensed providers sign DECCD's Basic Health, Safety, and Nutrition Assurances which certifies that parents will have unlimited access to their child(ren).

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

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

☒ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe family child care providers may provide care for five or fewer children who are not related within the third degree computed according to civil law

☒ Restricted based on provider meeting a minimum age requirement. Describe family child care providers must be at least 18 years of age

☒ Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe family child care providers should provide services for fewer than 24 hours per day per child unless care in excess of 24 hours is due to the nature of the parents' work. The child may not recieve in excess of 84 hours during a Sunday through Saturday week.

☐ Restricted to care by relatives. Describe _____

☐ Restricted to care for children with special needs or medical condition. Describe _____

☒ Restricted to in-home providers that meet some basic health and safety requirements. Describe family child care providers must certify that they meet Basic Health, Safety, and Nutrition Assurances. A signed copy of these assurances will be maintained by DECCD and compliance will be monitored annually in accordance with CCDF regulations.

☐ Other. Describe _____

☐ No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval (see http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State 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 Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

- ☐ MRS
- ☐ Alternative Methodology. Describe _____
- ☒ Both. Describe The Lead Agency conducted an MRS but added a supplemental section which captured information regarding costs incurred by the child care provider for the provision of care.
- ☐ Other. Describe _____

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology. A copy of the Market Rate Survey Instrument was distributed to stakeholders across the state including members of the SECAC and child care provider organizations. These stakeholders were asked to test the online survey and submit feedback to the Lead Agency. The feedback received was reviewed and certain suggestions were incorporated into the final survey instrument. For example, providers were concerned about the length of the survey and the inclusion of questions regarding provider costs. For this reason, the Lead Agency separated the survey into

two distinct sections. The second section of the survey included supplemental questions regarding provider costs. Survey respondents were able to submit the market rate portion of the survey without answering any supplemental questions regarind provider costs.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. *This information will be available upon final publication of the Market Rate Survey Analysis which will be available prior to March 1, 2015*

4.2.4 Describe how the market rate survey reflects variations in the price of child care services by: *(SECTION TO BE COMPLETED UPON ANALYSIS OF MRS)*

a) Geographic area (e.g., statewide or local markets) _____

b) Type of provider _____

c) Age of child _____

d) Describe any other key variations examined by the market rate survey, such as quality level_____

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public. *(SECTION TO BE COMPLETED UPON ANALYSIS OF MRS)*

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) survey closed on January 18, 2016

b) Date report containing results was made widely available, no later than 30 days after the completion of the report _____*NPRM has specified that this report must be widely available 30 days from the completion of the analysis of the MRS.*

c) How the report containing results was made widely available and provide the link where the report is posted if available _____

4.3 Setting Payment Rates ***(SECTION TO BE COMPLETED UPON ANALYSIS OF MRS WHICH IS SCHEDULED FOR RELEASE PRIOR TO SUBMISSION OF THE STATE PLAN--- Any changes to Payment Rates will be reflected in the next iteration of the Child Care Payment Program Policy Manual which will also be subject to public comment prior to implementation.)***

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment rates are not set by the State/Territory, check here ☐. Describe how many jurisdictions set their own payment rates_____.

a) Infant (6 months), full-time licensed center care in most populous geographic region
   - Rate $_____per _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile _____

b) Infant (6 months), full-time licensed FCC care in most populous geographic region
   - Rate $_____per _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile _____

c) Toddler (18 months), full-time licensed center care in most populous geographic region
   - Rate $_____per _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile _____

d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
   - Rate $_____per _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile _____

e) Preschooler (4 years), full-time licensed center care in most populous geographic region
   - Rate $_____per _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile _____

f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
   - Rate $_____per _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile _____

g) School-age child (6 years), full-time licensed center care in most populous geographic region
   - Rate $_____per _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile _____

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h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
   - Rate $_____per _____ unit of time (e.g., hourly, daily, weekly, monthly, etc.)
   - Percentile _____

i) Describe the calculation/definition of full-time care Full Time child care is provided for six or more hours of a 24-hour day. Part Time child care is provided for fewer than six hours per day.

j) Provide the effective date of the payment rates October 1, 2016

k) Provide the link to the payment rates The current payment rateare available in the Child Care Policy Manual. This manual and the updated payment rates will be available at the following web address when the new payment rates become effective. http://www.mdhs.ms.gov/early-childhood-care-development/child-care-policy-manual/ .

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- ☐ Tiered rate/rate add-on for non-traditional hours. Describe _____
- ☒ Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe *TBD upon analysis of MRS*
- ☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____
- ☒ Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe Star rated programs recieve the following tuition subsidy bonuses: 2 Star - 7%, 3 Star - 17%, 4 Star - 22%, 5 Star - 25%
- ☐ Tiered rate/rate add-on for programs serving homeless children. Describe _____
- ☐ Other tiered rate/rate add-on beyond the base rate. Describe _____

- ☐ None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology TBD upon completion of analysis of the MRS

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. TBD upon completion of analysis of the MRS

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access (SECTION TO BE COMPLETED UPON ANALYSIS OF MRS)

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

- ☐ Payment rates are set at the 75th percentile or higher of the most recent survey. Describe _____
- ☐ Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- ☐ Rates based on data on the cost to the provider of providing care meeting certain standards. Describe _____
- ☐ Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe _____
- ☐ Data on the proportion of children receiving subsidy being served by high-quality providers. Describe _____
- ☐ Data on where children are being served showing access to the full range of providers. Describe _____

- ☐ Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF. Describe _____
- ☐ Feedback from parents, including parent survey or parent complaints. Describe _____
- ☐ Other. Describe_____

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- ☐ Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access _____
- ☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) Sept 30, 2016
  - Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) not yet started
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) to be implemented certify that payment rates are sufficient to ensure equal access
      - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) complete analysis of MRS 2) propose and implement policy regarding the state definition of equal access
        - Projected start date for each activity 1) in development 2) upon completion of the analysis of the Market Rate Survey
        - Projected end date for each activity 1) March 2016 2) March 2016
        - Agency – Who is responsible for complete implementation of this activity _____

- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory —so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory.

