

OMB Control Number: 0970-0114

Expiration Date: 09/30/2024

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Child Care and Development Fund (CCDF) Plan

for

State/Territory Virginia

FFY 2022 – 24

Version: Amendment 4

Plan Status: Approved as of 2024-02-09 15:27:31 GMT

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

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Introduction and How to Approach Plan Development

The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to 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 Program Integrity and Accountability

These organizational categories reflect key goals of an integrated system of child 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 the need for technical assistance (TA), and determine compliance with specific requirements.

Citations

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions. Complete answers must include citations, responses, and descriptions.

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 on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities. (See <http://www.section508.gov/> for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste 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 oversight and monitoring efforts.

1 Define Leadership and Coordination with Relevant Systems and Funding Sources

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

1.1 CCDF Leadership

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

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

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

a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: **Virginia Department of Education**

Street Address: **101 North 14th Street**

City: **Richmond**

State: **Virginia**

ZIP Code: **23219**

Web Address for Lead Agency: **www.doe.virginia.gov**

b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: **Dr. Lisa**

Lead Agency Official Last Name: **Coons**

Title: **Superintendent of Public Instruction**

Phone Number: **(804) 225-2057**

Email Address: **lisa.coons@doe.virginia.gov**

1.1.2 Who is the CCDF Administrator?

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

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: **Rebecca**

CCDF Administrator Last Name: **Ullrich**

Title of the CCDF Administrator: **Director, Early Childhood Access and Enrollment**

Phone Number: **804-921-6899**

Email Address: **rebecca.ullrich@doe.virginia.gov**

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

CCDF Co-Administrator First Name: **Alexandra**

CCDF Co-Administrator Last Name: **McPherson**

Title of the CCDF Co-Administrator: **Associate Director of Enrollment**

Phone Number: **804-418-4711**

Email Address: **alexandra.mcpherson@doe.virginia.gov**

Description of the Role of the Co-Administrator: **Oversees aspects of policy and program operations**

1.2 **CCDF Policy Decision Authority**

The Lead Agency has broad authority to administer (i.e., establish rules) and operate

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

1.2.1 CCDF program rules and policies are set or established at:

Which of the following CCDF program rules and policies are administered (i.e., set or established) at the state or territory level or local level? Identify whether CCDF program rules and policies are established by the state or territory (even if operated locally) or whether the CCDF policies or rules are established by local entities, such as counties or workforce boards (98.16(d)(1)). Check one.

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

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

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

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the eligibility policies the local entity(ies) can set.

C. Other. Describe:

ii. Sliding-fee scale is set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the sliding fee scale policies the local entity(ies) can set.

C. Other. Describe:

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

A. State or territory. Identify the entity.

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

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

C. Other. Describe:

iv. Licensing standards and processes are set by the:

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of licensing standards and processes the local entity(ies) can set.

C. Other. Describe.

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

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of standards and monitoring processes for license-exempt providers the local entity(ies) can set.

C. Other. Describe:

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

A. State or territory. Identify the entity.

B. Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of quality improvement activities the local entity(ies) can set.

C. Other. Describe:

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

1.2.2 Implementation responsibility

The Lead Agency has broad authority to operate (i.e., implement activities) through other agencies, as long as it retains overall responsibility. Complete the table below to identify

which entity(ies) implements or performs CCDF services.

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

CCDF Activity	CCDF Lead agency	TANF agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Who issues payments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Local departments of social services determine eligibility for the Child Care Subsidy Program. They also help parents locate child care services and explain how to select and monitor care. Virginia 211, a free 24/7 service that is available in multiple languages, assists families in locating child care and other services. Child Care Aware-Virginia, Virginia’s child care resource and referral agency, also assists parents locate, select and monitor child care services.

Certain local governments also monitor license-exempt family day homes. Currently, the counties of Fairfax and Arlington and the city of Alexandria monitor certain small family day homes under local ordinances. Arlington also monitors certain center-based programs as well. VDOE does not monitor local government oversight of license-exempt family day homes. If locally approved homes participate in the Child Care Subsidy Program, VDOE conducts the required health and safety inspection.

1.2.3 Processes to oversee and monitor CCDF administration and implementation

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

- Written agreements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).
 - Tasks to be performed
 - Schedule for completing tasks
 - Budget which itemizes categorical expenditures in accordance with CCDF requirements
 - Monitoring and auditing procedures
 - Indicators or measures to assess performance of those agencies
- Any other processes to oversee and monitor other agencies.

The Lead Agency has a Memorandum of Agreement (MOA) with the Virginia Department of Social Services (VDSS) regarding its administration of the Child Care Subsidy Program (CCSP) voucher system, outlining each agency's respective roles and responsibilities; monthly and quarterly reporting requirements for VDSS; the process and timeline for establishing and approving VDSS's annual budget to administer the program; the process, timeline, and documentation required to draw down funds from the block grant as a subrecipient; and a process for conducting an annual review with the Lead Agency. Each month, VDSS will report information on enrollment (statewide and by jurisdiction); expenditures; case management statistics and data on program integrity; communications from the field; results of LDSS monitoring activities; provider referrals; and subsidy vendor participation. (Subsidy vendors are child care providers approved for participation in the subsidy program.) VDSS will report the following information on a quarterly basis: progress toward corrective actions, if applicable; information on any administrative hearings held; information on overpayments and collection processes; summary of cost allocated expenditures; active tickets regarding updates or repairs to VaCMS; expenditures for the quarter; and training and technical assistance activities for LDSS staff. VDOE will review monthly and quarterly reports and hold regular monitoring meetings with VDSS staff.

Part of VDSS's responsibility for administering the CCSP is funding and overseeing local departments of social services (LDSS), which provide case management to families that participate in the Child Care Subsidy Program, including consumer education activities. VDSS state budget letters to local departments of social services (LDSS) require administration of the Child Care Subsidy Program in accordance with VDSS and Subsidy Program requirements. VDSS also has a subrecipient monitoring plan with local offices that includes program monitoring (regular review of case management reports and case records and staff interviews); financial monitoring (monthly review of financial reports, mid-year review of local expenditures and funding requests, and inspection of purchase of service documents and any noted irregularities); and case management reports (including a monthly review of Agency Demographic Data, Exception reports, and Budget Line financial reports via VaCMS to identify needs for technical assistance, training, or a program review). Regular monitoring of LDSS offices is carried out by VDSS Regional Child Consultants.

Monthly monitoring by VDSS and LDSS include service levels and expenditures and other statistics. Reports are provided to the VDSS Executive Team and division/program leadership. Among the statistics monitored are:

1. Numbers of families and children on a waitlist;
2. Cost to serve waitlist;
3. Actual expenditures;
4. Projected expenditures;
5. Over and under expenditure variances;
6. Case processing timeframes;
7. Percentage of children receiving child care subsidy served in licensed settings; and
8. Percentage of child care subsidy applications received through the CommonHelp online system.

Payment accuracy (improper payment) reviews in accordance with Federal CCDF Regulation §98.100, Error Rate Report. Performance requirements are included in contracts, with required monthly, quarterly and annual reporting on these performance requirements. Contractors are also required to submit an annual financial audit completed by an external auditor. Risk assessments are conducted for contracts and, depending on risk assigned, either desk reviews and/or on-site monitoring are conducted each year.

VDOE contracts with Child Care Aware of Virginia to provide child care resource and referral information for families seeking quality child care options in Virginia, recruit providers into the Child Care Subsidy Program, and offer training and technical assistance to providers. They have 5 Child Care Regional Centers located in Piedmont, Western, Eastern, Central, and Northern Regions of the state of Virginia. These services are performed through \$550,000 in funding allocated in their budget. Specific tasks related to CCR&R includes conducting outreach and public awareness activities regarding the importance of child care and the availability of child care assistance; providing and promoting high-quality consumer education, consultation, and information regarding access to child care; providing families with information about choosing quality child care, how to find a provider that meets their needs, and affordable options in particular localities; maintaining their website and ensuring accessibility; providing a toll-free telephone number (1-866-KIDS-TLC) for CCR&R information; providing technical assistance and consumer education to families and consumers upon request; and publicizing and promoting CCR&R services at community events and on social media. VDOE monitors contracted activities

through monthly reports, bi-monthly meetings with the Executive Director, and an Annual Monitoring Visit.

1.2.4 Information systems availability to public agencies

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

Contracts from child care information systems development include clauses that reference the ownership and transfer of code when CCDF funds are used. VDSS holds case-level data for the child care subsidy program in the Virginia Case Management System (VaCMS). The Lead Agency has a data sharing agreement with VDSS for the purposes of sharing participant and subsidy vendor data. VDSS has an established transfer agreement template approved by the Office of the Attorney General to address other state/public agency requests. The requesting agency signs the template document and returns it to the Department of Social Services for final approval and signature.

1.2.5 Confidential and personal identifiable information policies

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

The Virginia Department of Education (VDOE) has policies and processes in place to govern the use and disclosure of any sensitive data including personally identifiable information (PII). These policies include but are not limited to the VDOE Information Security Policy and Program Guide, VDOE Acceptable Use and Non-Disclosure Policy, VDOE Annual Security Training Policy and Plan. These policies currently apply to all VDOE employees, contractors, vendors, student interns, and other persons or organizations that have the need to use VDOE sponsored internet, email, and any VDOE related information or information processing systems. All users (VDOE employees, contractors, vendors, student interns, other persons or organizations) are responsible for the privacy of VDOE data including PII, student data, and any other data deemed sensitive by data classifications done on VDOE information systems from any unauthorized use or disclosures. All VDOE employees, contractors, vendors, student interns, and other persons sign an acknowledgement/non-disclosure form stating they read and understand the privacy and security policies of VDOE.

1.3 Consultation in the Development of the CCDF Plan

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

- (1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments

are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

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

1.3.1 Consultation efforts

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

a. Consultation with general purpose local governments.

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

The Lead Agency and the Department of Social Services maintain regular contact with appropriate representatives of general purpose local governments, primarily through the Virginia League of Social Services Executives' (VLSSE) Child Care Committee. VLSSE is a professional organization comprised of the executive leadership of 120 local departments of social services in the state. Links to the preprint and the draft plan were provided to VLSSE with requests for comments and recommendations. This input is analyzed and considered by Lead Agency staff in the drafting of program regulations and guidelines as well as the CCDF plan. Local government staff also participated in public hearings offered by VDSS prior to plan submission.

b. Consultation with state advisory council or similar coordinating body.

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

The Lead Agency recently established an Early Childhood Advisory Committee (ECAC), which is responsible for advising the Virginia Board of Education on all matters regarding early childhood care and education programs and regulations in Virginia. The ECAC received a briefing on the state of Virginia's Child Care Subsidy Program and recent changes in policy that were incorporated into the 2022-2024 plan. ECAC members provided input within and outside of the formal meeting. Virginia committed to minimizing disruption for child care providers and families during the transition of Lead Agency status from VDSS to VDOE. As a result, VDOE is pursuing very few policy changes in this iteration of the state plan. However, VDOE plans to undertake a full, comprehensive review of the CCDF state plan, CCSP program manual, and all policies and regulations

associated with child care assistance in Virginia in partnership with the ECAC in late 2021/early 2022. VDOE and the ECAC will provide recommended policy changes to the Board, as needed, and submit plan amendments to the federal Office of Child Care based on this review

c. Consultation with Indian tribes or tribal organizations within the State.

Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.

Virginia has seven federally-recognized Indian tribes. Letters were sent from the Lead Agency to the tribal leaders to communicate about the Plan and invite tribe input at the early stage of plan development. A copy of the preprint document was shared, along with a link to Virginia's 2022-2024 Plan, but few responses were received. As the new Lead Agency, VDOE will prioritize building relationships with tribal communities and organizations.

d. Consultation with other entities, agencies or organizations.

Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

Groups with an interest in child care were made aware of the Preprint and the draft Plan and asked for their review and input, such as: Virginia Head Start State Collaboration Office and Early Head Start Child Care Partnership Grantees, Virginia Partnership for Out-of-School Time, Virginia Cross Sector Professional Development Leadership Team, Child and Adult Care Food Program, Virginia Preschool Initiative, Early Childhood Mental Health, Child Care Aware of Virginia, Virginia Quality (Virginia's quality rating and improvement system), Virginia Early Childhood Foundation, Early Impact Virginia (Virginia's home visiting consortium), Project HOPE (Homeless Education).

In addition, VDOE held a series of listening sessions with center-based child care programs, family day home providers, Head Start program directors, and child care advocates across the state in regards to the child care transition and unification at the VDOE. During these listening sessions, stakeholders shared feedback regarding the subsidy program as well as child care licensing and monitoring. VDOE has shared urgent feedback with partners at VDSS and worked together to incorporate these policy changes into the current state plan. Other recommendations will be considered in VDOE's longer-term review of subsidy policies.

1.3.2 Statewide or territory-wide public hearing process

Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:

a. Date of the public hearing.

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

06/07/2021

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

05/09/2021

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

A notice of the hearing was placed in major newspapers throughout the state. Notices were also sent to individuals and organizations on programs' interested party lists and to all child care providers known to Licensing. The notice was available at <https://www.doe.virginia.gov/cc/community/index.html?pageID=11>.

d. Hearing site or method, including how geographic regions of the state or territory were addressed.

Due to the Covid-19 pandemic, two public hearings were held via Zoom, one during the day and one in the evening. Approximately 100 individuals in the all areas of the state participated in the hearing.

e. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.)

The Plan was posted on the DSS public website. Information on the website can be translated to over 100 other languages.

f. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?

Advocates, providers, and others concerned with early childhood care and education offered invaluable feedback on the state plan. Many of the recommendations are policy or practice changes that the Lead Agency is interested in pursuing, but will consider as part of our comprehensive policy review in the fall of 2021. VDOE anticipates submitting Plan Amendments accordingly.

1.3.3 Public availability of plan, amendments and waivers

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

a. Website link for plan, amendments and waivers

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

<https://www.doe.virginia.gov/cc/community/index.html?pageID=0>

b. Other strategies for plan, amendments and waivers availability

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

Working with advisory committees. Describe:

At pertinent committee meetings, including groups and committees listed in Section 1.3.1

Working with child care resource and referral agencies. Describe:

Providing translation in other languages. Describe:

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

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

Notice was sent to individuals on the program's interested party list and to all child care providers known to the Division of Licensing Programs.

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

Other. Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

1.4.1 Accessibility and continuity of care

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

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

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

- extending the day or year of services for families.
- smoothing transitions for children between programs or as they age into school.
- enhancing and aligning the quality of services for infants and toddlers through school-age children.

- linking comprehensive services to children in child care or school-age settings.
- developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.

a. Lead Agency coordination with required agencies

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

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

The Child Care Subsidy Program Manager at VDSS meets monthly with the Child Care Committee of the Virginia League of Social Service Executives, the organization representing the human service departments of the 120 local governments in Virginia. The Committee provides ongoing feedback and recommendations on state responses to the CCDBG and the State Plan. Presentations are also made to directors and child care coordinators of local departments of social services in each region of the state, with facilitated discussions to solicit their recommendations and feedback. The 120 local departments of social services are working closely with families toward such, ensuring children with special needs are better served by offering vendor payment rates that can double the standard rate, providing a smoother application process for families who may be experiencing homelessness, and offering wrap-around child care for Head Start families. Feedback from these meetings and presentations are shared with the Lead Agency at least on a monthly basis. Through the coordination with VLSSE, the Lead Agency receives invaluable feedback and local perspectives that assist with program and policy decision-making. Also, garnering input through local partner representation contributes to local buy-in during the implementation process. The Lead Agency works closely with other general representatives of local government through community coalitions like Smart Beginnings and new Ready Regions networks to connect with child care and early education providers across the state, including information sharing, requesting feedback on policy proposals, and administering state-funded programs such as the Mixed Delivery preschool pilot.

- ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals, processes, and results:

The Lead Agency recently established an Early Childhood Advisory Committee (ECAC), which is responsible for advising the Virginia Board of Education on all matters related to Virginia’s unified early childhood system. The Lead Agency staffs and manages this committee. Meetings are held every other month regarding the current status of early childhood in Virginia, policy changes that the Lead Agency wishes to pursue, and/or updates on various initiatives. VDOE will coordinate with this advisory committee on an ongoing basis to maximize access to child care that meets the developmental needs of children and employment needs of working families. This coordination will support VDOE’s goal of maximizing all available public resources in order to serve more children in high-quality, publicly-funded programs and ensure equitable access to quality supports for providers across the ECCE system.

Check here if the Lead Agency has official representation and a decision-

making role in the State Advisory Council or similar coordinating body.

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

VDOE and VDSS are working with the Chickahominy tribe to facilitate background checks for tribal members participating in the Child Care Subsidy Program via Virginia’s contract with Fieldprint. VDOE will create a code for tribal members to use, allowing them to leverage VDOE’s current processes and minimize potential costs to the tribe.

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

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

The Lead Agency is home to Early Childhood Special Education (IDEA Part B) in Virginia, allowing for consistent, ongoing collaboration and feedback to ensure preschool-aged children with disabilities are prioritized and included in child care policy decisions and efforts to improve access. The Lead Agency has direct connections with the Virginia Department of Behavioral Health and Developmental Services' (DBHDS) Early Intervention (IDEA Part C) program for infants and toddlers, supporting coordination across state agencies as well. VDOE partners with both of these agencies on committees such as the Head Start Collaboration Office advisory council, Virginia Cross-Sector Professional Development Team, Early Impact (home visiting), and other organizations to ensure state alignment of goals, to leverage professional development resources, and to network to improve child care for all children. Disability service organizations are represented on the Lead Agency’s ECAC. A representative from DBHDS serves ex-officio.

Children that participate in IDEA Part B preschool programs can receive wrap-around child care services through the Child Care Subsidy Program if they meet program eligibility requirements. Efforts in this area assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families and align medical needs with early care and education goals, smoothing the transition between providers. Subsidy vendors who care for children with special needs are allowed higher payment rates for serving children with special needs in the Subsidy Program.

The Virginia Cross Sector Professional Development (VCPD) Team provides professional development opportunities for trainers and providers on inclusion strategies for working with children of all abilities, including children experiencing risk factors. Early intervention and special education staff will continue to serve on various task forces to

maintain the alignment of quality standards.

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

The HSSCO sits within the Lead Agency, providing opportunities for ongoing feedback and communication between Head Start programs and child care-related policies and programming, including promoting the availability of wraparound care for Head Start families; identifying challenges associated with enrollment; and licensing issues. The HSSCO will continue to be included on technical assistance and standards development task forces that align and enhance the quality of services to link comprehensive services for children. Additionally, the HSSCO Director is a non-voting member of the lead agency's ECAC.

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

The Lead Agency supports the early childhood and school-age work of the Virginia Department of Health (VDH), including grant support, as needed. VDH provides consultation on health and safety initiatives, including preservice training, Medication Administration Training, and obesity prevention activities.

Lead Agency staff serve on the Virginia Early Dental Health Action Team and the Perinatal Infant Oral Health Quality Improvement Expansion Grant project advisory board to coordinate the education of child care providers on the importance of dental health habits. A VDH representative serves on the work group developing the statewide child care disaster plan as well as on the Lead Agency's ECAC as a non-voting member. During the COVID-19 pandemic, the Lead Agency has deepened its relationship with VDH to provide ongoing guidance related to child care programs' operations during the pandemic as well as accurate, reliable information about the COVID-19 virus and vaccination efforts across the state. As a result of these efforts, the Lead Agency successfully included child care and early education staff in the same priority group for vaccines as K-12 Teachers and supported coordination efforts between local health districts and child care providers. The Lead Agency will continue to work closely with VDH during pandemic recovery to ensure that child care providers are included in public health supports and can open and operate safely for families in the Commonwealth.

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

The Lead agency coordinates with the Virginia Employment Commission (VEC) and Virginia Department of Labor and Industry (DOLI) to align messaging, supports, and services for the Commonwealth's early childhood workforce, including unemployment and job search services and the child care apprenticeship program. This coordination has improved over the course of the pandemic. The Lead Agency worked with VEC to publicize expanded eligibility for child care services to parents looking for work through

the VEC, and to provide information and resources on the DOLI emergency workforce regulations and how they apply to child care settings.

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

As of July 1, 2021, the Lead Agency is responsible for child care as well as public education. VDOE is committed to maximizing all available public resources to serve as many eligible children as possible and to meet families' comprehensive needs. Across the Division of Early Childhood Care and Education at the VDOE, staff are working to maximize the number of children in the Virginia Preschool Initiative receiving wraparound care services through CCDBG and support private programs receiving public funds to leverage multiple funding streams.

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

The Lead Agency became responsible for licensing on July 1, 2021. The Division of Early Childhood Care and Education is working across offices to improve connections from Child Care Subsidy Program vendor relations staff at VDSS with staff in the Office of Child Care Health and Safety, which is responsible for licensing. Specifically, the respective teams are facilitating internal trainings for staff in each office to ensure a common understanding of each program's goals and objectives and to identify strategies for connecting providers to the subsidy program.

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

CACFP is administered by the Virginia Dept. of Health (VDH). A representative from VDH is a non-voting member on the Lead Agency's ECAC. As VDOE looks ahead to a comprehensive review of ECCE policies in late 2021/early 2022, VDH will be among the stakeholders engaged in aligning and streamlining child care licensing regulations and monitoring processes.

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

The McKinney-Vento State Coordinator serves on various Lead Agency child care

workgroups, consults on issues and guidance regarding services to children who are homeless, assists with development and modification of the statewide child care disaster plan, and consults on training for local departments of social services staff on outreach to homeless families, as well as resource materials and training for providers.

In addition, Virginia has been awarded a small grant from Education Leads Home (ELH). This project seeks to engage state leaders working at the intersection of education and homelessness by building and scaling best practices, including through a virtual Community of Practice to develop customized activities, policies, guidelines, and/or standards-based on each state's unique context. The Lead Agency is one of Virginia's state agencies engaged in this work, with a focus in the early childhood space of ensuring that

children experiencing homelessness participate in child care and early education at the same rate as their housed peers by 2026.

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

TANF is located within the Division of Benefit Programs at the Department of Social Services (VDSS). Remaining Child Care Subsidy Program staff at VDSS—who administer the voucher program through an MOA with the Lead Agency—also sit within this Division. Their goal continues to be to align services to the extent possible to assure easy access to Child Care and TANF services by eligible recipients of either program and by those transitioning off either program. Lead Agency staff work with Child Care and TANF policy staff and program managers to assure that policies for both programs are aligned, wherever possible. In addition, a representative from VDSS is a non-voting member of the Lead Agency’s ECAC.

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

Citizens can apply for Medicaid and FAMIS, the state Children's Health Insurance Program, by visiting a local department of social services, mailing an application to social services or applying online through CommonHelp, The VDSS online application system.

VDSS and the Department of Medical Assistance Services (DMAS) coordinate to ensure that case records for both Medicaid and Child Care Subsidy are appropriately maintained within the Virginia Case Management System. The Lead Agency and DMAS both sit on VDSS’s VaCMS work group to ensure coordination/prioritization of programmatic changes to the case management system.

A "Family Resource Reference Guide," which includes information about Medicaid, is available on the child care microsite.

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

Lead Agency staff members serve on the Early Childhood Mental Health Virginia (ECMHVA) advisory committee with staff from the Department of Behavioral Health and Developmental Services (DBHDS). This committee developed a statewide training certificate program on early childhood mental health for providers and partners with cross-sector early childhood colleagues to educate practitioners on mental health issues for young children. The committee has also focused on identifying sustainable funding sources for ECMH services and pathways to increase access to services.

Lead Agency staff are also represented on the Early Childhood Mental Health work group with DBHDS, which examined the feasibility of implementing a statewide early childhood

mental health consultation program. VDOE intends to leverage COVID relief funds through CCDBG and Governor’s Emergency Education Relief Fund (GEER) to pilot a consultation program in key areas, given the rise of mental and behavioral health issues resulting from the pandemic. VDOE will collaborate closely with DBHDS and the rest of ECMHVA VA and the work group on this pilot.

T

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

The Lead Agency contracts with Child Care Aware of Virginia (CCA-VA), Virginia's child care resource and referral agency, to:

1. provide comprehensive referral services to families,
2. provide technical assistance on quality care to families and providers and professional development guidance to providers,
3. assist unlicensed providers wishing to become Child Care Subsidy Program vendors,
4. and track requirements compliance of the unlicensed providers that receive subsidy funds.

CCA-VA will continue to provide more technical assistance and consumer education to families, leverage beneficial private-public partnerships, provide training on disaster preparedness, work with unlicensed providers as the first step to becoming licensed, and provide information outreach to vulnerable populations.

CCA-VA assists with increasing the supply of quality child care and provides technical assistance to providers on business management and shared resources.

CCA-VA participates in the Virginia Cross-Sector Professional Development Team,

Early Childhood Mental Health Virginia (ECMHV) and other relevant groups and is an

integral partner in implementing the CCDF State Plan.

The Lead Agency also works with other training and education partners to coordinate professional development standards and quality, including:

Virginia Cross-Sector Professional Development

Virginia Quality Infant and Toddler Specialist Network

Community College Workforce Alliance

Virginia Community College System's Early Childhood Development Peer Group

Virginia Cooperative Extension office

Infant and Toddler Connection Virginia Department of Education's Special

Education Training and Technical Assistance Head Start

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

The Virginia Partnership for Out-of-School Time (VPOST) is a statewide public private partnership focused on developing and expanding services during out of school hours to school-age children and youth in the Commonwealth of Virginia.

VPOST focuses on refining best practices, setting standards of high quality care for all

children in out-of-school time, and facilitating professional development for practitioners serving this age group.

Lead Agency staff serves in leadership positions on VPOST to help align early childhood and school-age care quality standards. VPOST serves as the official state affiliate to the National Afterschool Alliance.

A representative from VPOST sits on the Lead Agency's ECAC.

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

The Virginia Department of Emergency Management (VDEM) works with local government, state and federal agencies and voluntary organizations to provide emergency management resources and expertise.

A VDEM representative is one of 15 individuals serving on the Virginia Statewide Child Care Disaster Plan Work Group which develops the statewide child care disaster plan.

The disaster plan provides guidance and procedures for ensuring compliance with the Child Care and Development Block Grant Act to ensure a coordinated effort for the continuation of child care programs during and after a disaster or emergency event.

The Work Group also makes recommendations for continuing improvements and enhancements to the disaster plan.

The Lead Agency facilitates the disaster plan work group. The work group carried out its responsibilities through face-to-face meetings, research, completion of worksheets, providing comments and edits on drafts, and telephone communications as needed.

b. Coordination goals, processes and results with optional partners

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

i. State/territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:

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

The Lead Agency contracts with the workforce development arm of two community colleges within the Virginia Community College System (Community College Workforce Alliance) to provide and revise online and classroom training for child care professionals. Two professionals from higher education institutes in Virginia are represented on the Lead Agency's ECAC. Higher education professionals are also represented on the state's School Readiness Committee, which the Lead Agency participates in. This coordination allows for the Lead Agency and each partner to mutually inform degree and certificate programs and professional development

opportunities.

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

The Lead Agency works closely with the Virginia Early Childhood Foundation through its Smart Beginnings and new Ready Regions networks to connect with child care and early education providers across the state, including information sharing, requesting feedback on policy proposals, and administering state-funded programs such as the Mixed Delivery preschool pilot. This coordination has supported greater slots in Mixed Delivery settings, guidance for Mixed Delivery programs using multiple funding streams, and intentional investments in quality improvement initiatives for children in thi program.

[x] iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:

Early Impact, Virginia's home visiting consortium, and the Virginia Cross-Sector Professional Development Leadership and Regional Teams provide home visitors and other providers serving children with opportunities to collaborate on universal training topics and quality standards and infrastructure systems. This contributes to more seamless services and increased access to developmental screening, resources and training.

[x] v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe:

The Virginia Department of Medical Assistance Services provides EPSDT services. The Lead Agency and the Department of Social Services provide information on their websites about these developmental screenings. Child Care providers and local departments of social services child care workers disseminate this information to families as needed. This allows the Lead Agency and partner organizations to support families' connections to developmental screening services.

[x] vi. State/territory agency responsible for child welfare. Describe:

The Virginia Department of Social Services is responsible for child welfare. Child welfare programs are directed by the Division of Family Services.

The Lead Agency coordinates with divisions within the Department of Social Services in such areas as child abuse prevention and child care provider requirements around mandatory reporting. This includes offering resources and trainings to child care providers and Lead Agency staff.

[x] vii. Provider groups or associations. Describe:

Provider groups are represented on the Lead Agency's ECAC, including the Virginia Child Care Association and the Virginia Alliance for Family Child Care. Provider groups are also represented on the state's School Readiness Committee, which the Lead Agency manages. Provider

groups are also represented on the state’s School Readiness Committee, which the Lead Agency participates in. Both groups inform early childhood policy priorities and ensure policies reflect the needs and realities of providers. The Lead Agency has also worked with provider associations through the pandemic to identify key needs for PPE, inform spending priorities for relief funds, and publicize expanded eligibility for child care.

viii. Parent groups or organizations. Describe:

A parent representative is included on the Lead Agency’s ECAC. In addition, the Virginia Early Childhood Foundation (VECF), a public-private foundation and key partner of the Lead Agency, is launching a parent advisory council to inform their research and advocacy efforts and policy priorities at the state level. This coordination will ensure that policies are meeting the needs of parents across the Commonwealth.

ix. Other. Describe:

1.5 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Optional Use of Combined Funds: States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

1.5.1 Combined funding for CCDF services

Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a. How you define “combine”

Utilizing funds from varied sources in an aligned manner to further expand and/or enhance the delivery of high-quality services to children and families.

b. Which funds you will combine?

CCDF and TANF

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

TANF funds are typically transferred each year to CCDF to enable larger numbers of children who qualify for the Child Care Subsidy Program to be served.

d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level?

VDSS will execute a transfer of TANF funds to CCDF via VDOE at the State level.

e. How are the funds tracked and method of oversight

Cost codes, funding source codes and project codes are used to track the various funding streams used for child care services. Direct service funds are monitored and analyzed twice a month, while all other cost codes are monitored and analyzed monthly. Reports are generated from the VaCMS system, a financial analyst reviews the info, and results are reviewed with the division director and unit managers. The Lead Agency reviews expenditures associated with administering the subsidy program with VDSS on a monthly basis.

1.5.2 CCDF Matching and MOE Requirements

Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

Note: Lead Agencies that use Prekindergarten funds to meet matching requirements must check Prekindergarten funds and public and/or private funds. Use of PreK for Maintenance of Effort: The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public Prekindergarten funds as no more than 20 percent of the state’s or territory’s maintenance of effort or 30 percent of its

matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)). Use of Private Funds for Match or Maintenance of Effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies do need to identify and designate in the state/territory Plan the donated funds given to public or private entities to implement the CCDF child care program (98.55(f)).

a. N/A—The territory is not required to meet CCDF matching and MOE requirements.

b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

State General Revenue Funds

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

i. If checked, are those funds:

A. Donated directly to the state?

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

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

d. State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):

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

In addition to full day child care needed by young children, the Subsidy Program also funds wrap-around child care services that may be needed by Virginia Preschool Initiative (VPI), the state's public pre-k program, and Head Start participants to obtain full day child care services.

The Lead Agency and DSS participate in regular meetings to discuss related responsibilities and activities to maximize state legislative investments in early childhood.

ii. Describe the Lead Agency efforts to ensure that

Prekindergarten programs meet the needs of working parents:

Children enrolled in Virginia’s state pre-kindergarten program—the Virginia Preschool Initiative (VPI)—or Head Start preschool may be eligible for before/after care through the Child Care Subsidy Program if they meet other income and eligibility requirements, allowing them to receive full-day services. As part of its comprehensive review of child care and early education policies and programs, the Lead Agency will assess the extent to which children currently enrolled in VPI and Head Start need and have access to full-day care and work to align and coordinate service models to meet families’ and children’s needs.

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

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

Children enrolled in Virginia’s state pre-kindergarten program—the Virginia Preschool Initiative—or Head Start preschool may be eligible for before/after care through the Child Care Subsidy Program if they meet other income and eligibility requirements, allowing them to receive full-day services. As part of its comprehensive review of child care and early education policies and programs, the Lead Agency will assess the extent to which children currently enrolled in VPI and Head Start need and have access to full-day care and work to align and coordinate service models to meet families’ and children’s needs.

Localities administering pre-kindergarten programs are expected to coordinate other funding sources—such as child care subsidy—to offer wraparound services to children enrolled.

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

In addition to full day child care needed by young children, the Subsidy Program also funds wrap-around child care services that may be needed by Virginia Preschool Initiative (VPI), the state's public pre-k program, and Head Start participants to obtain full day child care services.

Per provisions in the State Appropriations Act, the Lead Agency contracts with the Virginia Early Childhood Foundation (VECF). As part of its responsibilities, VECF supports local Smart Beginnings coalitions. The

coalitions facilitate partnerships with both public and private providers of early childhood services. Local Smart Beginnings partners help communities deliver on ensuring conditions for a strong, healthy start for young children and their families. For example, the Smart Beginning Greater Richmond Regional Plan for 2017-2020 describes how it will work in a pilot program with families to identify and coordinate services to supplement their child's preschool experience.

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

20%

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

VDOE is undertaking a comprehensive review of child care and early education policies and programs to ensure that we are maximizing state and federal funding sources to support the maximum number of children that need full-day care and that policies do not unnecessarily inhibit access. The Lead Agency will evaluate income eligibility, qualified activities, provider reimbursement rates, and other policy levers to ensure more children eligible for VPI can receive child care subsidies and consider other funding mechanisms to support before- and after-school care for children who need it.

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

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

?

1.6 Public-Private Partnerships

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

1.6.1 Lead Agency public-private partnerships

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

The Lead Agency has a strong public-private partnership with the Virginia Early Childhood Foundation (VECF). VECF supports the goals of the CCDBG grant through 1) managing a mixed-delivery grant program that funds innovative early childhood education delivery models in licensed child care centers, 2) supporting a regional approach to connecting child care and family day homes through Smart Beginnings and Ready Regions, and 3) operating Virginia's current QRIS, Virginia Quality. VECF and the VDOE collaborate on the VECF Mixed Delivery Program. This program is funded through state funds, and during COVID 19 accessed some relief dollars. The program is written into the Virginia Appropriation Act, and is governed through a MOU.

VECF also works to strengthen Virginia's state-local early childhood network by supporting its Smart Beginnings (SB) network, which is supported with state funds. Seventeen SB initiatives serve approximately 80% of children and families in the Commonwealth. These partnerships combine the efforts of government agencies, non-profits, child care programs, and the business community to support the development of children and their families. Smart Beginnings serves as the public-private connector in communities, harnessing all the parts of the network and driving its coordinating function. Local Smart Beginnings bring public and private leaders together to: 1) Agree on a plan to coordinate effective early learning, health, and family support services for young children in their communities 2) Improve services by promoting high quality common standards and evidenced-based practice 3) Create efficiencies and leverage funding to ensure that the community's resources are targeted to children with greatest need. SB's local systems building paved the way for other community-based early childhood initiatives including Virginia's Mixed-Delivery Preschool Grant Program and the receipt of a federal Preschool Development Grant (PDG B-5).

Smart Beginnings Partnerships are supported with state investments. With steady investment from Virginia's governors and legislature over the last 15 years, SB has evolved from a network of 3 community coalitions working across 9 localities to 17 Smart Beginnings working across 93 of 133 localities. Building from this asset, VECF will lead a transition creating a statewide network of Ready Region hubs that will cover all of Virginia and commit to assertive and consistent delivery of equitable early childhood opportunities - smart beginnings - for all families with young children in the Commonwealth. This latest evolution will allow Virginia's public-private network to continue to be responsive to those needs for the decade to come. The Lead Agency will collaborate closely with VECF to continue to evolve and support public-private partnerships to ensure alignment between the goals of the CCDF Block Grant, PDG B-5, and state agenda.

During the COVID pandemic, VECF's Ready Regions hubs sprung to action quickly to leverage new and existing partnerships in support of school-age child care for virtual learners. VECF has also launched a vaccine task force, working collaboratively with the Lead Agency, the Governor's Office, and the Virginia Department of Health to ensure that child care educators 1) are included in the same priority group for vaccines with K-12 educators; 2) have access to accurate, up-to-date information on the vaccine; and 3) have the resources and connections available to meaningfully access the vaccine as it is available to them. VECF is currently connecting members of its Ready Regions hubs as points of contact with local health districts to ensure child care providers are intentionally targeted in vaccination events, outreach, and scheduling. Several local partnerships within Ready Regions communities have also emerged, such as the Smart Beginnings Greater Richmond COVID Task Force, which includes child care provider associations, program leaders, nonprofit advocacy groups, and local government

partners to strategize and share information at the local level. This group is committed to maintaining its task force model through pandemic recovery and beyond.

1.7 Coordination with Child Care Resource and Referral Systems

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

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

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

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

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

1.7.1 Funding local or regional CCR&R organizations

Does the Lead Agency fund local or regional CCR&R organizations?

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

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

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

1.8 Disaster Preparedness and Response Plan

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

1.8.1 Statewide disaster plan updates

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

No

Yes. If yes, describe the elements of the plan that were updated:

1.8.2 Statewide disaster plan continued compliance

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

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

ii. State emergency management agency

iii. State licensing agency

iv. State health department or public health department

v. Local and state child care resource and referral agencies

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

1.8.3 Website link to statewide child care disaster plan

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

(<https://www.dss.virginia.gov/cc/community/index.html?pageID=11>)

<https://www.dss.virginia.gov/cc/community/index.html?pageID=11>

2 Promote Family Engagement Through Outreach and Consumer Education

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

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist them in accessing high-quality child care and how information is shared on other financial assistance

programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

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

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

2.1 Outreach for Limited English Proficiency and Persons with Disabilities

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

2.1.1 Strategies to provide outreach and services to eligible families

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

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

b. Informational materials in non-English languages

c. Website in non-English languages

d. Lead Agency accepts applications at local community-based locations

e. Bilingual caseworkers or translators available

f. Bilingual outreach workers

g. Partnerships with community-based organizations

h. Collaboration with Head Start, Early Head Start, and Migrant Head Start

i. Home visiting programs

j. Other. Describe:

2-1-1 Virginia provides information by telephone 24/7 that parents can use to find information about child care options and additional services, with translation services available in 103 languages

2.1.2 Strategies to provide outreach and services to disabled family members

Check the strategies the Lead Agency or partners utilize to provide outreach and services to

eligible families with a person(s) with a disability. Check all that apply.

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

Individuals with visual or auditory disabilities are directed to 2-1-1 Virginia, which offers free, statewide, 24/7 online and telephone assistance

2.2 Parental Complaint Process

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

2.2.1 Reporting process for submitting complaints

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

Parents can submit complaints through the toll-free hotline ((tel: 833-778-0204) 833-778-0204) or online at:(<https://www.doe.virginia.gov/cc/community/index.html?pageID=8>)

<https://www.doe.virginia.gov/cc/community/index.html?pageID=8>. Parents and the public are also welcome to submit complaints to the Office of Child Care Health and Safety in their region.

2.2.2 Process and timeline for screening, substantiating, and responding to complaints

For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight

any differences in processes for CCDF and non-CCDF providers and licensed and license-exempt providers:

Complaints may be received in oral or written form and may be anonymous. Licensing Inspectors review complaint information and assess the potential for violations of

applicable regulations, coordinating with law enforcement and other agencies as appropriate. The timeline for screening, substantiating and responding to a complaint is dependent upon the perceived risk of the allegation. Complaints alleging serious injury or threat of harm are investigated with a monitoring visit as soon as possible. Unannounced complaint investigations gather facts through monitoring inspections, interviews, observation, and record review. An inspection report summarizes the complaint. A violation notice detailing substantiated areas of noncompliance is prepared and reviewed with the provider.