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.

☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) *partially implemented but further changes may be necessary pending implementation of rules described in the NPRM. Please see 4.5.2 below.*
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable see 4.5.2
    - Unmet requirement - Identify the requirement(s) to be implemented see 4.5.2
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity pending publication of final rules
- Projected end date for each activity pending publication of final rules
- Agency – Who is responsible for complete implementation of this activity DECCD
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe. The Lead Agency …

☒ Pays prospectively prior to the delivery of services. Describe The Lead Agency pays slot providers prospectively. All other providers are reimbursed.

☒ Pays within no more than 21 days of billing for services. Describe _____

☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences _____

☐ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe _____

☒ Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and describe Providers are reimbursed for 15 absences per year

☒ Pays on a full-time or part-time basis (rather than smaller increments such as hourly) _____

☐ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) _____

☒ Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment Providers are sent authorizations and terminations (which come with a 2 weeks' notice period) via email

☒ Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe Providers are required to notify DECCD within 10 business days to report any inaccuracy or dispute that would affect payment

☐ Other. Describe _____

☐ For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory _____

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

- ☐ Policy on length of time for making payments. Describe length of time _____
- ☒ Track and monitor the payment process _____
- ☒ Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe DECCD uses on online e-Ledger which allows for automatic billing. Ledgers are generated at the end of the service month and providers are asked to verify attendance for reimbursement. Providers who submit their ledgers between the first and the fifth of each month will be mailed a check by the fifteenth of the month.
- ☐ Other. Describe_____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

- ☒ Yes. Describe data sources The Lead Agency reviews county level data on the number of licensed and DECCD-approved unlicensed providers; county level census data on children under the age of 5 and 13; and the Lead Agency also reviews the number of children on subsidy as well as applications on the Pending Funding list;
- ☐ No. If no, how does the State/Territory determine most critical supply needs?

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

a) Infants and toddlers (check all that apply)

- ☒ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☒ Technical assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

b) Children with disabilities (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks

- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☒ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

c) Children who receive care during non-traditional hours (check all that apply)

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

d) Homeless children (check all that apply)

- ☒ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers
- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe

According to Kids Count 2014, Mississippi has one of the highest child poverty rates in the nation at 29%. For this reason, the Lead Agency seeks to increase access to

quality programs all across the state rather than focus on specific areas. One way that the Lead Agency is able to target investments in high poverty areas is the Slot program. Slot contracted centers are paid prospectively, can immediately serve families on the Pending Funding list, and are supported in their attainment of at least a 3 Star quality rating. The latest RFP for the slot program was not limited by geography, and the Lead Agency is happy to report that it was able to fund all programs that put forth a complete and successful application. The Quality Stars program is another way that the Lead Agency is able to invest in the quality of centers that are located in high poverty areas by offering reimbursement bonuses for quality attainment. The Quality Stars program is voluntary but is accessible to all providers in the state. Quality Stars program staff actively recruit centers and in-home providers to participate.

☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable
    - Unmet requirement - Identify the requirement(s) to be implemented
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____
            - Projected end date for each activity _____
            - Agency – Who is responsible for complete implementation of this activity _____
            - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

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5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care CENTER-BASED - A non-residential facility in which shelter and personal care is regularly provided for six or more children who are not related within the third degree computed according to the civil law to the operator and who are under the age of 13 and receive care for any part of a 24 hour day. For all child care centers, as defined above, related children of all staff must be included in the licensed number. These centers are considered commercial establishemnts and must meet all requirements of the Regulation Governing Food Services Sanitation. Additionally, these licensed centers must remain in compliance at all times with the Mississippi State Department of Health's Regulations Governing Licensure of Child Care Facilities.

FAMILY CHILD CARE HOME - An occupied residence in which shelter and personal care is regularly provided for five or fewer children who are not related within the third degree computed according to the civil law to the provider and who are less than 13 years of age and are provided care for any part of the 24-hour day. These homes may voluntarily register with the Mississippi State Department of Health and must be registered with the Division of Early Childhood Care and Development, Mississippi Department of Human Services. The provider must be at least 18 years old and cannot be a biological parent of the child receiving assistance.

GROUP HOME CHILD CARE - An occupied residence in which shelter and personal care are regularly provided for six to 12 children who are not related within the third degree computed according to civil law to the operator and who are under the age of 13 and receive care for any part of the 24-hour day. Children related within the third degree are included in determining space and staff, but are not included in the licensed number.

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

☒ Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers Certain categories of child care providers that are exempt from licensure (including elementary schools, head start programs, and membership organizations) are regulated by other agencies or are otherwise required to comply with certain health and safety measures. The majority of child care providers who are exempt from licensure under Mississippi Law, but who are eligible for CCDF subsidy are family child care home providers who provide care for five or fewer non-related children. The Lead Agency will monitor license exempt providers to ensure compliance with health and safety standards and no exemptions will be granted for relative care. Additionally, all individuals over the age of 18 residing in a family child care home will be subject to background check requirements and no exemptions will be granted for relative care.