The timeframe for completion of a complaint investigation is as soon as possible, but should not exceed sixty calendar days following receipt of the complaint. Findings and corrective actions pledged are monitored during subsequent inspections.

Complaint procedures for CCDF, non CCDF, licensed, and license exempt providers are the same. Depending on the type of provider, complaint investigations use requirements in regulation and the code of Virginia to assess compliance as applicable. For licensed providers, standards in licensing regulations and the requirements in Code of Virginia as they apply to the subject of the complaint are assessed. For license exempt providers required to file as an exempt program, requirements in Section 220.1-89.030 of the Code of Virginia will be assessed. Complaint investigations will determine compliance with the Code. Unlicensed and providers that are not required to file as exempt would be assessed to determine if the program is subject to licensure. If the provider is subject to licensure, the regional Office of Child Care Health and Safety begins the process to assist the provider with becoming licensed. If a complaint is filed against a provider that is not currently licensed or a CCDF provider, information is assessed to determine if the provider meets requirements to be exempt from licensure or if the provider is subject to licensure. If a complaint is filed against a CCDF providers are the same as Review subsidy procedures. There are no differences in responding to complaints for CCDF providers.

2.2.3 Maintaining records of substantiated parental complaints

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

All complaint records are maintained in the VERSA Regulation database, regardless of provider type.

If an inspection is conducted, inspection notices from the past 5 years are posted online at (<http://www.dss.virginia.gov/facility/search/cc2.cgi>) <http://www.dss.virginia.gov/facility/search/cc2.cgi> .

Searching for any provider type, and then selecting a provider, will allow access to all inspections, including

complaint inspections. The page displaying inspection information has a column that indicates if the inspection is complaint related.

2.2.4 Making information about substantiated parental complaints available to the public

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

Inspections and complaints from the last five years are found online at
(<http://www.dss.virginia.gov/facility/search/cc2.cgi>) <http://www.dss.virginia.gov/facility/search/cc2.cgi> .

Searching for any provider type, and then selecting a provider, will allow access to all inspections, including complaint inspections. The page displaying inspection information has a column that indicates if the inspection is complaint related.

All inspections and complaints maintained in the licensing database, VERSA Regulation, are available upon request.

2.2.5 Citations related to parental complaints

Provide the citation to the Lead Agency's policy and process related to parental complaints:
Code of Virginia § 22.1-289.042

<https://law.lis.virginia.gov/vacode/title22.1/chapter14.1/section22.1-289.042/>

2.3 Consumer Education Website

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

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

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

2.3.1 Consumer-Friendly and easily accessible website

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

The Lead Agency has a consumer-friendly and easily accessible microsite that contains child care and early care and education information, (<http://childcareva.com/>) <https://childcareva.com/>.

The child care microsite utilizes a straightforward and uncomplicated design with information organized in three main sections, each oriented toward a target group: Providers, Parents/Families, and Resources for Communities. Each of the three sections includes the most important and relevant information for that target group.

To assist families with questions they may have, contact information (including address, phone number, fax number and local director name) for each local department of social services is available through a link on the microsite; the telephone number and a link for Child Care Aware of Virginia is provided on the site; phone numbers and other methods of contacting the lead agency to file complaints are provided; and contact information for numerous other resource organizations is provided.

Information on the consumer education website is presented in plain language and meets VDOE accessibility standards.

2.3.2 Website access for families whose primary language is not English

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

The microsite, the Lead Agency website, and the Virginia Department of Social Services website may be translated online into 103 different languages, using Google Translate.

2.3.3 Website access for persons with disabilities

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

The lead agency conducts a thorough review of all website content to ensure accessibility for individuals with disabilities, including:

Ensuring the color palate satisfies the contrast requirements of Section 508,

Utilizing a code framework which provides users the flexibility to increase website font size and the resolution of their display without compromising the readability of the site,

Ensuring that all imagery includes alt tags to allow screen readers to properly describe such imagery, and

Utilizing a recommended code base and structure compatible with all currently available browser engines, allowing manufacturers of assisted technology to use the rendering engine best suited for their application

2.3.4 Child care policies and procedures

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

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

The Provider section of the child care microsite, (<https://childcareva.com/>) <https://childcareva.com/>, contains general provider-oriented information and links to licensure, inspection, background check, and other provider resources. Applications for licensed center-based programs are available at <https://www.doe.virginia.gov/cc/providers/index.html?pageID=10> and for licensed family day homes at <https://www.doe.virginia.gov/cc/providers/index.html?pageID=11>.

Exemptions from licensure are in the Code of Virginia, section 22.1-289.030 et seq.

(<https://law.lis.virginia.gov/vacode/title22.1/chapter14.1/section22.1-289.030/>)
<https://law.lis.virginia.gov/vacode/title22.1/chapter14.1/section22.1-289.030/>.

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

Regulations for monitoring and inspection of child care providers are found in the "Providers" tab of the child care microsite (www.childcareva.com) and at law.lis.virginia.gov:

General procedures for licensure:

<https://law.lis.virginia.gov/admincode/title8/agency20/chapter820/>

Child day centers: <https://law.lis.virginia.gov/admincode/title8/agency20/chapter780/>

Family day homes: <https://law.lis.virginia.gov/admincode/title8/agency20/chapter800/>

Family day systems: <https://law.lis.virginia.gov/admincode/title8/agency20/chapter810/>

Child Care Subsidy Program vendors (centers and family day homes):

<https://law.lis.virginia.gov/admincode/title8/agency20/chapter790/>

Voluntary Registration for family day homes:

<https://law.lis.virginia.gov/admincode/title8/agency20/chapter850/>

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

Background check policies are laid out in Article 5, Chapter 14.1 of Title 22.1 of the Code of Virginia (22.1-289.034 et seq, (<https://law.lis.virginia.gov/vacode/title22.1/chapter14.1/>)
<https://law.lis.virginia.gov/vacode/title22.1/chapter14.1/>).

Policies and procedures are available at:

(<https://www.doe.virginia.gov/cc/providers/index.html?pageID=17>)

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=17>

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

Barrier crimes are identified in 22.1-289.034 of the Code of Virginia:

(<https://law.lis.virginia.gov/vacode/title22.1/chapter14.1/section22.1-289.034/>)

<https://law.lis.virginia.gov/vacode/title22.1/chapter14.1/section22.1-289.034/>. The list of barrier crimes is also available on the child care microsite site and at:

(https://www.dss.virginia.gov/files/division/licensing/cdc/intro_page/background_investigations/guidance_procedures/barrier_crimes.pdf)

https://www.doe.virginia.gov/cc/files/barrier_crimes.pdf.

2.3.5 Searchable list of providers

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

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

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

Also available through the child care microsite, (<https://childcareva.com/>) <https://childcareva.com/> , the list of providers can be found at: (<http://www.dss.virginia.gov/facility/search/cc.cgi>) <http://www.dss.virginia.gov/facility/search/cc.cgi>

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

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

Certified preschools and short-term child day centers

c. Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results. Check the box when information is provided.

Provider Information Available in Searchable Results

All Licensed Providers

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

License-Exempt CCDF Center-based Providers

- Contact Information
- Enrollment capacity
- Hours, days and months of operation

- Provider education and training
- Languages spoken by the caregiver
- Quality information
- Monitoring reports
- Willingness to accept CCDF certificates
- Ages of children served

License-Exempt CCDF Family Child Care Home Providers

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

License-Exempt Non-CCDF Providers

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

Relative CCDF Providers

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

Willingness to accept CCDF certificates

Ages of children served

d. Other information included for:

i. All Licensed providers.

License Type and Expiration; Administrator; Subsidy Provider(Y/N); Inspector Contact information

ii. License-exempt CCDF center-based providers.

License Type and Expiration; Administrator; Subsidy Provider(Y/N); Inspector Contact.

iii. License-exempt CCDF family child care providers.

License Type and Expiration; Administrator; Subsidy Provider(Y/N); Inspector Contact

iv. License-exempt, non-CCDF providers.

License Type and Expiration; Administrator; Subsidy Provider(Y/N); Inspector Contact

v. Relative CCDF providers.

2.3.6 Provider-specific quality information

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

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

i. Quality rating and improvement system

ii. National accreditation

iii. Enhanced licensing system

iv. Meeting Head Start/Early Head Start Program Performance Standards

v. Meeting Prekindergarten quality requirements

vi. School-age standards, where applicable

vii. Other. Describe:

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

i. Licensed CCDF providers. Describe the quality information:

For providers that voluntarily enroll in QRIS and are approved, the quality level is available through the parent search on the Virginia Quality website,

(<https://www.virginiaquality.com/parents>) <https://www.virginiaquality.com/parents>

ii. Licensed non-CCDF providers. Describe the quality information:

For providers that voluntarily enroll in QRIS and are approved, the quality level is available

through the parent search on the Virginia Quality website,

(<https://www.virginiaquality.com/parents>) <https://www.virginiaquality.com/parents>

- iii. License-exempt center-based CCDF providers. Describe the quality information:
(<https://www.virginiaquality.com/parents>) <https://www.virginiaquality.com/parents>
- iv. License-exempt FCC CCDF providers. Describe the quality information:
(<https://www.virginiaquality.com/parents>) <https://www.virginiaquality.com/parents>
- v. License-exempt non-CCDF providers. Describe the quality information:

- vii. Relative child care providers. Describe the quality information:

- viii. Other. Describe:

2.3.7 Monitoring and inspection reports on consumer education website

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

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

Certify by responding to the questions below:

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

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

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

- Date of inspection
- Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed:

Inspections are listed by facility name and date. Columns note the type of inspection, if it is

complaint related, and whether violations were cited. Health and safety violations are described in the inspection notice.

[x] Corrective action plans taken by the state and/or child care provider. Describe:
The plan of correction follows the violation description on inspection reports

[x] A minimum of 3 years of results, where available.

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

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

(<https://www.dss.virginia.gov/facility/search/cc.cgi>)
<https://www.dss.virginia.gov/facility/search/cc.cgi>

Enter the name or select a county from the drop down list and select the type of program you wish to view a report for (Child Day Center or Family Day Home for example).

Hit the "enter" key and scroll to the bottom of the page to view results.

Click on the program name to run a list of the inspection reports for that program.

Select the "Inspection Date" or "Yes" under violations to view a specific report

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

Reports are written and entered into the Lead Agency's electronic database system. Within five (5) business days of the provider's receipt of the Inspection Summary and/or Violation Notice, uploaded reports are synchronized and automatically posted on the Lead Agency's public website.

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

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

Plain language is clear writing that is easy to read, understand, and use. It avoids verbose, convoluted language and jargon.

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

Written monitoring and inspection reports describe findings in language that depicts the compliance issue clearly to the target audience (providers, parents and the public) related to the regulation cited.

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

An amended report is created when an inaccuracy is identified and a signature of acknowledgement is obtained from the child care provider.

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

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

Within 15 calendar days of receipt of the inspection findings (inspection summary, violation notice, and supplemental information), a provider may request a review and discussion of the findings with the inspector's immediate supervisor (a first step review). This can take place as a desk review or in conference. If the request stems from a desire to contest the findings or conclusions of an inspection, the applicant or licensee must specify the contested finding or conclusion and specify whether a desk review or conference is being requested. The request must include the applicant's or licensee's reasons or other evidence supporting the request for a review or a conference.C.

The first step informal desk review or conference will be held at the supervisor's office unless the supervisor designates a different location. The supervisor will report the findings of a desk review in writing within 10 days of receiving the request and supporting materials or will hold the requested conference within 30 days of receipt of such request and materials. When the request is for a conference, the supervisor will, within 10 days following the conference, confirm to the applicant or licensee in writing the results of the conference and any subsequent decisions made by the supervisor.

If after the first step review, the applicant or licensee believes that the laws, regulations, or departmental policies have been applied or interpreted in a manner that was unreasonable, arbitrary or capricious, he may request a second step review by program supervisory personnel as assigned by the Director of Child Care Licensing Programs according to the provisions of this section. The request must be made in writing within 15 days of the date of the first step response and specify the reason for requesting the second step informal review, including information, explanation, or additional materials as necessary to support the applicant's or licensee's belief that the decision reached at the first step was unreasonable, arbitrary, or capricious. The request should also include a copy of relevant materials and correspondence developed at the first step of the informal appeal process. Within 30 days of receipt of this request, the director's office will respond in writing with the results of the desk review or schedule a conference.

Violations that are overturned as a result of an appeal are removed from the violation notice and

from the website in a timely manner.

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

Reports are available on the website for 5 years (2 years beyond the required 3 years).

Reports are removed from the website after 5 years; however, they are maintained indefinitely in the licensing database and are available at any time upon request.

2.3.8 Aggregate data on serious injuries, deaths, and substantiated abuse

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

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

a. Certify by providing:

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

Injuries requiring outside medical treatment and deaths are reported to the child care licensing team through submission of an online form at <https://www.doe.virginia.gov/cc/community/index.html?pageID=10>. X

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

A child abuse or neglect investigation is conducted when there are immediate child safety concerns, or the report is required by law to be investigated. The following reports are investigated:

1. Sexual abuse

2. Death of a child

3. Serious injury

4. Hospitalization due to suspected abuse/neglect

5. Injuries requiring medical evaluation/treatment

6. Abandonment

7. Abuse or neglect occurring in out-of-family settings, such as schools, child care programs, residential programs for children, or foster homes

Results of child abuse and neglect reports are either founded or unfounded. A founded disposition (i.e. substantiated child abuse) means the information gathered during an investigation has revealed a preponderance of evidence to support that abuse or neglect occurred.

- iii. The definition of “serious injury” used by the Lead Agency for this requirement.
Serious injury means an injury of a child while under the care of a center or provider that requires outside medical treatment

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

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

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

iii. the total number of substantiated instances of child abuse in child care settings

iv. the total number of children in care by provider category/licensing status

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

Aggregate data for serious injuries and deaths:

(<https://www.dss.virginia.gov/cc/community/index.html?pageID=10>)

<https://www.dss.virginia.gov/cc/community/index.html?pageID=10>

Report of substantiated child abuse as reported by Child Protective Services (CPS):

https://www.dss.virginia.gov/files/about/reports/children/cps/all_other/2020/DOOF_Investigations_Annual_Report_sfy2020.pdf

For both reports, FY2020 is the most recent year for which data is available.

2.3.9 Referrals to local CCR&R agencies through consumer education website

The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide _____

referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

The child care microsite encourages parents to reach out to Child Care Aware of Virginia for assistance finding care (see <https://www.doe.virginia.gov/cc/parents/index.html?pageID=3> and <https://www.doe.virginia.gov/cc/parents/index.html?pageID=8>).

2.3.10 Lead Agency contact information on consumer education website

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

Contact information for the CCDF Administrator and other Lead Agency staff responsible for oversight of the child care subsidy program is available on the VDOE website. The child care microsite includes contact information for local departments of social services and other resources at <https://www.doe.virginia.gov/cc/parents/index.html?pageID=4> and <https://www.doe.virginia.gov/cc/parents/index.html?pageID=9>.

2.3.11 *Consumer education website link*

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

<https://childcareva.com>

2.4 Additional Consumer and Provider Education Information of provider choices for parents

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

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 Information about child care and other services available for parents

How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state

Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The Lead Agency includes information for parents about the Child Care Subsidy Program and other early childhood programs in Virginia at (<https://www.doe.virginia.gov/early-childhood/index.shtml>) <https://www.doe.virginia.gov/early-childhood/index.shtml>. The consumer-friendly website, (<http://www.childcareva.com/>) <https://www.childcareva.com/> , provides a consolidated, consumer-friendly format with bulleted information for families, providers, and the general public that include links to resources and services, including CommonHelp.

The DSS provides information to parents, the general public and child care providers online at (<http://www.dss.virginia.gov/family/cc/publications.cgi>) <http://www.dss.virginia.gov/family/cc/publications.cgi> . The information is in the form of web links and downloadable written materials, some of which are available in English and Spanish. Consumers can also access the CommonHelp web-based application to apply online for benefits and use an online calculator to estimate their eligibility through this site.

In-person communication is available to families who visit local departments of social services. One face-to-face meeting is required when a family's eligibility for child care subsidy is determined.

Some local departments of social services provide resources and written materials that are specific to their localities and are designed to be easy to read and understand.

CommonHelp is a web-based application that allows potential applicants to screen for eligibility and apply for multiple benefits and services available through VDSS in English or Spanish. It is accessible 24/7, directly or through various links from other child care resources.

2-1-1 Virginia provides information by telephone 24/7 that parents, providers and the general public can use to find information about child care options and additional services.

Information on the VDOE website, VDSS website, the child care microsite and 2-1-1 Virginia is available in 103 languages through Google Translate.

2.4.2 Required information provided to general public, and eligible parents

How does the Lead Agency provide the required information about the following programs

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

[x] a. Temporary Assistance for Needy Families program:

The Family Resource Guide

(https://www.dss.virginia.gov/files/division/cc/assistance/parents_guardians/community_resources/CCS-FamilyResourceGuide_Revised_novembertwentyeighteen.pdf) includes a basic overview of TANF. Local departments of social services also share the Family Resources Reference Guide with families applying for child care subsidy services.

The consumer education website (<https://www.doe.virginia.gov/cc/parents/index.html?pageID=9>) also links to additional details about the program, including eligibility requirements and how to apply, at <https://www.dss.virginia.gov/benefit/tanf/index.cgi>. Local departments of social services also share the Family Resources Reference Guide with families applying for child care subsidy services.

[x] b. Head Start and Early Head Start programs:

The Family Resource Guide

(https://www.dss.virginia.gov/files/division/cc/assistance/parents_guardians/community_resources/CCS-FamilyResourceGuide_Revised_novembertwentyeighteen.pdf) includes a basic overview of Head Start and directs families to <https://www.headstartva.org/> for more information, including eligibility rules, how to apply, and Head Start programs in their communities. Local departments of social services also share the Family Resources Reference Guide with families applying for child care subsidy services.

The Lead Agency also includes a basic overview of Head Start on its website at <https://www.doe.virginia.gov/early-childhood/preschool/index.shtml>.

[x] c. Low Income Home Energy Assistance Program (LIHEAP):

The Family Resource Guide

(https://www.dss.virginia.gov/files/division/cc/assistance/parents_guardians/community_resources/CCS-FamilyResourceGuide_Revised_novembertwentyeighteen.pdf) includes a basic overview of LIHEAP. Local departments of social services also share the Family Resources Reference Guide with families applying for child care subsidy services.

The consumer education website (<https://www.doe.virginia.gov/cc/parents/index.html?pageID=9>) also links to additional details about the program, including eligibility requirements and how to apply, at <https://www.benefits.gov/benefit/1538>.

[x] d. Supplemental Nutrition Assistance Program (SNAP):

The Family Resource Guide

(https://www.dss.virginia.gov/files/division/cc/assistance/parents_guardians/community_resources/CCS-FamilyResourceGuide_Revised_novembertwentyeighteen.pdf) includes a basic overview of SNAP. Local departments of social services also share the Family Resources Reference Guide with families applying for child care subsidy services.

The consumer education website (<https://www.doe.virginia.gov/cc/parents/index.html?pageID=9>) also links to additional details about the program, including eligibility requirements and how to apply, at <https://www.dss.virginia.gov/benefit/snap.cgi>.

[x] e. Women, Infants, and Children Program (WIC) program:

The Family Resource Guide

(https://www.dss.virginia.gov/files/division/cc/assistance/parents_guardians/community_resources/CCS-FamilyResourceGuide_Revised_novembertwentyeighteen.pdf) includes a basic overview of WIC. Local departments of social services also share the Family Resources Reference Guide with families applying for child care subsidy services.

The consumer education website (<https://www.doe.virginia.gov/cc/parents/index.html?pageID=9>) also links to additional details about the program, including eligibility requirements and how to apply, at <https://www.vdh.virginia.gov/wic-participants/new-participants/>.

[x] f. Child and Adult Care Food Program (CACFP):

The Family Resource Guide

(https://www.dss.virginia.gov/files/division/cc/assistance/parents_guardians/community_resources/CCS-FamilyResourceGuide_Revised_novembertwentyeighteen.pdf) includes a basic overview of CACFP. Local departments of social services also share the Family Resources Reference Guide with families applying for child care subsidy services.

The consumer education website (<https://www.doe.virginia.gov/cc/parents/index.html?pageID=9>) also links to additional details about the program, including eligibility requirements, how CACFP works, and the types of child care programs that can participate, at <https://www.vdh.virginia.gov/child-and-adult-care-food-program/>.

[x] g. Medicaid and Children's Health Insurance Program (CHIP):

The consumer education website

(<https://www.doe.virginia.gov/cc/parents/index.html?pageID=9>) links to details about Medicaid, CHIP, and FAMIS, including eligibility rules and how to apply, at <https://www.commonhelp.virginia.gov/>.

[x] h. Programs carried out under IDEA Part B, Section 619 and Part C:

The Family Resource Guide

(https://www.dss.virginia.gov/files/division/cc/assistance/parents_guardians/community_resources/CCS-FamilyResourceGuide_Revised_novembertwentyeighteen.pdf) includes a basic overview of IDEA

Services. Local departments of social services also share the Family Resources Reference Guide with families applying for child care subsidy services.

The consumer education website includes a high-level overview of children's eligibility for early intervention and special education resources for infants, toddlers, and preschoolers at <https://www.doe.virginia.gov/cc/parents/index.html?pageID=5>. This information also includes parental rights under IDEA and links to parent advocacy organizations for children with disabilities in Virginia.

The Lead Agency includes information about IDEA services for young children on its website at <https://www.doe.virginia.gov/early-childhood/disabilities/index.shtml>.

2.4.3 Information available on physical health and development

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

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

Description:
The Lead Agency provides information on research-based best practices for parents, providers, and the general public at (<https://childcareva.com>) <https://childcareva.com>. Information is presented in plain language and via video or images, as appropriate.

Parent topics include: child development (developmental milestones, CDC's Learn the Signs. Act Early campaign; developmental screenings); early intervention and special needs (IDEA Parts B and C); developmental services such as early childhood mental health and home visiting; and health and safety (healthy eating and nutrition, emergency preparedness, safe sleep/SIDS, shaken baby syndrome, and lead testing).

The Provider Resources page includes information on changes to VDOE policy as well as links to

resources on emergency preparedness, family and community engagement, business supports, identifying and supporting families experiencing homelessness, best practices for preventing suspension and expulsion, competencies for early childhood professionals, developmental screenings and early interventions, and trauma-informed care.

VDOE partners with 120 local departments of social services; Child Care Aware of Virginia; Pennsylvania State University's Better Kid Care; Virginia Community College Workforce Alliance; Virginia Cross-sector Professional Development; Virginia Early Childhood Foundation; and the Virginia Infant & Toddler Specialist Network in providing information and resources to providers.

2.4.4 Information on social-emotional, behavioral issues and mental health

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

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

The Lead Agency provides parents, providers and the general public with resources and information about social-emotional development. Through its online resources, social-emotional development information is also available on the Virginia Infant and Toddler Specialist Network (VITSN) and Early Childhood Mental Health Virginia (ECMHV) websites. Child Care Aware of Virginia, 2-1-1 Virginia and local departments of social services also provide information online and through direct communications.

Through Virginia Quality, providers are trained on the CLASS assessment and environment rating scales, which measure interactions that contribute to positive social-emotional outcomes for children.

Information is shared with providers through partnerships and grant-funded projects, including VITSN and ECMHV, and by promoting the Center for Social-Emotional Foundations for Early Learning

(CSEFEL) model and the social-emotional growth module in the Program for Infant and Toddler Caregivers.

The ECMHV (Birth to Eight) Advisory Council provides guidance on social-emotional and behavioral health issues for early childhood development and oversees the Virginia Association for Infant Mental Health Endorsement.

The Lead Agency partners with Child Development Resources to operate the VITSN; Virginia Commonwealth University's Partnership for People with Disabilities for the ECMHV (Birth to Eight) Advisory Council; and Virginia Early Childhood Foundation for Virginia Quality to implement training and other efforts on positive interactions with children and social-emotional behavioral health of children.

2.4.5 *Policies preventing suspension and expulsion*

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

The Lead Agency provides guidance on suspension and expulsion in a formal document, [Best Practice Recommendations for the Prevention of Suspension and Expulsion of Young Children: Supporting Children with Challenging Behaviors in Early Childhood Settings](#).² This guide was created with state early care and education partners and a Rutgers University's early childhood education expert and consultant. The Virginia Department of Education and the Virginia Department of Social Services jointly led the work group developing the guide.

This guidance is made available to all families, child care programs, practitioners, and the general public via the DSS websites, the Virginia Department of Education website and through email distribution to child care providers. It contains step-by-step guidance to avoid suspensions and expulsions, effective strategies for parents and providers, as well as numerous resources for parents, providers and the general public.

Suspension and expulsion are to be avoided if possible through documented and intentional behavior modification plans, awareness and professional development opportunities for the practitioners, and positive administrative support.

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include:

- Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance.
- Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)).

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

2.5.1 Certify by describing:

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

Information on developmental screenings is on the DSS website, (<https://dss.virginia.gov/>) <https://dss.virginia.gov> , and on the Parent and Provider pages of the child care microsite, (<https://childcareva.com/>) <https://childcareva.com> .

As new information becomes available, updates are sent via the Lead Agency's newsletter, added to the microsite, and shared at partner meetings.

Contact information for the Infant and Toddler Connection and the Virginia Department of Education's Special Education 619 Office, Virginia's developmental screening agencies, is listed in the Family Resources Reference Guide that is posted on the Lead Agency websites and distributed in trainings.

Child Care Aware of Virginia, Infant and Toddler Specialists, local Child Care Social Workers, and QRIS staff provide this information to families and providers as needed or requested.

b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid

program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

There is not a formal process for child care providers to request developmental screenings. Partner organizations across the state help providers connect with Infant Toddler Connection for children 0-3 or the families home school district for concerns for children 2-5; as well as share information on Child Find which also get them in touch with Infant Toddler Connection or early childhood special education services.

As part of the enrollment process for the Child Care Subsidy Program, child care caseworkers inform families about developmental screening services. An overview of the program and the link to more information are shared with eligible parents in the Family Resources Reference Guide, available at (<http://www.dss.virginia.gov/family/cc/publications.cgi>) https://www.dss.virginia.gov/files/division/cc/assistance/parents_guardians/community_resources/CCS-FamilyResourceGuide_Revised_novembertwentyeighteen.pdf and (<http://www.childcareva.com/>) <http://www.childcareva.com>.

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

Local departments of social services are required to provide appropriate consumer education materials to applicants and recipients in order to assist them in gaining needed information about child care services and resources, including information about developmental screenings. A copy of the Family Resources Reference Guide, which includes information on how to access developmental screenings, is also shared with the family (see https://www.dss.virginia.gov/files/division/cc/assistance/parents_guardians/community_resources/CCS-FamilyResourceGuide_Revised_novembertwentyeighteen.pdf). The guide provides more information about the goals and objectives of the EPSDT program and where parents can go to find more information (www.dmas.virginia.gov/#/maternalhome). The guide also provides an overview of IDEA parts B and C and where to find more information. Additional copies of this resource are available upon request.

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

Families and child care providers may contact the Infant and Toddler Connection and the Virginia Department of Education's 619 Office to obtain information about getting developmental screenings. They may also contact Child Care Aware of Virginia, the Infant and Toddler Specialist Network, and Early Impact Virginia (Virginia's home visiting consortium) to learn about resources in their communities.

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

Developmental screening information is provided in the 10-hour preservice training that is required for all child care practitioners who work in programs receiving subsidy funds.

The Virginia Infant and Toddler Specialist Network is contracted to provide training on ASQ:TM and ASQ:3TM to providers caring for children aged 0-36months. VITSN mental health consultants use ASQ:SE-2TM and SEAMTM when providing on-site coaching to improve the social emotional development of infants and toddlers. Providers are encouraged to invite families with infants and toddlers to participate in these training/coaching sessions, as appropriate.

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

Child Care Subsidy Program Guidance Manual, Section 3.8, Consumer Education

2.6 Consumer Statement for Parents Receiving CCDF Funds

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

2.6.1 Certify by describing:

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

Child Care Subsidy Program Guidance requires that local departments of social services advise families who receive child care subsidy that they have full parental choice of legally operating child care vendors who meet the requirements of the subsidy program. During the intake process for the Child Care Subsidy Program, child care caseworkers direct families to the child care microsite, www.childcareva.com, which includes this information. Caseworkers also connect families to the online child care finder tool, which includes information about child care providers' violation history, participation in the QRIS, and participation in the subsidy program.

The local department or a recognized resource and referral agency must provide appropriate consumer education to parents to assist them in gaining needed information about child care services, about the availability of vendors and about how to identify and monitor quality child care. This information is also shared during the intake process.

The provision of consumer education and notes on the discussion with program participants is required to be documented as part of the development of the family service plan.

Local departments are strongly encouraged to provide parents with the link to the Quality

Child Care Video, <https://www.doe.virginia.gov/cc/parents/index.html?pageID=4>, prior to their initial eligibility interview. They are also encouraged to refer them to the Virginia Quality website at www.virginiaquality.com/parents, to learn more about the program and search for Virginia Quality rated programs.

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

Health and safety requirements met by the provider

Licensing or regulatory requirements met by the provider

Date the provider was last inspected

Any history of violations of these requirements

Any voluntary quality standards met by the provider

How CCDF subsidies are designed to promote equal access

How to submit a complaint through the hotline

How to contact a local resource and referral agency or other community-based organization to receive assistance in finding and enrolling in quality child care

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

The "parents" section of childcareva.com includes consumer education information, including questions and information to consider when selecting a child care provider, why quality matters, the benefits of selecting a licensed provider, and different types of child care providers in Virginia. The website also includes information on how to submit a complaint about a child care provider online or by calling the complaint hotline.

Parents are also directed to the child care search tool at (<http://dss.virginia.gov/facility/search/cc2.cgi>) <http://dss.virginia.gov/facility/search/cc2.cgi>, which allows parents to find child care providers in their area, view their licensing inspection history, participation in the QRIS, and participation in the subsidy program.

3 Stable Child Care Financial Assistance for Families

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

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility

extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

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

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

3.1 Eligible Children and Families

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

3.1.1 Eligibility criteria: Age of children served

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

a. The CCDF program serves children from (weeks/months/years)

0 weeks

Through 12 years (under age 13).

12

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

No

Yes

The upper age is (may not equal or exceed age 19).

17

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

Children with documented developmental disabilities, intellectual disabilities, emotional disturbance, sensory or motor impairment, or significant chronic illness special health surveillance or specialized programs, interventions, technologies, or facilities (up to a child's 18th birthday).

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

No

Yes

The upper age is (may not equal or exceed age 19).

17

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

- i. “residing with”:

A child is considered to be residing with the parent if that parent is responsible for the day-to-day care and control of the child and if any temporary living situation is not an out-of-home placement.

- ii. “in loco parentis”:

The adult(s) with whom a child is living and who has assumed responsibility for the day-to-day care and supervision of the child is considered in loco parentis.

3.1.2 Eligibility criteria: Reason for care

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

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

Individuals are considered to be working if they meet the established work requirements of TANF, VIEW, or SNAPET Employment and Training or have regular gainful employment in a part-time or full-time capacity. No minimum number of hours required.

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

For the purpose of eligibility, attending a job training program refers to an individual in a job training activity who participates in that activity on a regular basis. Child care that is approved for job training activities is limited to a curriculum related to the fulfillment of an individual’s employment goal. Training leading to employment means the development of specific work attitudes, behaviors, or skills leading to job readiness as well as the development of specific technical or vocational skills that lead to employment in a recognized occupation and results in other than a baccalaureate or advanced degree. Participants must show that they are making satisfactory progress. No minimum number of hours required.

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

For the purpose of eligibility, attending an educational program refers to an individual in an educational activity who participates in that activity on a regular basis. Child care that is approved for education activities is limited to a curriculum related to the fulfillment of an individual’s employment goals. Education leading to employment means the pursuit of basic remedial instruction to achieve a basic literacy level; instruction in English as a second language; preparation for GED or Adult Education; the completion of high school, associate degree or certificate work at the college level; or bachelor degree from a college or university (if the course of instruction is limited to a curriculum directly related to the fulfillment of an individual's educational goal to obtain useful employment in a recognized profession or occupation). Payment cannot be made for an educational program beyond a baccalaureate degree. Participants must show that they are making satisfactory progress. No minimum number of hours required.

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

For parents enrolled in an approved education/training program, a full day of care up to 12 hours may be authorized for each day a class is scheduled.

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

Yes

No. If no, describe the additional work requirements.

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

No

Yes. If yes:

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

Child Protective Services means the identification of, receipt of, and immediate response to complaints and reports of alleged child abuse and neglect for children under 18 years of age. It also includes assessment and arranging for and providing necessary protective and rehabilitative services for a child and his/her family when the child has been found to have been abused or neglected or is at risk of being abused or neglected

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

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

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

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

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

Income is the gross countable income of the individuals living in the household who are included in the family unit. Earnings and unearned income from sources such as Social Security and child support for children in the family unit are included. The following individuals living in the household are included in the family unit; Parents, including: biological parents (including the father of a child born out of wedlock, if paternity can be established), adoptive parents, step-parents, legal guardian(s), adults standing in loco parentis for children under age 18 (including the spouse of an adult standing in loco parentis), or persons cohabitating with the natural or adoptive parent of a child under the age of 19 and all the parents’ children under the age of 18.

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	NA	NA	NA	NA
2	\$5930	\$5041	\$3593	61%
3	\$7325	\$6226	\$4525	62%
4	\$8721	\$7412	\$5458	63%
5	\$10116	\$8599	\$6393	63%

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

Income eligibility limits are set by the state and typically range by locality from 150% FPG to 250% FPG for all families:

- 150% FPG
- 165% FPG
- 185% FPG
- 250% FPG

However, Virginia has temporarily expanded income eligibility for families with young children (defined as those with at least one child who is five years of age or younger and has not yet started kindergarten) to 85 percent SMI statewide through June 30, 2024. The eligibility limits above apply to families with only school-age children. (The State's Biennial Budget makes this policy effective July 1, 2022, through June 20, 2024; retroactive to January 1, 2022. There was no disruption to this policy; the policy did not end on December 31, 2021.)

d. State Median Income (SMI) source and year

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

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

FFY 2021 State Median Income ? Administration for Families and Children, Office of Community Services, Transmittal No. LIHEAP-IM-2020 ? 02, May 29, 2020.

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

Fairfax County/Fairfax City/Falls Church City. Available in Appendix A of the Child Care Subsidy Manual (in the resources tab at childcareva.com)

e. What is the effective date for these eligibility limits reported in 3.1.3 b?

10/01/2020

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

Appendix A of the Child Care Subsidy Manual (in the resources tab at childcareva.com)

3.1.4 Family asset limit

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

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

The applicant/recipient must self-certify that their family assets do not exceed \$1,000,000 on the Child Care Subsidy Service Application and Redetermination form.

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

No

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

3.1.5 Additional eligibility conditions

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

a. eligibility determination.

NA

b. eligibility redetermination.

NA

3.1.6 Continuity for Working Families

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

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

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

c. Establishing minimum eligibility periods longer than 12 months

d. Using cross-enrollment or referrals to other public benefits

e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services

f. Working with entities that may provide other child support services.

g. Providing more intensive case management for families with children with multiple risk factors

h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities

i. Other. Describe:

3.1.7 How the Lead Agency accounts for Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II) and 98.21(c)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of state median income (SMI) (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments (98.21(c)). Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings.

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

3.1.8 Eligibility criteria at the time of eligibility determination and redetermination

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

- a. Applicant identity
 - Required at Initial Determination
 - Required at Redetermination

Information and Description

An applicant must provide verification of their identity at the time of application. The applicant's identity may be verified through readily available documentary evidence, including DMV inquiries through SPIDeR, a multi-system search engine, or through a collateral contact, if no other source is available. Acceptable verification includes, but is not limited to, a driver's license, work or school ID, ID for health benefits/assistance or social services program, a voter registration card, wage stubs, a Social Security card issued by the Social Security Administration (SSA), or a birth certificate. The Child Care Worker must accept any document that reasonably establishes the applicant's identity.

- b. Applicant's relationship to the child
 - Required at Initial Determination
 - Required at Redetermination

Information and Description

Declaration of relationship is accepted at initial application.

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

Required at Initial Determination

Required at Redetermination

Information and Description

Declaration of an applicant is accepted for the child's identity unless there is a reason to question the validity of that information. The child's legal status is verified by viewing an original birth certificate. If a birth certificate is not available, the worker may view a record of birth issued by a hospital, United States passport, Form FS-240, Form FS-545 or DS-1350, Form N-550, Form N-560 or N-561, Statement provided by a U. S. consular official, Form I-94, Form I-551, Form I-872, Form I-688B, Form I-766, letter from the Asylum Office of the U.S. Citizenship and Immigration Service, or by Order of an immigration judge granting asylum. If a child's receipt of TANF is documented in the Virginia Case Management System, citizenship or alien/immigration status does not have to be verified for Child Care, the TANF program verifies it. The status of qualified aliens must be confirmed at least annually.

d. Work

Required at Initial Determination

Required at Redetermination

Information and Description

An applicant must declare work on the application. Earnings are verified by pay stubs or a statement from the employer. Employment must be confirmed at least annually and recipients are required to report changes to employment status to the Child Care Worker.

e. Job training or educational program

Required at Initial Determination

Required at Redetermination

Information and Description

An applicant must declare education/training programs on the application. A statement from the educational institution verifies enrollment in an education/job training program. Education/training program enrollment must be verified at least annually and recipients must report changes to enrollment status to the Child Care Worker

f. Family income

Required at Initial Determination

Required at Redetermination

Information and Description

An applicant must declare income on the application. Income from employment that is counted in determining eligibility must be verified through paystubs or a statement from the employer. Virginia public assistance is verified through state systems or communication with Eligibility Workers. Federal benefits are verified through other state systems or by documentation from the source. Income is verified annually. Families are required to report changes in income that would cause their income to exceed 85% SMI.

g. Household composition

Required at Initial Determination

Required at Redetermination

Information and Description

An applicant must list household members at initial application and at eligibility redetermination. Declaration of an applicant is accepted unless there is a reason to question the validity of that information.

h. Applicant residence. Describe:

Required at Initial Determination

Required at Redetermination

Information and Description

Families served must reside in the locality where application for child care subsidy is made. Proof of residence must be provided by the applicant and may be, but is not limited to, a lease, driver's license,

landlord’s written statement, or utility bills. Residency is required to be verified at initial application or when the recipient reports a change at redetermination. Families are required to report a change in address during their eligibility period.

- i. Other. Describe:
 - Required at Initial Determination
 - Required at Redetermination
- Information and Description**

3.1.9 Strategies for timely eligibility determinations

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

- a. Time limit for making eligibility determinations. Describe length of time:
Applications must be acted on within 30 calendar days of receipt.
- b. Track and monitor the eligibility determination process
- c. Other. Describe:
Local departments of social services are responsible for monitoring the eligibility determination process. The state’s automated computer system provides reports to track and monitor eligibility determination processes and the timeliness of eligibility determination.
- d. None

3.1.10 Exception to TANF work requirements

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

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

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

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

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

- a. Identify the TANF agency that established these criteria or definitions:
Virginia Department of Social Services
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”:
Child care arranged by the participant or, if the participant cannot arrange for the child’s care, child care arranged by the local department of social services with a legally operating provider.

- ii. “Reasonable distance”:
The travel time from the child’s home to the child care provider and the work site is generally no more than one hour, based on transportation available to the parent.
- iii. “Unsuitability of informal child care”:
The child care arrangement does not meet the requirements for relative care in the Virginia Department of Education Child Care Subsidy Program.
- iv. “Affordable child care arrangements”:
The cost of child care is less than or equal to the payment amounts specified in the Virginia Department of Education Child Care Subsidy guidance (Maximum Reimbursable Rate).