☐ No

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 5.1.4 and 5.1.5 below.

☒ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) Sept 30, 2016
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) substantially implemented
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable Ratios for licensed care as described in MS State Department of Health Policy
    - Unmet requirement - Identify the requirement(s) to be implemented Ratios and group sizes for CCDF funded unlicensed care settings.
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) define ratios and group sizes for unlicensed care 2) propose and implement policies regarding ratios and group sizes for unlicensed care
            - Projected start date for each activity 1) in development 2) pending publication of final rule
            - Projected end date for each activity 1) pending publication of final rule 2) Sept 30, 2016
            - Agency – Who is responsible for complete implementation of this activity DECCD

- Partners – Who is the responsible agency partnering with to complete implementation of this activity MSDH

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

a) Licensed Center-Based Care

1. Infant
   - State/Territory age definition less than 1 year
   - Ratio 5:1
   - Group size 10
2. Toddler
   - State/Territory age definition 12 months to under 24 months
   - Ratio 9:1
   - Group size 10
3. Preschool
   - State/Territory age definition 2 through 4 years
   - Ratio 12:1 ratio for 2 yr olds; 14:1 ratio for 3 yr olds; ;16:1 ratio for 4 yr olds
   - Group size 14 for 2 yr olds; 14 for 3 yr olds; 20 for 4 yr olds
4. School-Age
   - State/Territory age definition 5 through 12 years
   - Ratio 20:1 ratio for 5-9 yr olds; 25:1 ratio for 10-12 yr olds
   - Group size 20 for 5-9 yr olds; 25 for 10-12 yr olds
5. If any of the responses above are different for exempt child care centers, describe
6. Describe, if applicable, ratios and group sizes for centers with mixed age groups In mixed age groups, the age of the youngest child in the group determines the staff to child ratio. Preschool children shall not be grouped with school age children in any single area during normal classroom and playground or water activities.

b) Licensed Group Child Care Homes:

1. Infant
   - State/Territory age definition less than 1 year
   - Ratio 4:1
   - Group size as allowed by size of room
2. Toddler
   - State/Territory age definition 12 months to under 24 months
   - Ratio 8:1
   - Group size as allowed by size of room
3. Preschool

- State/Territory age definition 2 through 4 years
- Ratio 12:1 ratio for 2 yr olds; 14:1 ratio for 3 yr olds; 16:1 ratio for 4 yr olds
- Group size as allowed by size of the room

4. School-Age
   - State/Territory age definition 5 through 12 years
   - Ratio 20:1 (5-9 yr olds); 25:1 (10-12 yr olds)
   - Group size as allowed by size of the room

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day Children related within the third degree are included in determining space and staff, but are not included in the licensed number

6. If any of the responses above are different for exempt group child care homes, describe _____

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios same as licensed group homes, group size same as licensed group home, the threshold for when licensing is required licensing is required when the provider cares for six or more non-related children, maximum number of children that are allowed in the home at any one time as allowed by the size of the room, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size yes, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day _____

2. If any of the responses above are different for exempt family child care home providers, describe In a family child care setting, where there are mixed age groups that include infants and toddlers, a maximum ratio of 6:1 should be maintained and no more than two of these children should be 24 months or younger. If all children in care are under 36 months, a maximum ratio of 4:1 should be maintained and no more than 2 of these children should be 18 months or younger. If all children in care are 3 years old, a maximum ratio of 7:1 should be preserved. If all children in care are 4 to 5 years of age, a maximum ratio of 8:1 should be maintained. These ratios should apply to all children in care whether they are related within the third degree or not. License exempt providers in violation of these ratios will not be considered eligible for the child care subsidy program. License exempt providers who do not accept subsidy are not required to maintain these ratios.

d) Any other eligible CCDF provider categories:

Describe the ratios _____, group size _____, the threshold for when licensing is required licensing is required when the provider cares for six or more non-related children, maximum number of children that are allowed in the home at any one time _____, if the State/Territory requires related children to be included in the child-to-provider ratio or group size _____, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day _____

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

a) Licensed Center-Based Care:

1. Infant lead teacher Any of the following: 1) HS Diploma/GED 2) current CDA credential or 3) three years documented experience and assistant teacher qualifications must be 16 years of age and shall work under the direct supervision of a teacher.
2. Toddler lead teacher Any of the following: 1) HS Diploma/GED 2) current CDA credential or 3) three years documented experience and assistant teacher qualifications must be 16 years of age and shall work under the direct supervision of a teacher.
3. Preschool lead teacher Any of the following: 1) HS Diploma/GED 2) current CDA credential or 3) three years documented experience and assistant teacher qualifications must be 16 years of age and shall work under the direct supervision of a teacher.
4. School-Age lead teacher Any of the following: 1) HS Diploma/GED 2) current CDA credential or 3) three years documented experience and assistant teacher qualifications must be 16 years of age and shall work under the direct supervision of a teacher.
5. Director qualifications Any of the following: 1) A bachelor's degree 2) An Associate's degree plus 480 hours practical training 3) An Associate's degree plus two years experience 4) Two years experience plus Director's Credential

b) Licensed Group Child Care Homes:

1. Infant lead teacher Any of the following: 1) HS Diploma/GED 2) current CDA credential or 3) three years documented experience and assistant qualifications must be 16 years of age and shall work under the direct supervision of a teacher.
2. Toddler lead teacher Any of the following: 1) HS Diploma/GED 2) current CDA credential or 3) three years documented experience and assistant qualifications must be 16 years of age and shall work under the direct supervision of a teacher.