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

- i. In writing
- ii. Verbally
- iii. Other. Describe:

VIEW Assessment Presentation, TANF Guidance Manual

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

TANF Manual Section 401.7 and TANF Manual Section 1000.12, C.1.

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

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

3.2.1 CCDF payments according to family size

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

Amended: Effective Date 01/01/2023

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

	<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>	<i>(f)</i>
--	------------	------------	------------	------------	------------	------------

Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the Monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	> 100% FPG	\$60 per month	5%	85% SMI	\$180 per month	4%
2	> 100% FPG	\$60 per month	4%	85% SMI	\$180 per month	3%
3	> 100% FPG	\$60 per month	3%	85% SMI	\$180 per month	3%
4	NA	NA	NA	NA	NA	NA
5	NA	NA	Na	NA	NA	NA

Amended: Effective Date 01/01/2023

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

- i. N/A. Sliding fee scale is statewide
- ii. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.
N/A
- iii. Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).
N/A

Amended: Effective Date 01/01/2023

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

01/01/2023

Amended: Effective Date 01/01/2023

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

The current copayment chart is located in Appendix B of the Child Care Subsidy Manual.
<https://www.childcare.virginia.gov/reports-resources/administrative-program-manuals-reports-and-data/subsidy-program-guidance-manual>

Amended: Effective Date 01/01/2023

3.2.2 Family contribution calculation

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

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

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

- ii. The fee is per child and is discounted for two or more children.
- iii. The fee is per child up to a maximum per family.
- iv. No additional fee is charged after a certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

vii. Other. Describe:

Monthly copayments are per-child up to 3 participating children but will not exceed 7% of income for any family.

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

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

vii. Other. Describe:

3.2.3 Other factors to determine family's co-payment

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

No

Yes. If yes, check and describe those additional factors below.

a. Number of hours the child is in care. Describe:

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

c. Other. Describe:

Amended: Effective Date 01/01/2023

3.2.4 Waiving family contributions/co-payments

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

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

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

a. Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.

All families with gross income at or below the federal poverty level are exempt from copayments. The policy is located in the Child Care Subsidy Guidance Manual, section 3.5 Copayments.

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

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

3.2.5 Graduated phase-out of assistance at redetermination

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

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

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

- (i) 85 percent of SMI for a family of the same size.
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a low-income family.
 - (B) Provides justification that the second eligibility threshold is:

- (1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability.
- (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

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

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

Amended: Effective Date 01/01/2023

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

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

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

- A. Describe the policies and procedures.

Graduated phase-out is defined as the period of time for child care subsidy to continue for recipients whose income eligibility exceeds the initial eligibility limit but is below the exit eligibility limit. At redetermination, if a recipient's countable income exceeds the initial eligibility limit, they shall be considered income eligible until their countable income meets or exceeds the exit eligibility limit (85% of SMI). No family's copayment will increase during the 12-month eligibility period.

Graduated phase-out only applies to families with school-age children only. Initial eligibility thresholds are established at 85% SMI for families with at least one child ages 5 and younger, not yet in kindergarten.

- B. Provide the citation for this policy or procedure.

Child Care Subsidy Guidance Manual, Section 1.1, Definitions and Section 3.15 E., Income Limit at Redetermination.

The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

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

- B. Describe how the second eligibility threshold:

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

2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:
4. Provide the citation for this policy or procedure related to the second eligibility threshold:

Amended: Effective Date 01/01/2023

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

No

Yes

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

Families in graduated phase-out will not experience an increase in their copayment during the 12-month eligibility period, however copayments may increase based on changes in income at redetermination.

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

No

Yes. Describe:

3.3 Increasing Access for Vulnerable Children and Families

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

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

3.3.1 Increasing access for vulnerable children and families

Describe how the Lead Agency defines:

- a. “Children with special needs”:

A child with a disability as defined in § 602 of the Individuals with Disabilities Education Act (20 USC 1401); a child who is eligible for early intervention services under part C of the Individuals with Disabilities Education Act (20 USC § 1431 et seq.); a child who is less than 13 years of age and who is eligible for services under § 504 of the Rehabilitation Act of 1973 (29 USC 794); and/or a child with a documented developmental disability, intellectual disability, emotional disturbance, sensory or motor impairment, or significant chronic illness who requires special health surveillance or specialized programs, interventions, technologies, or facilities.

b. “Families with very low incomes”:

Families with very low incomes are defined as families eligible for TANF benefits and families in which at least one child participates, or has been found eligible and is on a waiting list, for a Head Start program.

3.3.2 Priority populations

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

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

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

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	[]	[]	[]	[x]	[]
Families with very low incomes	[x]	[]	[x]	[]	[]
Children experiencing homelessness, as defined by the CCDF	[]	[]	[]	[]	[]

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis). As described in 3.2.4.	Pay higher rate for access to higher quality care	Using grants or contracts to reserve spots
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	[x]	[x]	[x]	[]	[]

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

Families which include a child who has special needs for whom services are requested and families with a child experiencing homelessness who cannot be served immediately due to a lack of funds, are priority groups for the waiting list for services.

3.3.3 Other priority groups

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

NA

3.3.4 Additional priority groups

Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3.

NA

3.3.5 Enrollment and outreach for families experiencing homelessness

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

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

Families of a child experiencing homelessness that cannot provide the required documentation needed to determine eligibility at the time of application may be conditionally approved for services for a period not to exceed 90 days. Such documentation may include, but is not limited to, verification of immunizations, verification of child's citizenship or

verification of income. The Lead Agency consulted with the Department of Housing and Community Development to establish that the 90-day grace period was a reasonable length of time to allow families experiencing homelessness to comply.

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

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

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

3.3.6 Grace period

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

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

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

- i. Children experiencing homelessness (as defined by the CCDF Final Rule).
Families of a child experiencing homelessness that cannot provide the required documentation needed to determine eligibility at the time of application may be conditionally approved for services for a period not to exceed 90 days. Such documentation may include, but is not limited to, verification of immunizations, verification of child's citizenship, or verification of income. The Lead Agency consulted with the Virginia Department of Health to determine whether a 90-day grace period was a reasonable length of time to allow families experiencing homelessness to comply.
Provide the citation for this policy and procedure.
Child Care Subsidy Program Guidance Manual Section 3.2.C
- ii. Children who are in foster care.
CCDF funds are not used for children in foster care.
Provide the citation for this policy and procedure.
NA

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

Licensing staff are made aware of the grace period and do not cite violations for families experiencing homelessness. The Subsidy Program and the Department of Housing and Community Development, a sister state agency, work together to assist families experiencing homelessness. Subsidy Program staff has access to the Virginia Immunization Information System through the Virginia Department of Health to verify immunization information for children whose families may not have written documentation of immunizations.

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

No

Yes. Describe:

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility

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

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of state median income (SMI).
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the minimum 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

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

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

these policies or procedures.

An eligibility redetermination is required at the end of the 12-month eligibility period. Recipients shall not have their eligibility for child care services redetermined prior to the end of their eligibility period. The 12-month cycle begins with the effective date of the child care approval and is calculated in VaCMS.

Eligibility redetermination means that all eligibility criteria must be evaluated and a contact must be made with the recipient. This contact may be in person or by phone and should not unduly disrupt a parent's work schedule. Recipients will be eligible for child care subsidy and services for a minimum of 12 months before eligibility is redetermined unless: Their countable income exceeds 85% of state median income. (Temporary increases in income will not affect eligibility of family copayments, including monthly income fluctuations, which when taken in isolation may incorrectly indicate that a recipient's income exceeds 85% of state median income), there is a finding that the recipient committed an intentional program violation/fraud, the recipient is no longer a resident of Virginia, the recipient requests that their case be closed or, the recipient is a family of a child experiencing homelessness that was conditionally approved because they could not provide required documentation. (If the documentation is provided to the local department within 90 days of case approval, the recipient may remain eligible for the remainder of the 12-month eligibility period.) If documentation is not provided to the local department within 90 days, or the recipient is determined ineligible after full documentation is provided, the child care case will be closed.

Once eligibility has been approved, recipients will retain eligibility despite any change in residency within the State. Recipients will also retain eligibility despite any eligible child turning 13 or 18 (child with special needs) years of age during the eligibility period. During the eligibility period, the child shall be considered eligible and shall receive services at least at the same level, regardless of: (i) a change in family income, if that family income does not exceed 85% of state median income; or (ii) any temporary change or cessation of work or attendance at a training or education program.

Child Care Subsidy Program Guidance Manual § Section 3.13, Eligibility Period

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

Minimum Required Element	Citation
--------------------------	----------

Minimum Required Element	Citation
<p>[x] i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency’s policy: Once eligibility has been approved, the child shall be considered eligible and shall receive services at least at the same level regardless of any temporary change or cessation of work during the eligibility period</p>	<p>Child Care Subsidy Program Guidance Manual - Section 1.1, Definitions and Section 3.13, Eligibility Period</p>
<p>[x] ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency’s policy: Once eligibility has been approved, the child shall be considered eligible and shall receive services at least at the same level regardless of any temporary change or cessation of work during the eligibility period.</p>	<p>Child Care Subsidy Program Guidance Manual - Section 1.1, Definitions and Section 3.13, Eligibility Period</p>
<p>[x] iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency’s policy: Once eligibility has been approved, the child shall be considered eligible and shall receive services at least at the same level regardless of any temporary change or cessation of attendance at a training or education program during the eligibility period.</p>	<p>Child Care Subsidy Program Guidance Manual - Section 1.1, Definitions and Section 3.13, Eligibility Period</p>
<p>[x] iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency’s policy: Once eligibility has been approved, the child shall be considered eligible and shall receive services at least at the same level regardless of any temporary change or cessation of work or attendance at a training or education program during the eligibility period.</p>	<p>Child Care Subsidy Program Guidance Manual - Section 3.13, Eligibility Period</p>
<p>[x] v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency’s policy: Once eligibility has been approved, the child shall be considered eligible and shall receive services at least at the same level regardless of any temporary change or cessation of work or attendance at a training or education program that does not exceed the recipient’s eligibility period.</p>	<p>Child Care Subsidy Program Guidance Manual - Section 3.13, Eligibility Period</p>
<p>[x] vi. A child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency’s policy: Recipients with a child turning 13 or 18 (child with special needs) years of age within 23 months of the current eligibility determination, shall have their final eligibility period extended beyond the 12 months. The recipient’s eligibility period will be extended to coincide with the month the child turns 13 or 18 years of age.</p>	<p>Child Care Subsidy Program Guidance Manual - Section 3.13, Eligibility Period</p>

Minimum Required Element	Citation
[x] vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency’s policy: Once eligibility has been approved, recipients will retain eligibility despite any change in residency within the State during the eligibility period.	Child Care Subsidy Program Guidance Manual - Section 3.13, Eligibility Period

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

NA

3.4.2 Assistance during the minimum 12-month eligibility period

Continuing assistance for “job search” and a Lead Agency’s option to discontinue assistance during the minimum 12-month eligibility period.

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

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

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

No

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

Virginia has expanded eligibility for job search as an allowable activity for initial eligibility into the Child Care Subsidy Program. Families that receive services under job search will be eligible for a minimum of 12 months or until their income exceeds 85% of the state median income. The lead agency will evaluate the effectiveness of this eligibility category, particularly examining the impact on enrollment in areas with high poverty and unemployment rates, to determine the efficiency of the policy change. (The State’s Biennial Budget extended this policy effective July 1, 2022 and the policy became part of regulation 8VAC20-790-20 effective November 25, 2022. On those dates, there was no change in implementation and no disruption to this policy from the pilot onward.)

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

participation in an eligible activity?

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

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

- i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:
- ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation:
- iii. How long is the job-search period (must be at least 3 months)?
- iv. Provide the citation for this policy or procedure.

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

i. Not applicable

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

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

B. Provide the citation for this policy or procedure:

iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure:

Families must reside in the locality where application for subsidy services is made. If the family moves out of the state Reference Child Care Subsidy Program Guidance Manual 3.10.D Local Department Contracts/Responsibilities and 3.13 Eligibility Period

iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

"Intentional program violation" or "IPV" means any action by an individual for the purpose of establishing or maintaining the family's eligibility for assistance under the Child Care Subsidy Program or for increasing or preventing a reduction in the amount of the assistance by (i) intentionally giving a

false or misleading statement or misrepresenting, concealing, or withholding facts or (ii) any act intended to mislead, to misrepresent, conceal, or withhold facts, or to propound a falsity. See 8VAC20-790-10 and 8VAC20-790-100.

An IPV is also any action where an individual knowingly, willfully and with deceitful intent uses the VaECC system to cause payment for child care services to be fraudulently obtained. Whoever obtains or attempts to obtain or aids or abets any individual in obtaining services by means of a willful statement or misrepresentation, by impersonation or other fraudulent device assistance, has committed an IPV. See Child Care Subsidy Program Guidance Manual - Section 4.2, Fraud.

3.4.3 Change reporting during the minimum 12-month eligibility period

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

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

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

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

No

Yes

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

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

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

The recipient must report if they are no longer a resident of Virginia or the county in which they are receiving services.

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

The recipient must report if they are no longer a resident of Virginia or the county in which they are receiving services.

iii. Changes that impact the Lead Agency’s ability to pay child care providers. Describe:

The recipient must report if they are no longer a resident of Virginia or the county in which they are receiving services, of if there is a change in their selected child care provider.

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

i. Phone

ii. Email

iii. Online forms

iv. Extended submission hours

v. Postal mail

vi. Fax

vii. In-person submission

viii. Other. Describe:

d. Families must have the option to voluntarily report changes on an ongoing basis during the minimum 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family’s co-payment or increase the family’s subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family’s subsidy unless the information reported indicates that the family’s income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

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

Parents may voluntarily report changes on an ongoing basis. During the recipient's eligibility period, the local department shall not act on any reported changes that would reduce the recipient's authorized child care service unless:

the recipient family's income exceeds 85 percent of state median income for a family of its size;

the recipient is no longer a resident of Virginia; the recipient is found to have committed an intentional program violation/fraud; or

the recipient voluntarily withdraws their child from care or requests that their case be closed.

ii. Provide the citation for this policy or procedure.

Child Care Subsidy Program Guidance Manual Section 3.9., A. Responsibility to Report Changes and Section 3.10., D. Reported Changes

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

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly

disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

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

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

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

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

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

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

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

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

4.1.1 Child care certificate

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

Virginia generally uses certificates for child care services. When a family is determined eligible for a child care subsidy through CCDF, they are informed that they may select any legally operating provider in the state who is approved for Subsidy participation. A Purchase of Service Order (POSO) form is then issued to the provider selected by the parent. A copy of the POSO form is also sent to the parent. The POSO serves as the child care certificate. Parents must have unlimited access to their children in CCDF settings. This is included in Virginia's Vendor Agreement and the Subsidy Program regulation.

The POSO includes: Name of the parent and the child; Child's date of birth; Name, location, and type of provider (center or home); Amount of authorized care per week/month and whether full days or part days; Authorization ID number; Beginning and ending dates; Payment rate by age; Special needs rate, if applicable; Locality authorizing care; Co-payment amount, if any; and the Signatures of the caseworker and the locality signing officer.

4.1.2 Child care certificate and parent choice

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

a. Certificate provides information about the choice of providers

b. Certificate provides information about the quality of providers

c. Certificate is not linked to a specific provider, so parents can choose any provider

d. Consumer education materials are provided on choosing child care

e. Referrals provided to child care resource and referral agencies

- f. Co-located resource and referral staff in eligibility offices
- g. Verbal communication at the time of the application
- h. Community outreach, workshops, or other in-person activities
- i. Other. Describe:

4.1.3 Equal access for families receiving CCDF-funded child care

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

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

Families are advised at intake that they may choose any provider which is approved for program participation. If the provider of choice is not currently approved for participation, the program will work with them to become approved, if the provider elects to do so. Families are made aware of the Department's website that provides information on provider hours of operation, contact information and results of their inspections.
- b. Describe state data on the extent to which eligible child care providers participate in the CCDF system:

As of October 2022, more than 2,700 providers participate in the Child Care Subsidy Program, representing 40% of the providers known to the Lead Agency. More than half (58%) of licensed centers participate in subsidy compared to 40% of licensed family day homes; one-quarter of voluntarily registered family day homes; and 14% of religious-exempt child day centers.
- c. Identify any barriers to provider participation, including barriers related to payment rates and practices – including for family child care and in-home providers - based on provider feedback and reports to the Lead Agency:

During the Summer of 2022, the Virginia Department of Education collected provider feedback and public comments on the barriers to payment rates and practices. Providers articulated the need for the state to increase the Maximum Reimbursements Rates (MRR). In particular, family day home providers expressed the need to increase MRR for family day homes to align with the MRRs that centers receive. Stakeholders shared that the increase in MRR will allow providers to support cost drivers and business decisions to ensure families have access to subsidized child care services.

4.1.4 Procedures to ensuring unlimited access

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

Both the Code of Virginia and Child Care Subsidy Program rules specify that parents must be admitted to a child day program when their children are in care.

4.1.5 Allowing and limiting in-home care

The Lead Agency must allow for in-home care (i.e., care provided in the child’s own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?
 No

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

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

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

Providers must be at least 18 years of age.

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

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

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

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

g. Other. Describe:

In-home care is limited to settings in which care is only provide to children that live in the home. If care is provided for additional children that do not reside in the home (other than the provider’s own children), the setting meets the definition of a family day home and is subject to child care licensing requirements.

4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7

Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.

. VDOE will pilot the use of contracted slots in state fiscal year 2022 as required by state legislation. Localities have not yet been selected.

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who

has a grant or contract have choices when selecting a provider:

- ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers) and how grants or contracts are promoted by the Lead Agency:
- iii. How rates for contracted slots are set through grants and contracts and if they are viewed by providers as a vehicle for stabilizing payments.

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

No

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

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
i. Children with disabilities	[]	[]
ii. Infants and toddlers	[]	[]
iii. School-age children	[]	[]
iv. Children needing non-traditional hour care	[]	[]
v. Children experiencing homelessness	[]	[]
vi. Children with diverse linguistic or cultural backgrounds	[]	[]
vii. Children in underserved areas	[]	[]
viii. Children in urban areas	[]	[]
ix. Children in rural areas	[]	[]

<i>Grants or Contracts are used in Child Care Programs that Serve</i>	<i>To increase the supply of care</i>	<i>To increase the quality of care</i>
x. Other populations, please specify SB1310/HB2206, passed by the 2021 General Assembly, require the Lead Agency to pilot the use of grants and contracts to increase the supply and quality of child care for underserved communities and populations. The VDOE will be working to identify target communities or populations for the purpose of this pilot program, which may include rural communities, child care deserts, and families with infants and toddlers.	[x]	[x]

4.1.7 Shortages in supply of high-quality child care

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

a. In child care centers.

The Lead Agency’s child care licensing team provides weekly updates on the status of child care centers in the licensing system being open or closed due to the COVID-19 pandemic, and the number of programs that are subsidy vendors. This data can be disaggregated down to the city and county level, allowing the Lead Agency to track potential shortages in the supply of licensed and license-exempt center-based care or declines in subsidy participation among these programs.

The report of the Child Care Underserved Areas workgroup, the Child Care Aware mapping project and the upcoming market rate survey also provide data to determine underserved areas and to determine progress toward equal access. Data from all these sources will be used to inform supply-building activities.

b. In child care homes.

All the data and sources reported above are also available for family day homes and will be used to determine underserved areas and to inform activities for supply building.

c. Other.

NA

4.1.8 Strategies to increase the supply of and improve the quality of child care services

Lead Agencies are required to develop and implement strategies to increase the supply of _____

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

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

i. Grants and contracts (as discussed in 4.1.6). Describe:

SB1310/HB2206, passed by the 2021 General Assembly, require the Lead Agency to pilot the use of grants and contracts to increase the supply and quality of child care for underserved communities and populations. The VDOE will be working to identify target communities or populations for the purpose of this pilot program, which may include rural communities, child care deserts, and families with infants and toddlers. This strategy addresses building supply and improving quality and addresses all Subsidy populations.

ii. Targeted Family Child Care Support such as Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

viii. Accreditation supports. Describe:

ix. Child care health consultation. Describe:

x. Mental health consultation. Describe:

xi. Other. Describe:

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

i. Grants and contracts (as discussed in 4.1.6). Describe:

SB1310/HB2206, passed by the 2021 General Assembly, require the Lead Agency to pilot the use of grants and contracts to increase the supply and quality of child care for underserved

communities and populations. The VDOE will be working to identify target communities or populations for the purpose of this pilot program, which may include rural communities, child care deserts, and families with infants and toddlers. This strategy addresses quality and building supply.

ii. Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

The Shared Services Network for Family Day Homes project provides supportive services to family day home providers to increase the availability and quality of care provided in underserved and stressed areas of the state for specific target populations, infants and toddlers, children with special needs and children who require care during non-traditional hours. Services provided by the network may include:

Training, education, coaching, and mentoring on topics such as child development and/or improving competencies through professional development,

Tools for enhancing business operations,

Connections to discount pricing for materials and/or services,

Assistance with marketing and parent outreach/education,

Connections to Virginia Quality and the Virginia Infant & Toddler Specialist Network,

enabling providers to access services such as Infant & Toddler Mental Health consultation, and

Assistance navigating the steps for becoming a licensed program and/or for participation with the Child Care Subsidy Program, Virginia Quality, and/or the Child and Adult Care Food Program

This strategy addresses quality and addresses all Subsidy populations

viii. Accreditation supports. Describe:

ix. Child care health consultation. Describe:

x. Mental health consultation. Describe:

xi. Other. Describe:

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

i. Grants and contracts (as discussed in 4.1.6). Describe:

ii. Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

Children with special needs are eligible for a differential rate up to twice that of children without special needs.

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

The Shared Services Network for Family Day Homes project provides supportive services to family day home providers to increase the availability and quality of care provided in underserved and stressed areas of the state for specific target populations, infants and toddlers, children with special needs and children who require care during non-traditional hours. Services provided by the network may include:

Training, education, coaching, and mentoring on topics such as child development and/or improving competencies through professional development,

Tools for enhancing business operations,

Connections to discount pricing for materials and/or services,

Assistance with marketing and parent outreach/education,

Connections to Virginia Quality and the Virginia Infant & Toddler Specialist Network, enabling providers to access services such as Infant & Toddler Mental Health consultation, and

Assistance navigating the steps for becoming a licensed program and/or for participation with the Child Care Subsidy Program, Virginia Quality, and/or the Child and Adult Care Food Program

This strategy addresses quality and addresses all Subsidy populations

viii. Accreditation supports. Describe:

ix. Child care health consultation. Describe:

x. Mental health consultation. Describe:

xi. Other. Describe:

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

i. Grants and contracts (as discussed in 4.1.6). Describe:

ii. Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

vii. Support for improving business practices for providers, such as management training, and shared services. Describe:

The Shared Services Network for Family Day Homes project provides supportive services to family day home providers to increase the availability and quality of care provided in underserved and stressed areas of the state for specific target populations, infants and toddlers, children with special needs and children who require care during non-traditional hours. Services provided by the network may include:

Training, education, coaching, and mentoring on topics such as child development and/or improving competencies through professional development,

Tools for enhancing business operations,

Connections to discount pricing for materials and/or services,

Assistance with marketing and parent outreach/education,

Connections to Virginia Quality and the Virginia Infant & Toddler Specialist Network, enabling providers to access services such as Infant & Toddler Mental Health consultation, and

Assistance navigating the steps for becoming a licensed program and/or for participation with the Child Care Subsidy Program, Virginia Quality, and/or the Child and Adult Care Food Program

This strategy addresses quality and addresses all Subsidy populations

viii. Accreditation supports. Describe:

ix. Child Care health consultation. Describe:

x. Mental health consultation. Describe:

xi. Other. Describe:

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6). Describe:

Virginia received \$488 million for Child Care Stabilization Grants under the American Rescue Plan. VDOE intends to use this funding to provide quarterly payments to child care providers over a maximum period of 12-18 months. Payments will be based on open/closed status; approved capacity; participation in the child care subsidy program; and location in a high-need area as identified by the CDC's Social Vulnerability Index (SVI). Higher payments will be available to providers that participate in the subsidy program and that are located in an area with a high SVI score. Providers will be strongly encouraged (but not required) to use funds to increase wages,

provide bonus pay, establish retention incentives, or take other action to improve compensation for staff. Virginia anticipates beginning payments in the fall of 2021. The grant application will be available at www.childcareva.com.

ii. Family Child Care Networks. Describe:

iii. Start-up funding. Describe:

iv. Technical assistance support. Describe:

v. Recruitment of providers. Describe:

vi. Tiered payment rates (as discussed in 4.3.3). Describe:

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

viii. Accreditation supports. Describe:

ix. Child Care health consultation. Describe:

x. Mental health consultation. Describe:

xi. Other. Describe:

4.1.9 Prioritizing investments for increasing access to high-quality child care and development services

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

Areas with significant concentrations of poverty are defined as those where the poverty rate exceeds 20%. In 2019, 13% of children ages 0-17 lived in poverty statewide. 54 cities and counties have child poverty rates that met or exceeded 20% according to U.S. Census Bureau data.

Areas with significant concentrations of unemployment are defined as those with rates a third or

more higher than the typical statewide rate. In February 2020, before the COVID-19 pandemic hit the Commonwealth, the statewide unemployment rate was low at 2.6%. The rate peaked at over 11% in April 2020. Virginia has seen steady declines in unemployment since then, with December rates down to 5.6% statewide (not seasonally adjusted). Certain areas were hit harder than others. Twenty-five cities and counties have unemployment rates equal to or higher than the state average, with Petersburg city's rate double the statewide average at 11.9%.

b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs.

Ensuring access to high-quality child care for children in distressed communities is a primary goal of the Lead Agency at all times. It is essential to support the Commonwealth's economic recovery during and after the COVID-19 pandemic. Virginia has expanded eligibility for job search as an allowable activity for initial eligibility into the Child Care Subsidy Program. Families that receive services under job search will be eligible for a minimum of 12 months or until their income exceeds 85% of the state median income. The lead agency will evaluate the effectiveness of this eligibility category, particularly examining the impact on enrollment in areas with high poverty and unemployment rates, to determine the efficiency of the policy change. (The State's Biennial Budget makes this policy effective July 1, 2022, however, The Virginia Department of Education updated the policy in regulation 8VAC20-790-20.)

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to child care for children receiving child care assistance; and (2) ensure parental choice by offering a full range of child care services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a market rate survey or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency’s proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe what information the Lead Agency will obtain from an alternative methodology that could not be obtained from the required narrow cost analysis.
- Describe how the Lead Agency will consult with the State Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care, such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location, and quality.
- Describe how the alternative methodology will use current data.
- What metrics the Lead Agency will use to set rates based on the alternative methodology.
- Describe the estimated reporting burden and cost to conduct the approach.

A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

Amended: Effective Date 05/25/2022

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved

alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)?

b. ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology:

ACF granted VDOE pre-approval for an alternative methodology on May 25, 2022. In partnership with P-5 Fiscal Strategies (P5FS) and the Virginia Early Childhood Foundation, VDOE developed a cost estimation model based on the same methodology used in the Provider Cost of Quality Calculator with assumptions customized to Virginia’s context.

The model includes all aspects of program operations for center-based and family day home settings, serving children from birth to 12 years of age with full day, full year child care. To account for the differing business models and cost drivers across center and family day home (FDH) settings, separate worksheets were built for each type of care.

Details of the models include:

--Full day is defined as 10 hours per day; full year is 52 weeks.

--Licensing standards for child care centers and family day homes serve as baseline health and safety standards.

--Licensing standards set the definitions of the ages of children in each category.

The model output includes estimates of total revenues and expenses at the provider level and at the individual child level to fully explicate variations in expenses and revenues for different ages of children. Expense data in the model is designed to incorporate the following factors that impact the cost of providing care:

--Health, safety, and licensing requirements, including ratios and group sizes.

--Staff and FDH provider compensation (salary and benefits).

--Staffing patterns to meet licensing requirements, support quality improvement, and administrative needs for full program operations.

--Enrollment levels.

--Facility size.

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency’s planned methodology(ies) to assess child care prices and/or costs.

i. MRS. If checked, describe the status of the Lead Agency’s implementation of the MRS.

ii. ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency’s implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2-4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies’ most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2–4.5.2.

4.2.2 Consultation prior to developing MRS or pre-approved alternative methodology

Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a. State Advisory Council or similar coordinating body:

VDOE has gathered feedback on subsidy payment rates and related policies from the Early Childhood Advisory Committee on multiple occasions, which helped to inform the data and assumptions incorporated into the model. VDOE presented the proposed approach for the alternative methodology at an Early Childhood Advisory Committee meeting to accept feedback and answer questions regarding the approach.

b. Local child care program administrators:

The Virginia League of Social Service Executives (VLSSE) is a membership organization for local departments of social services leadership. VDOE regularly attends meetings of the child care committee for VLSSE to hear directly from local case workers the challenges that families and providers face in enrolling and ongoing participation in the Child Care Subsidy Program. The recurring feedback provided from local agency staff informed VDOE’s proposed methodology, data inputs, and assumptions. The proposed approach was also shared with VLSSE members over multiple meetings to gather feedback and answer questions.

c. Local child care resource and referral agencies:

VDOE held a Zoom call for Child Care Aware of Virginia, the state’s child care resource and referral agency, and its regional staff to discuss the alternative methodology proposal, gather feedback, and answer questions.

d. Organizations representing caregivers, teachers, and directors:

VDOE, in partnership with the Virginia Department of Social Services, Governor’s Office, and General Assembly, has been facilitating extensive stakeholder engagement since 2017 as part of our early childhood transition and unification efforts. As documented in multiple analyses and reports, VDOE heard from providers, advocates, and many others about what is working well under the current system and what they’d like to see change under VDOE leadership in relation to licensing, subsidy, and broader quality supports. Providers were clear that payment rates and processes were an ongoing barrier to participation in subsidy—they are the reason that some programs have never or no longer participate, and a reason that currently participating programs would consider leaving the program.

VDOE is also conducting extensive research with the field, funded through PDG-B5 and COVID relief resources. The data and feedback from these surveys have been foundational in shaping VDOE’s preliminary assumptions regarding cost drivers in our planned alternative methodology.

VDOE conducted a series of stakeholder engagement sessions to garner feedback on the proposal from the child care field. Sessions were facilitated for center-based programs and family day homes separately and held at varying times throughout the day to maximize participation. Materials were made available in Spanish as well. Stakeholder groups targeted for these sessions included the Early Childhood Education Consortium (ECEC), the Virginia Head Start Association, Virginia Child Care Association (VCCA), the Virginia Alliance for Family Child Care Associations (VAFCCA), and the provider advisory group of the Virginia Promise Partnership.

e. Other. Describe:

VDOE also held stakeholder engagement sessions for parents (the Virginia Promise Partnership parent advisory group), VPOST (the Virginia Partnership for Out-of-School-Time), and the general public to share information about the alternative methodology and garner feedback.

4.2.3 Benchmarks for MRS or pre-approved alternative methodology

ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- o represents the child care market
- o provides complete and current data
- o uses rigorous data collection procedures

- o reflects geographic variations
- o analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market:

VDOE developed a cost estimation model based on the same methodology used in the federal Provider Cost of Quality Calculator (PCQC). The model examines the true cost of care in Virginia-- meaning the cost of operating a quality program with the staffing and supports necessary to meet Virginia’s health, safety, and quality expectations and effectively prepare children for Kindergarten--based on a variety of factors, including program type, size, and geographic location, as well as ages of children served. The Virginia Department of Education and the Prenatal Five Fiscal Strategies (P5FS) created the model for center-based and family day home (family child care) settings. The specific cost drivers modeled include:

- Program type (home- or center-based)
- Program capacity
- Age of children served
- Region of the state
- Materials and supplies
- Staff salaries and benefits
- Family child care provider/owner compensation
- Group sizes and ratios
- Implementation of health and safety requirements
- Enrollment efficiency
- Supports for quality, including paid planning time and professional development days

VDOE used current licensing data to inform assumptions about program types, including licensed capacity and ages of children served. Licensing data is the best source of information regarding the types of child care programs that are approved to operate in Virginia and the maximum number of children that can be served in any given context based on licensing regulations and state code. Data is updated regularly as licenses are renewed and/or programs experience changes in their operations that affect capacity. VDOE also used data gathered from other sources, including Preschool Development Grant B-5 workforce survey data and research surveys focused on the Child Care Subsidy Program, to inform cost drivers such as materials and supplies, the implementation of health and safety requirements, enrollment efficiency, and quality.

ii. Provide complete and current data:

The data driving assumptions in the alternative methodology comes from the full universe of child care providers, ranging in size, auspice, location in home versus center, ages of children served, participation in publicly funded programs, and region of the state. VDOE used current licensing data to inform assumptions about program types, including licensed capacity and ages of children served. Licensing data is the best source of information regarding the types of child care programs that are approved to operate in Virginia and the maximum number of children that can be served in any given context based on licensing regulations and state code. Data is updated regularly as licenses are renewed and/or programs experience changes in their operations that affect capacity.

Across multiple surveys, VDOE has gathered feedback from over thousands of sites and respondents, giving us confidence that the model represents the full universe of child care providers in the market, and that the model allows us to estimate the costs of all these different types of providers.

- iii. Use rigorous data collection procedures:

VDOE utilized several data sources to collect data for Virginia's cost estimation model. Licensing data is maintained and updated regularly, providing a just-in-time snapshot of the licensed and regulated capacity of center- and home-based programs across the state. Salary data is based on multiple well-renowned data sources, including the VDOE 2020-2021 Teacher Salary Survey and the Occupational Employment and Wage Estimates (2021) from the Bureau of Labor Statistics. VDOE also relied on certain default assumptions and data sources in the Provider Cost of Quality Model, which has been rigorously tested and validated.

- iv. Reflect geographic variations:

The cost model includes the ability to estimate the cost of care in nine regions of the Commonwealth, aligned with Ready Regions. The model can also run statewide results, which provide an average across all nine regions. Regional variation in cost is reflected in the salary and nonpersonnel expenses used in the calculation.

VDOE utilized salary data from the VDOE 2020-2021 Teacher Salary Survey Results to generate regional compensation targets scaled to elementary educator salaries. VDOE converted estimated SFY 2022 salaries for elementary teachers into hourly wages and calculated a weighted average hourly wage by region. VDOE then prorated these salary estimates to account for educational requirements for child care educators. Additionally, the model accounts for variations in operating cost across the Commonwealth by using a modified version of the Cost of Competing Adjustment (COCA) measure that is used by the Virginia Department of Education to adjust per-child costs for K-12 school divisions in certain areas of the state with higher overall costs of living. VDOE applied a 9.83 percent increase to nonpersonnel expenses in regions 7 and 8 (Capital Area and North Central), where approximately 66 percent or more children live in a locality that is eligible for COCA.

- v. Analyze data in a manner that captures other relevant differences:

N/A

- b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes. If yes, why do you think the data represents the child care market?

The cost estimation model incorporates up-to-date data on the universe of child care providers in the state and is rooted in assumptions that are reflective of Virginia's current context and ongoing COVID recovery.

4.2.4 Variations in the price or cost of services

Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

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

The cost model includes the ability to estimate the cost of care in nine regions of the Commonwealth, aligned with Ready Regions. The model can also run statewide results which provide an average across all nine regions. Regional variation in cost is reflected in the salary and nonpersonnel expenses used in the calculation.

VDOE utilized salary data from the VDOE 2020-2021 Teacher Salary Survey Results to generate regional compensation targets scaled to elementary educator salaries. VDOE converted estimated SFY 2022 salaries for elementary teachers into hourly wages and calculated a weighted average hourly wage by region. VDOE then prorated these salary estimates to account for educational requirements for child care educators. Additionally, the model accounts for variations in operating cost across the Commonwealth by using a modified version of the Cost of Competing Adjustment (COCA) measure that is used by the Virginia Department of Education to adjust per-child costs for K-12 school divisions in certain areas of the state with higher overall costs of living. VDOE applied a 9.83 percent increase to nonpersonnel expenses in regions 7 and 8, where approximately 66 percent or more children live in a locality that is eligible for COCA.

b. Type of provider. Describe:

The cost estimation considers center- and home-based programs of various sizes and the cost of meeting basic health and safety standards for each program type.

For centers, the model assumed no significant cost differences between licensed and unlicensed providers because any program receiving public funding is required to meet basic health and safety standards and Virginia's licensing requirements are nearly identical to basic health and safety standards for child day centers.

Virginia created separate models for licensed (large) and unlicensed (small) family day homes to assess the differences in operating costs associated with meeting different requirements.

c. Age of child. Describe:

The cost estimation model considers costs associated with serving infants, toddlers, preschoolers, and school-age children in each setting, including the impact of different combinations of ages in family day homes and age-based classrooms in centers. The model accounts for group size, ratio, and staffing requirements in Virginia's licensing regulations.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

N/A

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4.2.5 Narrow cost analysis completion

Has the Narrow Cost Analysis been completed for the FY 2022 – 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:

- a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

VDOE used its cost estimation model to conduct the narrow cost analysis. Data used in the model include child care licensing data and VDOE salary survey data to understand variations in program types, sizes, ages of children served, and region of the state and subsequent impacts on cost.

- b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

The cost estimation model development process started with a review of licensing standards and identification of the cost drivers within those standards. The model included the costs necessary to operate a center and family day home that meets these minimum standards, accounting for required teacher-child ratios and group sizes, facilities costs to provide a safe and developmentally appropriate learning environment, required training and professional development, and sufficient salaries and benefits to recruit and retain qualified staff.

For centers, the model assumed no significant cost differences between licensed and unlicensed providers because any program receiving public funding is required to meet basic health and safety standards and Virginia's licensing requirements are nearly identical to basic health and safety standards for child day centers.

Virginia created separate models for licensed (large) and unlicensed (small) family day homes to assess the differences in operating costs associated with meeting different requirements.

Staffing is one of the greatest costs that child care programs incur, and staffing patterns are directly influenced by licensing requirements. Virginia's cost estimation model reflects staffing patterns of non-teaching and teaching staff. Non-teaching staff includes the Director, Family Day Home Owner, Assistant Director, Program Supervisor, or Administrative Assistant. The child care center model utilizes administrative staff by

default, with the number of Full Time Equivalent (FTE) varying based on the number of children enrolled. The Teaching staff includes teachers and assistant teachers. The number of teachers and assistant teachers is driven by Virginia licensing requirements for ratio and group size regulations. Each classroom has a lead teacher, with additional staff counted as an assistant teacher in order to meet ratio requirements.

In addition, the model includes 0.2 FTE per classroom teaching staff to allow for coverage throughout the day for breaks and opening/closing. This reflects that the program is open more than 40 hours per week and must always maintain ratios, which requires additional staffing capacity. The model also includes the cost of substitutes to cover for staff to attend required training. In family day homes, the model includes the owner/lead teacher and an assistant teacher, if the program serves more than 6 children. Higher quality ratios and group sizes may be added for family day homes, modeling a smaller group size and more limited number of younger children in the group.

Professional development activities are also included in the model to ensure that the child care programs are able to meet licensing standards due to the cost of substitute staff to cover for staff as they attend required training. The model evaluates 16 hours per teaching staff member, per year for required training. An additional 16 hours per lead teacher, per year is evaluated for family engagement sessions and parent teacher conferences.

- c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

Beginning in the fall of 2023, all publicly funded programs will be required to participate in Virginia's new uniform quality measurement and improvement system, VQB5. Based on Virginia's guiding principles and the Commonwealth's recent investments in quality measurement and improvement, Virginia selected two nationally recognized quality standard measurements for VQB5: interactions and curriculum.