3. Preschool lead teacher Any of the following: 1) HS Diploma/GED 2) current CDA credential or 3) three years documented experience and assistant qualifications must be 16 years of age and shall work under the direct supervision of a teacher.
4. School-Age lead teacher Any of the following: 1) HS Diploma/GED 2) current CDA credential or 3) three years documented experience and assistant qualifications must be 16 years of age and shall work under the direct supervision of a teacher.

☐ N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care home provider qualifications Family child care homes are exempt from licensure in MS but may voluntarily register with the MS State Dept of Health and would be subject to the same personnel requirements as a licensed center. At this time, there are no licensed child care homes.

d) Other eligible CCDF provider qualifications In order to receive subsidy, license exempt family child care providers must be 18 years old, must submit to a background check, and must adhere to Basic Health, Safety, and Nutritional Guidelines

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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))

- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

☐ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016. Provide a citation and a link if available _____

☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) partially implemented
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable child care owners and directors receive pre-service training as a condition of licensure. All caregivers in licensed setting acrue annual trianing hours as a conditon of licensure.
  - Unmet requirement - Identify the requirement(s) to be implemented require orientation/on-going training which covers all health and safety topics for all caregivers in a licensed setting, and for unlicensed providers
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) identify training resources including online-on-demand and in-person training 2) draft and issue policies relating to increased provider training 3) develop system to monitor compliance with training requirements
      - Projected start date for each activity _____
      - Projected end date for each activity _____

- Agency – Who is responsible for complete implementation of this activity DECCD
- Partners – Who is the responsible agency partnering with to complete implementation of this activity DECCD, EYN, MSDH

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

☐ Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements _____

☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) Sept 30, 2016
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) partially or substantially implemented _____

- Unmet requirement - Identify the requirement(s) to be implemented 1) define orientation as 3 months from date of employment 2) require minimum number of 12 orientation hours 3) require minimum number of 12 on-going training hours
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) propose and implment policies regarding orientation training as well as credentials that would serve as a substitution for the orientation training requirements 2) propose and implement policies regarding the accrual of on-going annual trianing hours 3) support provider compliance with new rules
        - Projected start date for each activity 1) pending publication of final rule 2) pending publication of final rule 3) Upon effective date of updated state policy
        - Projected end date for each activity 1) Sept 30, 2016 2) Sept 30, 2016 3) Sept 30, 2016
        - Agency – Who is responsible for complete implementation of this activity DECCD
        - Partners – Who is the responsible agency partnering with to complete implementation of this activity EYN, MSDH

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

☒ Nutrition (including age appropriate feeding). Describe Encourage provision of nutritious meals as well as provider participation in the CACFP
☐ Access to physical activity. Describe _____
☐ Screen time. Describe _____
☐ Caring for children with special needs. Describe _____
☒ Recognition and reporting of child abuse and neglect. Describe As required by the NPRM
☐ Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety. Describe _____

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory

exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

☐ Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. _____

☐ Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____

☒ No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory has in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

☐ Yes. The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation _____

☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) partially implemented
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable monitoring requirements for licensed providers
  - Unmet requirement - Identify the requirement(s) to be implemented monitoring requirements for unlicensed providers

- Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) See Section 5.2.2 (c)
  - Projected start date for each activity _____
  - Projected end date for each activity ____
  - Agency – Who is responsible for complete implementation of this activity _____
  - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

☒ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting: Licensing inspectors are recognized as Health Program Specialists Senior under the MS State Personnel Board, and special qualifications for this position include 16 hours of college credit in early childhood. Newly hired licensing inspectors are placed on a strict training timeline which can take up to a year, and these inspectors are not allowed to conduct inspections until they deemed competent by their supervisor.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including

planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

☒ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits Rule 1.2.6 requires a prelicensure inspection as well unannounced inspections prior to annual renewal as required by state

law. Regulations Governing Licensure of Child Care Facilities: http://msdh.ms.gov/msdhsite/_static/resources/78.pdf

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____
    - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

c) **Inspections for License-Exempt CCDF Providers (except those serving relatives)** – It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

☐ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements: _____

☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities,

necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) November 19, 2016
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) The Lead Agency will develop, through policy implementation and hiring additional staff, a monitoring unit to ensure compliance with state and federal regulations within license exempt facilities that recieve CCDF
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) to be implemented Require annual, unannounced monitoring visits to license-exempt CCDF providers.
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) Draft annual monitoring requirements for license exempt subsidy providers (some visits may be unannounced, visits that result in violations will be re-visited within 3 months to ensure compliance with corrective action plans). 2) Propose and implement new monitoring policies by updating Child Care Policy Manual Section 108 3) Establish and staff a monitoring unit 4) conduct monitoring visits
            - Projected start date for each activity 1) In development 2) upon publication of final rule 3)In development 4) Upon the establishment of a monitoring unit
            - Projected end date for each activity 1) March 2016 2) upon publication of final rule 3) April 2016 4) on-going activity
        - Agency – Who is responsible for complete implementation of this activity DECCD
        - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

d) **Ratio of Licensing Inspectors** – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

☒ Yes. The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: The MSDH has a benchmark of 50 facilities per licensed inspector, however, due to staffing, those ratios can be anywhere from 65:1 to 120:1 depending on the health district. Current ratios allow for every facility in the state to receive at least one annual inspection as required by state law. The MSDH has set a goal of 2 annual inspections, and 90% of facilities in the state receive a second inspection.

☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
    - Agency – Who is responsible for complete implementation of this activity _____

- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

e) **Child Abuse and Neglect Reporting –** That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

☐ Yes. Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) _____

☒ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016) Nov 19, 2016
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented 1) strengthen child abuse and neglect reporting requirements 2) add child abuse and neglect to required orientation training topics
    - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) Update policy language and provider statement of agreement regarding Child Abuse and Neglect Reporting 2) Identify and implement training courses 3) Require orientation training on Child Abuse and Neglect Reporting
      - Projected start date for each activity 1) upon publication of final rule 2) in development 3) upon publication of final rule
      - Projected end date for each activity 1) Nov 19, 2016 2) Nov 19, 2016 3) Nov 19, 2016

- Agency – Who is responsible for complete implementation of this activity DECCD
- Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from inspection requirements. Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

☐ Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. _____

☐ Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____

☒ No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff

member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State**/**Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

- ☐ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the policy citation within the Lead Agency's rules _____ and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- ☒ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your

responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2017) September 30, 2017
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable Comprehensive background checks are conducted on staff in licensed centers
    - Unmet requirement - Identify the requirement(s) to be implemented 1) coordinate with the MSDH to conduct comprehensive background checks on unlicensed providers as well as any invidiual residing in the home over the age of 18
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 1) pursue legislative change to allow licensing agency to process background checks 2) compile economic impact statement regarding proposed policy change 3) issue policy change 4) train providers on new requirement
            - Projected start date for each activity 1) upon publication of final rule 2) upon publication of final rule 3) upon publication of final rule 3) upon effective date of state policy
            - Projected end date for each activity 1) Sept 30, 2017 2) Sept 30, 2017 3) on-going
            - Agency – Who is responsible for complete implementation of this activity DECCD
            - Partners – Who is the responsible agency partnering with to complete implementation of this activity MSDH

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks. The MSDH is responsible for background checks and ensuring that they are conducted in a timely manner. MSDH contracts with a third party, ADS to maintain the database system. In order to protect the privacy of the prospective employee, a letter of nonsuitability which does

not contain any information about the nature of the disqualifying event is sent to the provider. Only the prospective employee contains a copy of the rap sheet with the letter of nonsuitability as MSDH is prevented by law from disclosing the rap sheet to the provider/prospective employer. In the letter of nonsuitability, the disqualified individual is given instructions on how to appeal the results of the background check. The disqualified individual is given 60 days to present documentation negating the disqualifying criminal event.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including any agencies/entities responsible for responding to requests from other states _____

5.3.4 Does the State/Territory have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

- ☒ Yes. Describe Prior to sending the letter of nonsuitability, an agency attorney will review the rap sheet to determine if any of the disqualifying offenses contained therein can be dismissed due to reasonable cause (such as the nature of the offense and elapsed time since the offense with no additional offenses).
- ☐ No

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

- ☐ Yes. Describe _____
- ☒ No

5.3.6 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?

- ☐ Yes, all relatives are exempt from all background check requirements.
- ☐ Yes, some relatives are exempt from the background check requirements. If the State/Territory exempts some relatives from background check requirements, describe which relatives are exempt from which requirements (some or all)._____
- ☒ No, relatives are not exempt from background checks.

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor. Lead Agencies can report that no fees are charged if applicable. The fee for conducting the background check is $50. By law, the licensing agency is authorized to charge a fee that includes the amount required by the FBI as well as any necessary costs incurred by the licensing agency for the handling and administration of background checks (Miss Code Ann § 43-20-8).

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue This information will be available on the consumer education website.

5.3.9 Does the Lead Agency release aggregated data by crime?

☐ Yes. List types of crime included in the aggregated data _____

☒ No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements 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 across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements 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.

The Lead Agency assures that the State/Territory's training and professional development requirements:

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and

early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

☒ Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 6.1.2 through 6.1.6 below.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of

professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

- ☐ State/Territory professional standards and competencies. Describe _____
- ☒ Career ladder or lattice. Describe The EYN provides scholarships to providers to obtain their CDA, the MS Directors Credential, National Directors Credential which is offered through the McCormick Institute and is equivalent to college courses. Providers can obtain college credit hours for an additional fee.
- ☒ Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe The state has an academic articulation agreement in place between two and four year institutions. In addition, there are MOUs in place between two and four year career technical degree programs in which certain technical courses are transferred.
- ☐ Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe _____
- ☒ Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe The EYN maintains the WELS data system
- ☒ Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe The EYN convenes an Advisory Council
- ☒ Continuing education unit trainings and credit-bearing professional development. Describe available upon request through the EYN and with a partnership with the Department of Education
- ☒ State-approved trainings. Describe The EYN offers developmentally appropriate trainings to providers that are specific to infant/toddler, preschool, school age, and special needs children.
- ☒ Inclusion in state and/or regional workforce and economic development plans. Describe Data is represented in the Work Force Development Task Force via the State Longitudinal Data System
- ☐ Other. Describe _____

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC
The SECAC was invited and encouraged to provide input on training and professional

development requirements. The lead agency continues to include the SECAC in all opportunities for input which includes feedback on the State Plan.

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements (see Information Memorandum on Children's Social Emotional and Behavioral Health http://www.acf.hhs.gov/programs/occ/resource/im-2015-01) _____

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable) Every single provider in the state has access to the services that are provided through the Early Years Network. The MS Band of Choctaw Indians has been an active participant in our provider trainings.

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring 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 disabilities, and Native Americans, including Indians and Native Hawaiians Through the EYN providers can receive scholarships to obtain an age specific (infant/toddler, preschool, school-age, special needs) CDA __The EYN contracts with the Institute of Disabilities Studies at the University of Southern Mississippi to provide trainings for providers to help enable them to identify children with special needs and provide appropriate care for those children. The MS Band of Choctaw Indians has been an active participant in these trainings.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

- ☒ Financial assistance for attaining credentials and post-secondary degrees. Describe CDA
- ☒ Financial incentives linked to education attainment and retention. Describe Providers who participate in the QRIS have a financial incentive to pursue education because they can recieve a higher CCDF reimbursement
- ☐ Registered apprenticeship programs. Describe _____
- ☐ Outreach to high school (including career and technical) students. Describe _____
- ☐ Policies for paid sick leave. Describe _____
- ☐ Policies for paid annual leave. Describe _____
- ☐ Policies for health care benefits. Describe _____
- ☐ Policies for retirement benefits. Describe _____
- ☐ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe _____
- ☐ Other. Describe _____

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language The EYN Resource and Referral Sites have resources available for parents and providers in a Spanish version. Also, the EYN website is being converted to host a Spanish translation.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

☒ Informational materials in non-English languages

☐ Training and technical assistance in non-English languages

☐ CCDF health and safety requirements in non-English languages

☐ Provider contracts or agreements in non-English languages

☒ Website in non-English languages

☒ Bilingual caseworkers or translators available

☐ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce

☐ Other _____

☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages English and Spanish; Website available in Vietnamese

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

☐ Yes. The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers _____

☒ No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date

(no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____
            - Projected end date for each activity _____
            - Agency – Who is responsible for complete implementation of this activity _____
            - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?

☒ Yes. If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. EYN practice of Tiered TA as a result of QRIS rating

b) Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe Both quality and infant and toddler set aside

☐ Other funds. Describe _____

c) Check which content is included in training and professional development activities. Check all that apply.

☒ Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c. Describe ELG/ERS

☒ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social -emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe The EYN conducts trainings on the Early Learning Guidelines: Social and Emotional Development. These trainings implement the practices of the Center for Social and Emotional Foundations of Early Learning (CSEFEL)__

☒ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. Describe The Family Support program under the direction of the EYN is a statewide program and uses the Nurturing Parenting curriculum to expand knowledge of appropriate practices to parents.__

☒ Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe The EYN uses the state approved Early Learning Guidelines for Infants and Toddlers and the Early Learning Standards for 3 and 4 year olds as a basis for the trainings conducted for providers. Technical Assistance on implementing the guidelines and standards in the classroom is offered as well.____

☒ On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe Each Child Care Resource & Referral Network site across the state have created directories that include services that are specific to the communities that they serve including medical and mental health, family counseling, WIC, etc. Each community has access to localized child care director groups, family support navigators, and resources through the 82 County

Extension offices. The Early Years Network works with Excel By 5 communities as well.

☒ Using data to guide program evaluation to ensure continuous improvement. Describe EYN monthly and quarterly reports

☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe _____

☒ Caring for and supporting the development of children with disabilities and developmental delays. Describe The EYN offers a Special Needs Credential

☒ Supporting positive development of school-age children. Describe EYN offers training and technical assistance based on the SACCERS Environment Rating Scale.

☐ Other. Describe _____

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary education relevant for the early childhood and school-age workforce. Check all that apply.

☐ Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling

☒ State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities

☒ Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education The EYN offers CDA scholarships to fully cover the cost of the program.

☐ Other. Describe _____

☐ No

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.

☒ Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content Owners, Directors, and Director Designees shall complete mandatory, pre-service courses in Child Care Regulations, Director Orientation, and Playground Safety, First Aid and CPR. 12 hours
2) Number of on-going hours and any required areas/content all child care staff shall be required to complete 15 contact hours annually

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content Owners, Directors, and Director Designees shall complete mandatory, pre-service courses in Child Care Regulations, Director Orientation, and Playground Safety, First Aid and CPR. 12 hours
2) Number of on-going hours and any required areas/content all child care staff shall be required to complete 15 contact hours annually

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content Owners, Directors, and Director Designees shall complete mandatory, pre-service courses in Child Care Regulations, Director Orientation, and Playground Safety, First Aid and CPR. 12 hours
2) Number of on-going hours and any required areas/content all child care staff shall be required to complete 15 contact hours annually

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content 12 hours - CCDF Policies, Required Health & Safety Topics, Child Abuse, Nutrition
2) Number of on-going hours and any required areas/content 12 hours

☐ No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

☒ Fully implemented as of March 1, 2016. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, 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, including who delivers the training, education and/or technical assistance The Early Years Network offers business technical assistance including the CDA and Childcare As a Business training. Trainings along with technical assistance is also offered state wide using the Program Administration Scales. This includes practices related to all of the above

mentioned. The EYN also offers financial management workshops which include basic and advanced financial management practices. Technical assistance which focuses on financial management practice is also offered through the Network.

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
  - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
  - Unmet requirement - Identify the requirement(s) to be implemented _____
    - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
      - Projected start date for each activity _____
      - Projected end date for each activity _____
      - Agency – Who is responsible for complete implementation of this activity _____
      - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will 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, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as

discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State/Territory's early learning and development guidelines appropriate for children from birth to kindergarten entry.

☒ The State/Territory assures that the early learning and development guidelines are:

- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
- Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
- Updated as determined by the State. List the date or frequency In July of 2015, the MS Dept of Education revised the ELGs for 3-5 yr olds. The Office of the Governor has plans to launch a revision process for the I&T ELGs.