Importantly, there are no mandatory costs associated with participating in VQB5 or achieving higher levels of quality. The model's core assumption is that staff are not only the primary cost driver for child care programs, but also the primary driver of quality and quality improvement. A supported, stable workforce is necessary to facilitate strong teacher-child interactions and child-focused, developmentally appropriate instruction in the classroom. Research from Virginia's child care sector shows that competitive wages are a primary driver of staff retention, with staff in the lowest wage quartile being twice as likely to turn over in a given year relative to those in the highest wage quartile. As such, the model accounts for competitive compensation, benefits, and instructional

support at increasing levels of quality.

- d. The gap between costs incurred by child care providers and the Lead Agency’s payment rates based on findings from the narrow cost analysis.

Effective October 1, 2022, VDOE updated its payment rates to get subsidy payment rates closer to the true cost of quality. Full-day payment rates are set at 75% of the cost of care for centers.

Effective August 3, 2023, full-day payment rates are set at 100% of the cost of care for Family Day Homes.

All part day rates are set at 70% of the full day rates, for all provider types.

4.2.6 Detailed report of the market rate survey or ACF pre-approved alternative methodology results

After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers’ implementation of the health, safety, quality, and staffing requirements, and(2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

Amended: Effective Date 09/26/2023

- a. Date the report containing results was made widely available—no later than 30 days after the completion of the report.

9/26/2023

Amended: Effective Date 09/26/2023

- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The report is posted on ChildCareVA at <https://www.childcare.virginia.gov/reports-resources/research-reports-and-resource/virginia-s-cost-estimation-model> and has been shared with partner organizations for broad dissemination.

Amended: Effective Date 09/26/2023

- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

VDOE conducted several stakeholder engagement sessions during the summer of 2022 to

share the cost model with stakeholders and receive feedback on cost drivers and core assumptions in the model. The approach described in the posted report reflects feedback provided during those sessions.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Base payment rates and percentiles

Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below. Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

Amended: Effective Date 08/03/2023

a. Fill in the table below based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
i. Infant (6 months) Center care	\$94 per day (Full Day)	\$470 per week	NA	75%
ii. Toddler (18 months) Center care	\$81 per day (Full Day)	\$405 per week	NA	75%
iii. Preschooler (4 years) Center care	\$70 per day (Full Day)	\$350 per week	NA	Full-day rates are set regionally at 75% of estimated costs for centers. However, setting Fairfax County's center-based payment rate for preschoolers at 75% of estimated costs would have resulted in a reduction in pay. The center-based payment rate for preschoolers was held harmless.
iv. School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer.)	\$61 per day (Full Day)	\$305 per week	NA	Full-day rates are set regionally at 75% of estimated costs for centers. However, setting Fairfax County's center-based payment rate for school-age children at 75% of estimated costs would have resulted in a reduction in pay. The center-based payment rate for school-age children was held harmless.
v. Infant (6 months) Family Child Care	\$81 per day (Full Day)	\$405 per week	NA	Rates are set at 100% of cost for each age group. Modeled rates account for the cost of serving mixed age groups.

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate (including unit)	Full-time weekly base payment rate	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate?
vi. Toddler (18 months) Family Child Care	\$81 per day (Full Day)	\$405 per week	NA	Rates are set at 100% of cost for each age. Modeled rates account for the cost of serving mixed age groups.
vii. Preschooler (4 years) Family Child Care	\$81 per day (Full Day)	\$405 per week	NA	Rates are set at 100% of cost for each age. Modeled rates account for the cost of serving mixed age groups.
viii. School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer.)	\$81 per day (Full Day)	\$405 per week	NA	Rates are set at 100% of cost for each age. Modeled rates account for the cost of serving mixed age groups.

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Daily rates are published. Daily rates are multiplied by five to obtain the weekly rate

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full day care is defined as five to twelve hours per day. Part-time care is less than five hours per day.

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d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1).

August 3, 2023

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Fairfax County

Amended: Effective Date 08/03/2023

f. Provide the citation, or link, if available, to the payment rates

<https://www.childcare.virginia.gov/home/showpublisheddocument/51021/6383570953741>

79338

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

NA

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4.3.2 Differentiating payment rates

Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

a. Geographic area. Describe:

The cost model generates estimates of cost estimated regionally by Ready Region. However, rates were set by locality in order to ensure that no site would experience a reduction in payment rates. Full-day and part-day locality rates either increased or were held harmless. If the model generated a rate that was lower than the 2018 MRR, the rate was kept the same.

b. Type of provider. Describe:

One payment rate is established for centers, regardless of whether the program is licensed or regulated. Separate rates are established for licensed (Level 2) and unlicensed (Level 1) family day homes.

c. Age of child. Describe:

Rates are set separately by age for both centers and family day homes. Rates are aligned with age range definitions in Virginia child care licensing standards, and are established for infants, toddlers, two-year-olds, preschoolers, and school-age children.

d. Quality level. Describe:

Via the tiered reimbursement pilot, subsidy providers in Virginia Quality (VQ) who have achieved a 4 or 5 VQ Level receive a 7% differential for each child enrolled in those programs, from birth - 5 years. No new VQ Levels will be awarded after July 2022. All VQ Levels awarded as of July 2022 will remain valid and publicly available until the new VQB5 ratings are released fall 2024. In alignment with the transition from Virginia Quality to VQB5, vendor payments for the Tiered Reimbursement Pilot will cease on September 30, 2024.

Because all subsidy-participating child care programs are expected to participate in the state's new unified measurement and improvement system, VQB5, VDOE established payment rates at a level to support all programs to meet expectations through competitive compensation for educators.

e. Other. Describe:

4.3.3 Tiered rates, differential rates, or add-ons

Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs

and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

No

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

a. Tiered or differential rates are not implemented.

b. Differential rate for non-traditional hours. Describe:

c. Differential rate for children with special needs, as defined by the state/territory. Describe:

Providers may be paid up to twice the Maximum Reimbursable Rate for children with special needs. This tiered rate was determined in consultation with the Guidance Advisory Committee as an appropriate level of reimbursement for children with special needs based on current provider payment rates in regions across the state. The special needs rate should be used when it is appropriate as determined by the local department in consultation with the parent, provider, and appropriate professional. Details of this consultation, and supporting documentation of the child's special needs, must be recorded in the case record. The evaluation by an appropriate professional must be provided in writing

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

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

f. Differential rate for higher quality, as defined by the state/territory. Describe:

Via the tiered reimbursement pilot, subsidy providers in Virginia Quality (VQ) who have achieved a 4 or 5 VQ Level receive a 7% differential for each child enrolled in those programs, from birth - 5 years. No new VQ Levels will be awarded after July 2022. All VQ Levels awarded as of July 2022 will remain valid and publicly available until the new VQB5 ratings are released fall 2024. In alignment with the transition from Virginia Quality to VQB5, vendor payments for the Tiered Reimbursement Pilot will cease on September 30, 2024.

g. Other differential rates or tiered rates. Describe:

Regional payment rates for licensed family day homes are set higher than those for unlicensed family day homes to reflect the higher cost of meeting licensing requirements.

4.3.4 Establishment of adequate payment rates.

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a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Payment rates are set at a proportion of estimated cost using VDOE’s alternative methodology, depending on provider type and level of regulatory oversight. The cost estimation model accounts for key cost drivers associated with meeting health, safety, quality, and staffing requirements under CCDF, including group sizes, teacher-child ratios, and professional development requirements.

Payment rates for centers are set regionally at 75 percent of estimated cost for a medium size center, reflecting the average capacity of licensed and regulated centers in Virginia. Setting rates at 75 percent of estimated cost allows programs to meet basic health and safety requirements while supporting progress towards competitive compensation for child care educators, recognizing the wide variation in actual costs of operation at the individual center level.

Payment rates for family day homes are set regionally for licensed and unlicensed programs. On August 3, 2023, the rates for family day homes increased to 100 percent of estimated costs.

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b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, including any increased costs and provider fees because of COVID-19, and how such costs may be modified after the pandemic subsidies.

VDOE examined a variety of factors when setting payment rates in the CCSP, including the threshold of change necessary for the majority of providers to benefit from payment increases and make progress toward competitive compensation; estimated cost impacts for the state; and implications for sustainability.

VDOE determined that 75percent of estimated costs would provide significant benefits to child care centers while maximizing available resources to meet family demand. Licensed and unlicensed centers are now eligible for the same payment rates to account for consistent expectations between standards for licensed and for subsidy vendors.

Payment rates for family day homes were initially set at a proportion of estimated costs that decreased by age group. However, in August 2023, VDOE revised family day home payment rates to 100 percent of estimated costs for all ages. VDOE determined that this rate-setting approach will help family day homes—who disproportionately remained open to serve families during the

pandemic² have more stable revenue as enrollment shifts and children age up in their programs and more closely align with their private tuition structures. Rates are established separately for licensed (level 2) and unlicensed family day homes.

For all provider types, payment rates were established such that no site would experience a decrease in costs. If the new rate would result in a lower payment rate than was established under the market rate survey for a particular locality, the locality's rate was held harmless.

4.3.5 Cost of higher quality

Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

Studies on quality rating systems that include many measures have shown weak or inconsistent associations between quality ratings and children's outcomes and development. By contrast, a large body of research has linked targeted observational measures of teacher-child interactions to children's learning gains, both academic and socio-emotional. Virginia is embracing such an approach to measuring quality and supporting continuous quality improvement, being sure to prioritize those measures that are shown to support positive child outcomes, namely teacher-child relationships.

Beginning in the fall of 2023, all publicly funded programs are required to participate in Virginia's new uniform quality measurement and improvement system, VQB5. Based on Virginia's guiding principles and the Commonwealth's recent investments in quality measurement and improvement, Virginia selected two nationally recognized quality standard measurements for VQB5: interactions and curriculum.

Importantly, there are no mandatory costs associated with participating in VQB5 or achieving higher levels of quality. A core assumption in Virginia's cost estimation model is that staff are not only the primary cost driver for child care programs, but also the primary driver of quality and quality improvement. A supported, stable workforce is necessary to facilitate strong teacher-child interactions and child-focused, developmentally appropriate instruction in the classroom. Research

from Virginia’s child care sector shows that competitive wages are a primary driver of staff retention, with staff in the lowest wage quartile being twice as likely to turn over in a given year relative to those in the highest wage quartile. As such, the model accounts for competitive compensation, benefits, and instructional supports at increasing levels of quality.

Because all subsidy-participating child care programs are expected to participate in VQB5, VDOE established base payment rates at a level to support programs to “meet expectations” in the quality measurement and improvement system. As the mandatory participation is scaled up in 2024 and beyond, VDOE is considering different strategies to support programs that are exceeding expectations.

4.3.6 Additional facts in determining payments rates

Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

When establishing payment rates, VDOE prioritized ensuring substantial increases in payment rates for infants and toddlers in all program types, and for family day homes across the board. Infant and toddler care is in short supply statewide, and providers’ market rates for these ages tend to underestimate the true cost of serving very young children to avoid pricing parents out of the market. Family day homes were also prioritized for substantial rate increases. The implemented payment rates represent an increase from 2018 rates for providers in the vast majority of localities for every age group and program type.

VDOE will monitor the impact of established payment rates on provider participation in subsidy and families’ access to care to ensure continued progress toward equal access.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by (1) paying based on a child’s enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Payment practices

Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure.

Virginia's payment schedule is set up so that if a provider properly submits electronic attendance records, as required by the Vendor Agreement, payment will be rendered approximately 17 days after the end of the service period. Each month is divided into two service periods, the 1st through the 15th and the 16th through the 30th or 31st.

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b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:

i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure.

ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.

iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure.

iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

The Department will pay Level 1 and Level 2 vendors for up to 60 absent days per child per fiscal year (June 1-May 31). Total number of allowable absent days will be available upon case approval and

at the beginning of each fiscal year thereafter. An absent day means any day that a child is authorized to be in the vendor's care but is not in attendance, and the child care would have been provided had the child been present.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(I)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Payments are made on a full day or part day basis. Full day is defined as five to 12 hours per day.-Part day is defined as up to five hours per day.

- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure.

The Commonwealth pays vendors for one registration fee of up to \$100 per fiscal year.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process.

Describe:

Providers are paid based on the information included in the Purchase of Services Order (POSO), which includes:

**The name of the child care vendor; 2
Whether the special needs rate is authorized or if in home care is provided;
The funding program for the services authorized (TANF/VIEW, Head Start Wraparound, or Fee);
The authorized copayment;
The child care schedule; and
The registration fee.**

When changes to a parent's eligibility occur, providers are sent a revised POSO outlining the changes. This POSO must be sent to the vendor and to the parent at least 10 days in advance of the date the action is to become effective.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

Changes to a family's eligibility status are sent to the provider through the issuance of a new POSO or a termination POSO if the family is no longer eligible for assistance or elects to terminate care with the provider. This POSO must be sent to the vendor and to the parent at least 10 days in advance of the date the action is to become effective.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

If the Vendor disputes the amount of payment made for a reported time period, the Vendor may submit a written statement to the VDSS Division of Benefit Programs Child Care Subsidy Program detailing the dispute within thirty (30) days from the date the payment was received. Disputes between the Vendor and VDSS on behalf of the Lead Agency regarding the payment for services rendered may be appealed by the Vendor in accordance with the Child Care Vendor Agreement. The Vendor may further appeal this decision and request a formal hearing to be presided over by a hearing officer, pursuant to the Virginia Administrative Process Act (the "APA"; Va. Code § 2.2-4000 et seq.), who will recommend a decision to the Lead Agency's Superintendent of Public Instruction. The Vendor may seek court review of the Superintendent's decision pursuant to the APA.

g. Other. Describe:

NA

4.4.2 Payment practices across regions counties, and/or geographic areas

Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas. Describe:

4.4.3 Payment practices supporting equal access

Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

Virginia is committed to ensuring that families participating in the Child Care Subsidy Program have the opportunity to choose from the full range of available providers in the state. Virginia data indicates that children receiving subsidies are enrolled with a full range of legally operating vendors. Overall the distribution of children enrolled in subsidy roughly mirrors that of the overall licensed, approved capacity, with subsidy in enrollment at license-exempt (5.55%) slightly lower than their overall share of capacity (20.22%). Enrollment in other settings, such as licensed centers (84.76%), is slightly higher than the approved capacity (75.47%). The share of subsidy-participating children enrolled in licensed (6.86%) and license-exempt family day homes (2.83%) is higher than these settings' overall share of approved capacity. The enrollment of licensed (6.86%) and license-exempt Family Day Homes (2.83%) is higher than their approved capacity by at least an estimate of 2.44%.

Current policies follow generally accepted payment practices, including paying for absences, covering the cost of registration fees, making payments based on full- and party-day units, and establishing rate differentials for quality-rated providers, children with special needs, and care during non-traditional hours. When attendance is submitted electronically as required, payments are issued for biweekly periods of attendance within a reasonable time frame from the end of the service period. These practices are consistent statewide. In totality, these practices altogether support a broad range of

providers, including those that are licensed and license-exempt, and home and center-based to serve children participating in the subsidy program.

In June 2021 Virginia revised payment practices to further minimize burden for parents and providers. The Alternative Payment Process (APP) allows Virginia to meet its current regulatory obligations to pay based on attendance, while reducing how often parents are required to use their swipe cards at Point of Service (POS) devices within their child care centers. This minimizes the need for manual attendance and delays in payment processing and provides additional flexibility in offering payments during COVID related closures.

Additionally, recent legislation that passed the General Assembly in 2021 instructed the VDOE to pilot the use of contract models as a strategy for promoting greater financial stability. VDOE is currently identifying a strategy for initiating this pilot.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

Amended: Effective Date 01/01/2023

4.5.1 Affordable family contribution/co-payment

How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply.

a. Limit the maximum co-payment per family. Describe:

Copayments are based on a flat monthly rate per child receiving assistance up to three participating children. Monthly copayments start at \$0 for families with income below the federal poverty guideline, and increase as a family's income increases. Copayments are capped at 7% income for any family.

b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.

Total copayments may not exceed 7% of family income.

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe:

Copayments do not increase for any family in care during the 12-month eligibility period.

d. Other. Describe:

Amended: Effective Date 01/01/2023

4.5.2 Option to allows providers to charge additional amounts

Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

Preventing providers from charging subsidy families their market rate, resulting in family payments above and beyond the required copayment amount, may limit the number of providers that participate in the subsidy system. Allowing providers to charge families above the state payment rates ensures a wider range of providers for families to choose, though may have a reduced impact on affordability.

Local Department of Social Services (LDSS) have the option of using local-only funds to cover the cost providers charge that exceeds the Maximum Reimbursement Rates (MRR). A copy of this locally approved procedure must be kept on file at the LDSS and available for review by state monitors and/or auditors. Subsidy decisions must not be made on an individual case basis. Reimbursement cannot be requested by the LDSS for these expenses.

- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

VDOE implemented new reimbursement rates effective October 1, 2022. We are in the process of collecting data to understand the extent to which this is occurring under new reimbursement rates.

- iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.

This data is not currently available. VDOE is in the process of collecting and analyzing data to understand the gap between the new MRR effective October 1, 2022, and rates charged to

private-pay families.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day;

and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 Providers subject to licensing

To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

- i. Identify the providers subject to licensing:

A child day program offered to: two or more children under the age of 13 in a facility that is not the residence of the provider or of any of the children in care or 13 or more children at any location.

- ii. Describe the licensing requirements:

Licensing requirements include provisions to protect the health, safety and well-being of children. Requirements include operational requirements, staff qualification and training, supervision and staffing, safety provisions for the building and premises, emergency provisions, programming and activities, medication administration, and special care services such as nutrition and food services, transportation, and evening/overnight care.

- iii. Provide the citation:

8VAC20-780: Standards for Licensed Child Day Centers

b. Family child care. Describe and provide the citation:

- i. Identify the providers subject to licensing:

A child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. The provider of a licensed or registered family day home shall disclose to the parents or guardians of children in their care the percentage of time per week that persons other than the provider will care for the children. Family day homes serving 5 through 12 children, exclusive of the provider's own children and any children who reside in the home, shall be licensed; however, no family day home shall care for more than four children under the age of two, including the provider's own children and any children who reside in the home, unless the family day home is licensed or voluntarily registered. A family day home where the children in care are all related to the provider by blood or marriage shall not be required to be licensed.

If all children in care reside in the home, the setting does not constitute a family day home.

- ii. Describe the licensing requirements:

Licensing requirements include provisions to protect the health, safety and well-being of children. Requirements include administration and operations, qualifications and training, environment and equipment, emergency provisions, programming and activities, medication administration, nutrition and food services and transportation.

iii. Provide the citation:

8VAC20-800: Standards for Licensed Family Day Homes

[] c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

5.1.2 CCDF Eligible Providers Exempt from Licensing Requirement

Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption: **Child Day centers are required to be licensed unless the program meets a licensure exemption in §22.1-289.030 of the Code of Virginia. Child day centers operated under the auspices of religious institutions pursuant to § 22.1-289.031 of the Code of Virginia. The religious institution may also be exempt from licensure under § 22.1-289.031 must provide evidence of tax exempt status as a nonprofit religious institution. The exemption does not include any length of day, threshold or age range factors. Additional license-exempt center-based child care programs eligible for CCDF are those that are legally operating and meet an exemption in the Virginia Code. Programs include certified preschools, instructional programs at private and public schools, early intervention programs, and local government approved programs. Note that these exempt programs are required to meet CCDBG health and safety requirements in order to participate in the CCSP.**

ii. Provide the citation to this policy:

Code of Virginia §§22.1-289.030 and 22.1-289.031

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Many of the exemptions are for programs that fall under public education regulations or another State agency or local government regulation, such as the Department of Education,

Department of Behavioral Health and Developmental Services, and local government safety standards. Any unlicensed and unregulated child care program that receives CCDF funds must follow all subsidy vendor agreement requirements, which incorporate health and safety standards. Many of the licensure exemptions in §22.1-289.030 are for programs with a limited duration, programs serving school-age children, or programs which have requirements that parents are present on site or close by.