☒ Fully implemented and meeting all Federal requirements outlined above as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below

☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) _____
- Overall Status – Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) _____
    - Implemented requirement(s) – Identify any requirement(s) implemented to date if applicable _____
    - Unmet requirement - Identify the requirement(s) to be implemented _____
        - Tasks/Activities – What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
            - Projected start date for each activity _____

- Projected end date for each activity _____
- Agency – Who is responsible for complete implementation of this activity _____
- Partners – Who is the responsible agency partnering with to complete implement this activity _____

6.3.2 Check for which age group(s) the State/Territory has established early learning and development guidelines:

☒ Birth-to-three. Provide a link Infants and Toddlers: http://earlyyearsnetwork.msucares.com/system/files/website/ms_it_elgs.pdf

☒ Three-to-Five. Provide a link Three Year Olds: https://www.mde.k12.ms.us/docs/curriculum-and-instructions-library/early-childhood-early-learning-guidelines-3's-7-2-2015-sos-final.pdf?sfvrsn=2
Four Year Olds: https://www.mde.k12.ms.us/docs/curriculum-and-instructions-library/early-childhood-early-learning-guidelines-4's-3-31-2015-sos.pdf?sfvrsn=2

☐ Birth-to-Five. Provide a link _____

☐ Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards). Describe and provide a link _____

☐ Other. Describe _____

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

☒ Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

☐ Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities but not State/Territory-wide

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

☒ Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe The EYN offers trainings to all center based program, family home providers and Head Start centers that are developed with the

state approved Early Learning Guidelines for Infant and Toddlers and the Early Learning Standards for 3 and 4 year olds as the foundation._____

☒ The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe The EYN has developed technical assistance lessons using the Infant Toddler Environment Rating Scales and the Early Childhood Environment Rating Scales which is currently the instruments used in the state Quality Rating and Improvement System.__

☒ Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe Technical Assistance for implementing the state approved Early Learning Guidelines for Infant and Toddlers is offered through the EYN statewide._____

☒ Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines. Describe Technical Assistance for implementing the state approved Early Learning Guidelines for preschool-age children is offered through the EYN statewide._____

☐ Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines. Describe N/A

b) Indicate which funds are used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) both quality set-aside and infant-toddler set aside

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

6.3.4 Check here ☒ to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- 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 effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous

quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

1) Supporting the training and professional development of the child care workforce (as described in Section 6)
2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
4) Improving the supply and quality of child care programs and services for infants and toddlers
5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
8) Supporting providers in the voluntary pursuit of accreditation
9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
10) 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, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services DECCD has reviewed current expenditures on quality and has assessed the need for quality investment in comparision with the revised purposes of the law, including the placement of more low-income children in high quality child care. DECCD has access to multiple sources of information in order to set quality goals for the next triennium. DECCD reviews EYN data on an on-going basis and CQI processes are engaged when assessing the monthly and quarterly reports. DECCD also conducted a parent needs assessment in 2015 to guage parent perceptions of the quality system. Additionally, provider feedback is gathered at each training offered through our quality system. Upon review of these data sources, DECCD has identified two overarching goals for quality improvement. The first goal is to support compliance with new state requirements for licensing, inspection, monitoring, training, and health and safety (*as required by NPRM sections:98.41; 98.42; and 98.44*) . The second goal is to continue to enhance our tiered QRIS system (*as required by NPRM sections: 98.33(a)2(ii); 98.53(a)(3); and 98.71(a)(2*)) and to support providers in the attainment of higher quality ratings, which is in line with the federal directive to increase the placement of low-income children in high quality child care.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

- ☒ Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.
  - ☐ Indicate which funds will be used for this activity (check all that apply)
    - ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____
    - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____
- ☒ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.
  - ☐ Indicate which funds will be used for this activity (check all that apply)

- ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds _____
- ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☒ Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.

- ☐ Indicate which funds will be used for this activity (check all that apply)
  - ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____
  - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☒ Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.

- ☐ Indicate which funds will be used for this activity (check all that apply)
  - ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____
  - ☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☒ Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.

- ☐ Indicate which funds will be used for this activity (check all that apply)
  - ☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____
  - ☒ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) The state provides funding for Quality Stars

☐ Supporting accreditation. If checked, respond to 7.7.

- ☐ Indicate which funds will be used for this activity (check all that apply)
  - ☐ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

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☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☒ Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.8.

☐ Indicate which funds will be used for this activity (check all that apply)

☒ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

☐ Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9.

☐ Indicate which funds will be used for this activity (check all that apply)

☐ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) _____

☐ Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.) _____

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

☒ Yes, the State/Territory has a QRIS operating State/Territory-wide. Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available The state QRIS is administered through the Quality Stars program under the EYN statewide. QRIS for in home providers is administered through the EYN's Family Friend and Neighbor Care program. http://earlyyearsnetwork.msucares.com/home-providers). A state-wide QRIS for School-age programs is also administered through the EYN's School-age program.

☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available _____

☐ No, but the State/Territory is in the development phase

☐ No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

- ☒ Participation is voluntary
- ☐ Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) _____
- ☐ Participation is required for all providers
- ☐ Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- ☒ Supports and assesses the quality of child care providers in the State/Territory
- ☒ Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- ☒ Embeds licensing into the QRIS. Describe Quality Stars only works with program in compliance with Mississippi Childcare Licensure. Programs that are not in compliance/on probation are not eligible to participate.
- ☒ Designed to improve the quality of different types of child care providers and services
- ☒ Describes the safety of child care facilities
- ☒ Addresses the business practices of programs
- ☒ Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- ☒ Provides, to the maximum extent practicable, 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. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality _____
- ☒ Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/Territory's QRIS? Check all that apply.

- ☒ Licensed child care centers
- ☒ Licensed family child care homes
- ☒ License-exempt providers

☒ Early Head Start programs

☒ Head Start programs

☐ State pre-kindergarten or preschool program

☒ Local district supported pre-kindergarten programs

☒ Programs serving infants and toddlers

☒ Programs serving school-age children

☒ Faith-based settings

☐ Other. Describe. _____

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. number of centers that participate (especially subsidy providers); increase in ratings

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and 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.

7.3.1 What activities are being implemented by the State/Territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe.

☐ Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe _____

☒ Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe Under the EYN's Family Friend and Neighbor Care program, providers are recruited to participate in workshops and technical assistance specific to family home care.

☒ Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and

toddlers. Describe The EYN offers trainings and technical assistance that are specific to providers caring for infant and toddlers.

☐ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe _____

☒ Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe EYN field staff conducting trainings and technical assistance to providers caring for infant and toddlers are required to obtain an Infant/Toddler credential through the EYN.

☒ Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe The EYN partners with the Institute for Disability Studies at the University of Southern Mississippi to provide services to infants and toddlers with disabilities.__

☐ Developing infant and toddler components within the State's/Territory's QRIS. Describe _____

☐ Developing infant and toddler components within the State/Territory's child care licensing regulations. Describe _____

☒ Developing infant and toddler components within the early learning and development guidelines. Describe The State Department of Education has developed the Early Learning Guidelines which focus on infant and toddler early learning and development practices to facilitate better outcomes for these age groups.

☐ Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe _____

☐ Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe _____

☐ Other. Describe _____

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory number of hours of Training/TA; ITERS-R Assessment (pre and post)

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system (as discussed in Section 1.7)

☒ State/Territory has a CCR&R system operating State/Territory-wide. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide

network and how the system is coordinated and if it is voluntary In July 2014, the Lead Agency consolidated all of its previoulsy separate quality enhancement programs into a single system of services for child care providers and the families they serve. This single system of services, known as the Early Years Network includes 17 child care resource and referral sites across the state. The fiscal agent for the Early Years Network is the Mississippi State University Extension Service, and this agency works with other agency partners to provide high quality services. EYN contract partners including: the Mississsippi Center for Education Innovation, the MSU Early Childhood Institute, Save the Children, the UM Center for Education Research and Evaluation, the University of Southern Mississippi, the Department of Child and Family Studies, and the Institute for Disability Studies.

- ☐ State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide. Describe _____
- ☐ State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory Number of visitors; resources checked out; contacts that are made including requests for information

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe CCPS System; provider tainings including in person and on demand web based trainings; communication cabilities including email, video via website, and website translation into multiple languages

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory licensing information; monitoring reports; providers who have met training requirements

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children 3- Star or higher. CCPS reports

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory enrollment numbers, rating history, access to EYN services

7.7 Accreditation Support

7.7.1 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?

- ☐ Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation _____
- ☐ Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe _____
- ☐ No, but the State/Territory is in the development phase
- ☒ No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory _____

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe The EYN offers a tiered TA support system based on pre-assessment scores using the Environment Rating Scales. In addition, specialized TA support is offered in nutrition/health, physical activities and development. The Environment Policy Assessment and Observation (EPAO) is utilized to collect data to assist teachers and directors in making positive changes.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory number of training hours

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. The state agencies Head Start, Ms. Department of Education, and MDHS are collaborating to provide a seamless transition between all programs concerning curriculum, assessments and communication. In addition, the state has a contract

with Save the Children to provide continuous updated disaster related professional development to the state. The state continually provides disaster preparedness trainings to providers as well as provides Safe Spaces for Children in collaboration with Red Cross when needed.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. _____

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

- ☒ Issue policy change notices
- ☐ Issue new policy manual
- ☒ Staff training
  - ☒ Orientations
  - ☒ Onsite training
  - ☐ Online training
- ☒ Regular check-ins to monitor implementation of the new policies. Describe _____
- ☐ Other. Describe _____

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other

governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. _____

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93).Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors").The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

- ☒ Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))
- ☐ Run system reports that flag errors (include types). Describe _____
- ☒ Review of enrollment documents, attendance or billing records
- ☒ Conduct supervisory staff reviews or quality assurance reviews
- ☒ Audit provider records
- ☒ Train staff on policy and/or audits
- ☐ Other. Describe _____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

- ☒ Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), 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))
- ☒ Run system reports that flag errors (include types). Describe _____
- ☒ Review of enrollment documents, attendance or billing records
- ☒ Conduct supervisory staff reviews or quality assurance reviews
- ☒ Audit provider records
- ☒ Train staff on policy and/or audits
- ☐ Other. Describe_____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory? The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- ☐ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
- ☐ Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- ☒ Recover through repayment plans
- ☒ Reduce payments in subsequent months
- ☐ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☒ Establish a unit to investigate and collect improper payments. Describe monitoring unit within DECCD; Division of Program Integrity
- ☐ Other. Describe_____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- ☐ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
- ☐ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- ☒ Recover through repayment plans
- ☒ Reduce payments in subsequent months

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- ☐ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☒ Establish a unit to investigate and collect improper payments. Describe composition of unit below
- ☐ Other. Describe_____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____

c) Check which activities the Lead Agency will use for administrative error?

- ☐ Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount _____
- ☐ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
- ☒ Recover through repayment plans
- ☒ Reduce payments in subsequent months
- ☐ Recover through State/Territory tax intercepts
- ☐ Recover through other means
- ☒ Establish a unit to investigate and collect improper payments. Describe composition of unit below
- ☐ Other. Describe_____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? The Lead Agency is required to impose sanctions on clients and providers in response to fraud.

- ☒ Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. _____
- ☒ Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. _____
- ☒ Prosecute criminally
- ☐ Other. Describe _____