Child day centers that qualify for a religious exemption from licensure must follow health and safety requirements in the Code of Virginia §22.1-289.031. Physical facilities of the child day center must be in compliance with laws and regulations with regard to food service, health and sanitation, water, building and fire prevention codes. Supervisory personnel must follow staff to child ratios, background check and reporting requirements outlined in the Code. Procedures are required for: handwashing, appropriate supervision, daily health screening, ensuring a person certified in first aid and CPR is present, ensuring immunizations are completed, and that staff are able to recognize signs of abuse and neglect. While the Code of Virginia exempts child day centers operated under the auspices of religious institutions from licensing pursuant to § 22.1-289.030, and requires them to comply with just the above items, if these providers choose to participate in the Child Care Subsidy Program they must comply with all Subsidy requirements including inspections.

b. License-exempt family child care. Describe and provide the citation by answering the questions below.

- i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Family day homes are required to be licensed when caring for more than four children, not including the provider's children or children who reside in the home. Family day homes that are exempt from licensure include family day homes where the number of children in care is four or less, excluding those related to or living in the caregiver's home and family day homes that are members of a family day system referenced in §22.1-289.030.F of the Code of Virginia.

- ii. Provide the citation to this policy:

Code of Virginia §§22.1-289.02 and 22.1-289.030

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Unlicensed family day homes that participate in subsidy are required to meet health and safety requirements identified in the subsidy vendor agreement and in 8VAC790-140.

Family day homes approved by a licensed family day system must follow health and safety

standards described in Code and are monitored for compliance by the system.

Family day homes exempt from licensure in certain Northern VA localities (Alexandria, Arlington, and Fairfax) are subject to basic health and safety requirements and monitoring under local ordinances in those communities.

Virginia also runs a voluntary registration program for unlicensed family day homes. Voluntarily registered family day homes meet additional health and safety requirements and in turn have access to additional resources and support.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

- i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

In-home child care providers meet the definition of family day home under Virginia law. The same licensing requirements and exemptions apply.

- ii. Provide the citation to this policy:

The definition of a family day home is available in code section 22.1-289.02 and in the Child Care Subsidy Program regulation in 8VAC790-140.

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Unlicensed family day homes that participate in subsidy are required to meet health and safety requirements identified in the subsidy vendor agreement and in 8VAC790-140.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Age classifications definitions

Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

- a. Infant. Describe:

Birth to 16 months

- b. Toddler. Describe:

16 months to two years

c. Preschool. Describe:

two years old and three years old to the age of eligibility to attend public school.

d. School-Age. Describe:

Eligible to attend public school, age five or older by September 30 of that same year. For licensed centers, there are two school age categories: school age eligible to eight years and nine years to 12 years.

5.2.2 Ratio and group size for settings and age groups

To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a. Licensed CCDF center-based care:

i. Infant

A. Ratio:

4:1

B. Group size:

12

There is no maximum group size during meals or snacks, the designated rest period, evening and overnight sleep time, outdoor play, field trips, special group activities, or during the first and last hour of operation when the provider operates more than six hours per day.

ii. Toddler

A. Ratio:

5:1

B. Group size:

15

There is no maximum group size during meals or snacks, the designated rest period, evening and overnight sleep time, outdoor play, field trips, special group activities, or during the first and last hour of operation when the provider operates more than six hours per day.

iii. Preschool

A. Ratio:

Two years old: 8:1

Three years old to the age of eligibility to attend public school: 10:1

B. Group size:

Two year olds: 24

Three year olds to the age of eligibility to attend public school: 30

There is no maximum group size during meals or snacks, the designated rest period, evening and overnight sleep time, outdoor play, field trips, special group activities, or during the first and last hour of operation when the provider operates more than six hours per day.

iv. School-Age

A. Ratio:

School age eligible to eight years: 18:1

Nine years to 12 years: 20:1

B. Group size:

Group size requirements do not apply to children school age eligible through 12 years of age.

v. Mixed-Age Groups (if applicable)

A. Ratio:

When a group of children receiving care includes children from different age brackets, the age of the youngest child in the group shall be used to determine the staff-to-children ratio that applies to that group.

B. Group size:

When children are in ongoing mixed age groups, the group size applicable to the youngest child in the group shall apply to the entire group.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Facilities operated by or under the auspices of a religious institution and exempt from licensure must adhere to the following ratios (note ratios are generally the same for children birth through school entry but differ for school-age children). When a group of children receiving care includes children from different age brackets, the age of the youngest child in the group shall be used to determine the staff-to-children ratio that applies to that group.

Infants to 16 months: 4:1;

Ages 16 months- 24 months: 5:1;

Ages 24 months to 36 months: 8:1;

Ages 36 months to 5 years: 10:1;

Ages 5 through 9: 20:1;

Ages 9 through 12: 25:1.

With the exception of when meals or snacks are served, the designated rest period, evening and overnight sleep time, outdoor play, field trips, special group activities, or during the first and last hour of operation when the provider operates more than six hours per day; facilities operated by, or under the auspices, of a religious institution and are exempt from licensure shall ensure the following group size requirements are maintained at all times:

Birth to two years: 12

Two years to six years: 30

Six years up to 12 years of age: group size requirements do not apply.

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

The ratio is based on the following point system assigned according to the age of children (including caregiver's own children under 8 years old). No caregiver can exceed 16 points.

0-15 months = 4 points each;

16-23 months = 3 points each;

2-4 years = 2 points each;

5-9 years = 1 point each;

10 years and older = 0 points

B. Group size:

The maximum group size is 12, or the licensed capacity.

ii. Infant (if applicable)

A. Ratio:

The ratio is based on the following point system assigned according to the age of children (including caregiver's own children under 8 years old). No caregiver can exceed 16 points: 0-15 months = 4 points each

B. Group size:

The maximum group size is 12, or the licensed capacity.

iii. Toddler (if applicable)

A. Ratio:

The ratio is based on the following point system assigned according to the age of children (including caregiver's own children under 8 years old). No caregiver can exceed 16 points: 16-23 months = 3 points each

B. Group size:

The maximum group size is 12, or the licensed capacity.

iv. Preschool (if applicable)

A. Ratio:

The ratio is based on the following point system assigned according to the age of children (including caregiver's own children under 8 years old). No caregiver can exceed 16 points: 16-23 months = 3 points each

B. Group size:

The maximum group size is 12, or the licensed capacity.

v. School-Age (if applicable)

A. Ratio:

The ratio is based on the following point system assigned according to the age of children (including caregiver's own children under 8 years old). No caregiver can exceed 16 points. 5-9 years = 1 point each; 10 years and older = 0 points.

B. Group size:

The maximum group size is 12, or the licensed capacity.

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

NA

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

i. Mixed-Age Groups (if applicable)

A. Ratio:

NA

B. Group size:

NA

ii. Infant (if applicable)

A. Ratio:

NA

B. Group size:

NA

iii. Toddler (if applicable)

A. Ratio:

NA

B. Group size:

NA

iv. Preschool (if applicable)

A. Ratio:

NA

B. Group size:

NA

v. School-Age (if applicable)

A. Ratio:

NA

B. Group size:

NA

vi. Describe the ratio and group size requirements for license-exempt in-home care.

License-exempt in-home care in Virginia refers to settings in which all children in care reside in the home. Relative in-home caregivers are not subject to ratio requirements.

Non-relative in-home caregivers must meet ratio requirements in the subsidy vendor requirements for family day homes:

An additional caregiver will be needed to supervise the number of children at a given time when, using the following point system, 16 points is exceeded:

- 1. Children from birth through 15 months of age count as four points each;**
- 2. Children from 16 months through 23 months of age count as three points each;**
- 3. Children from two years through four years of age count as two points each;**
- 4. Children from five years through nine years of age count as one point each; and**
- 5. Children who are 10 years of age and older count as zero points.**

5.2.3 Teacher/caregiver qualifications

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

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Program director qualifications are described in (<https://law.lis.virginia.gov/admincode/title8/agency20/chapter780/section190/>) 8VAC20-780-190. Program directors must have one of the following:

A graduate degree in a child-related field such as, elementary education, nursing, or recreation from a college or university and six months of programmatic experience;

An endorsement or bachelor's degree in a child-related field such as, elementary education, nursing, or recreation from a college or university and one year of programmatic experience;

Forty-eight semester hours or 72 quarter hours of college credit from a college or university of which 12 semester hours or 18 quarter hours are in child-related subjects and one year of programmatic experience;

Two years of programmatic experience with one year in a staff supervisory capacity

and at least one of the following education backgrounds:

-One-year early childhood certificate from a college or university that consists of at least 30 semester hours

-A child development credential that requires:

<div style="margin-left: 40px;) 1. High school program completion or the equivalent;

2. 480 hours working with children in a group which could include a supervised practicum;

3. Determination of competency in promoting children's development, providing a safe and healthy environment, managing the classroom environment or childhood program, and promoting positive and productive relationships with parents or guardians; and

<div style="margin-left: 40px;) 4. At least 120 hours of child-related training taught by an individual or by an organization with expertise in early childhood teacher preparation provided that training facilitator:

<div style="margin-left: 80px;) a. Documents the student's mastery and competence;

b. Observes the student's application of competence in a classroom setting;

c. Has a combination of at least six years of education (leading to a degree or credential in a child-related field) or programmatic experience; and

d. Has at least 12 semesters hours or 180 hours in a child-related field, a child development credential or equivalent, and two years of programmatic experience with one year in a staff supervisory capacity;

e. A certification of qualification from an internationally or nationally recognized Montessori organization

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

Program director qualifications are described in 8VAC20-780-210. Program directors must have one of the following:

A graduate degree in a child-related field such as, but not limited to, elementary education, nursing, or recreation from a college or university and six months of programmatic experience;

An endorsement or bachelor's degree in a child-related field such as, but not limited to, elementary education, nursing, or recreation from a college or university and one

year of programmatic experience;

Forty-eight semester hours or 72 quarter hours of college credit from a college or university of which 12 semester hours or 18 quarter hours are in child-related subjects and one year of programmatic experience;

Two years of programmatic experience with one year in a staff supervisory capacity and at least one of the following education backgrounds:

Early childhood certificate from a college or university that consists of at least 30 semester hours;

A child development credential; or

Certification of qualification from an internationally or nationally recognized Montessori organization.

Licensed centers do not have program director qualifications based on the age of children in each setting.

- iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

There are no director qualifications for license exempt centers.

- iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

For all age ranges, Program Director qualifications are found at 8VAC20-780-190:

<https://law.lis.virginia.gov/admincode/title8/agency20/chapter780/section190/>

b. Licensed Family Child Care

- i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Provider qualifications are described in 8VAC20-800-140.

Licensed family day home providers must:

Be 18 years of age or older;

Be of good character and reputation; be physically and mentally capable of carrying out assigned responsibilities;

Be courteous, respectful, patient, and affectionate toward the children in care;

Be able to speak, read, and write in English as necessary carry out assigned job responsibilities, and communicate effectively with emergency responders; and

Meet all background check requirements.

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

N/A

- iii. If applicable, provide the website link detailing the family child care home provider qualifications:

8VAC20-800-130 and 8VAC20-800-140:

<https://law.lis.virginia.gov/admincode/title8/agency20/chapter800/>

- c. Regulated or registered In-home Care (care in the child's own home by a non-relative)
 - i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:
N/A.
 - ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

In-home caregivers must meet the provider qualifications in the subsidy vendor requirements for family day homes:

The vendor and any caregivers who are left alone with children shall be capable of communicating effectively both orally and in writing as applicable to the job responsibility and be capable of communicating with emergency personnel.

Caregivers must be at least 16 years of age; however no caregiver less than the age of 18 years may administer medication. Caregivers less than the age of 18 years shall be under supervision of an adult caregiver who is present in the home.

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety **standards** for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds

regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 – 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases

Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Documentation that each child has received the immunizations required by the State Board of Health before the child can attend the center is required. A child may be conditionally enrolled for a period of 90 days contingent upon the child having received at least one dose of each of the required vaccines and the child possessing a plan, from a physician or local health department, for completing his/her immunizations requirements within the ensuing 90 calendar days. There is an exception to extend the conditional period to 180 days only if the child requires more than two doses of the hepatitis B vaccine. A child experiencing homelessness who does not have documentation of the required immunizations is allowed a grace period of no more than 90 days to allow the parent or guardian time to obtain documentation of the required immunizations. Documentation of additional immunizations once every six months for children under the age of two years is required.

Handwashing procedures for caregivers and children include washing with soap and running water or disposable wipes before and after serving or eating meals or snacks, and after toileting or any contact with blood, feces or urine. Parents must be notified within 24 hours when children have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, or immediately for life threatening diseases.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC (Child Day Center) Subsidy Vendor Agreement

FDH (Family Day Home) Subsidy Vendor Agreement

Subsidy Regulations: Family Day Homes: 8VAC20-790-230 (Immunizations); 8VAC20-790-380 (Infectious Disease) Child Day Centers: 8VAC20-790-580 (Immunizations); 8VAC20-790-750 (Infectious Disease)

Licensing Regulations: Standards for Licensed Family Day Homes 8VAC20-800; Standards for Licensed Child Day Centers 8VAC20-780

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations: Family Day Homes: 8VAC20-790-230 (Immunizations); 8VAC20-790-380 (Infectious Disease) Child Day Centers: 8VAC20-790-580 (Immunizations); 8VAC20-790-750 (Infectious Disease)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training may be found under 'Child Care Provider Resources' at <https://www.doe.virginia.gov/cc/providers/index.html?pageID=5> . VDSS's subsidy vendor relations team maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, providers are notified. The Lead Agency's licensing team provides information and training opportunities regarding the new requirements.

5.3.2 Prevention of sudden infant death syndrome

Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Family day home caregivers monitor sleeping infants by placing each infant to sleep in a location where the infant is within sight and hearing of a caregiver, by in-person observation of each sleeping infant at least once every 15 minutes or by using a baby monitor.

Sight and sound supervision is required for children enrolled in center-based programs. Implementation of safe sleep practices for infants in center-based programs includes allowing infants to sleep when needed, placing infants in a supine position when in a crib, allowing an infant who is able to easily turn over in the crib to adopt whatever position she/he prefers, and caregivers are required to individually check on resting infants every 15-20 minutes.

It is required that cribs be provided for children from birth through 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or bed during rest periods. Furnishings, equipment and materials for homes are required to meet current safety standards as set forth by the Consumer Product Safety Commission, Juvenile Products Manufacturer's Association or the American Society for Testing and Materials, as applicable. All staff must complete the Virginia Preservice Training for Child Care Staff within 90 days of employment or subsidy vendor approval. Orientation for staff at the program also includes facility-specific training regarding the prevention of Sudden Infant Death Syndrome and the use of safe sleeping practices.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed programs may not use portable cribs or play yards for sleeping. The furnishings and safe sleep requirements only apply to infants.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-250 A-3 (Caregiver Training); 8VAC20-790-300 A(2) (Supervision); 8VAC20-790-320 C-D (Daily Activities); 8VAC20-790-360 E-O (Furnishings)

Child Day Centers: 28VAC20-790-600 A-3 and B-3 (Staff Training); 8VAC20-790-690 D.1-3 (Daily Activities); 8VAC20-790-730 E-N (Furnishings)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement - FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-250 A-3 (Caregiver Training and Development); 8VAC20-790-300 A(2) (Supervision and Ratio Requirements); 8VAC20-790-320 C-D (Daily Activities); 8VAC20-790-360 E-O (Furnishings, Equipment, and Materials)

Child Day Centers: 8VAC20-790-600 A-3 and B-3 (Staff Training and Development); 8VAC20-790-690 D.1-3 (Daily Activities); 8VAC20-790-730 E-N (Furnishings, Equipment, and Materials)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training may be found under 'Training and Professional Development' at <https://www.doe.virginia.gov/cc/providers/index.html?pageID=5>. The lead agency maintains a distribution list for providers and sends training opportunities accordingly. Each time regulations are changed, providers are notified and licensing offices provide information and training opportunities regarding the new requirements.

5.3.3 Administration of medication

Administration of medication, consistent with standards for parental consent.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Medication administration for prescription and over the counter medications is performed according to the written policies of the child care provider. A staff member or independent contractor is required to have satisfactorily completed a training program for this purpose before administering medications or to be licensed by the Commonwealth of Virginia to administer medications. Medication Administration Training (MAT) is approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist. The parent must provide written authorization. Prescription medication must be in the original container with the child's name and the manufacturer's label must be attached. Documentation of administration must be completed and maintained according to MAT guidelines.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

NA

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

<div style="margin-left:40px) Family Day Homes: 8VAC20-790-250 A-4 and B-4 (Caregiver Training and Development) 8VAC20-790-400 (General Requirements for

Medication Administration)

Child Day Centers: 8VAC20-790-600 G (Staff Training and Development); 8VAC20-790-770 (General Requirements for Medication Administration).

Licensing Regulations:

Standards for Licensed Family Day Homes 8VAC20-800

Standards for Licensed Child Day Centers 8VAC20-780

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-250 A-4 and B-4 (Caregiver Training and Development); 8VAC20-790-400 (General Requirements for Medication Administration)

Child Day Centers: 8VAC20-790-600 G (Staff Training and Development); 8VAC20-790-770 (General Requirements for Medication Administration)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards

above.

Provider training may be found at <https://www.doe.virginia.gov/cc/providers/index.html?pageID=5>. VDSS's subsidy vendor relations team maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, providers are notified. The child care licensing team at the Lead Agency provide information and training opportunities regarding the new requirements.

5.3.4 Prevention and response to food and allergic reactions.

Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A list of allergies, sensitivities and dietary restrictions is posted in a manner that is easily accessible. Children's records must include information on allergies, including food allergies; intolerances to food, medication or other substances; and actions to be taken in an emergency situation. Also required is a written allergy care plan for each child with a diagnosed food allergy, with instructions from a physician regarding the food allergy and steps to be taken in the event of a suspected or confirmed allergic reaction.

All staff working with children that have food allergies receives program-specific training in preventing exposure to food(s) to which the child is allergic, preventing cross-contaminations, and recognizing and responding to any allergic reactions, in addition to Virginia Preservice Training for child care staff.

Child care centers and family day programs must notify parents immediately of any confirmed or suspected allergic reactions, and ingestion or contact with prohibited food, even if a reaction did not occur. When food is prepared that a child in care is allergic to, staff shall take steps to avoid cross contamination in order to prevent an allergic reaction.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

<div style="margin-left:40px) Family Day Homes: 8VAC20-790-190 B(6) and B(12) (Children's Records); 8VAC20-790-250 A(6) and B(6) (Caregiver Training and Development); 8VAC20-790-350 A, C, and D (Parental Involvement and Notifications); 8VAC20-790-440 G and H (Nutrition and Food Services)

Child Day Centers: 8VAC20-790-540 B(5), B(11) (Children's Records); 8VAC20-790-600 A(6) and B(6) (Staff Training and Development); 8VAC20-790-720 A, C, and D (Parental Involvement and Notifications); 8VAC20-790-810 E and F (Nutrition and Food Services)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

<div style="margin-left: 40px;) Family Day Homes: 8VAC20-790-190 B(6) and B(12) (Children's Records); 8VAC20-790-250 A(6) and B(6) (Caregiver Training); 8VAC20-790-350 A, C, and D (Parental Involvement and Notifications); 8VAC20-790-440 G and H (Nutrition and Food Services)

<div style="margin-left: 40px;) Child Day Centers: 8VAC20-790-540 B(5), B(11) (Children's Records); 8VAC20-790-600 A(6) and B(6) (Staff Training and Development); 8VAC20-790-720 A, C, and D (Parental Involvement and Notifications); 8VAC20-790-810 E and F (Nutrition and Food Services)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training may be found at

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=5> . VDSS's subsidy vendor relations team maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, providers are notified and the Lead Agency's child care licensing team provides information and training opportunities regarding the new requirements.

5.3.5 Building and physical premises safety

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

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Physical plant safety requirements are located in the subsidy vendor agreements; licensed programs may have other standards in addition to subsidy vendor agreement requirements.

For centers:

Prior to approval of a center vendor agreement, written documentation is required indicating that the building meets fire and building codes or has an approved plan of correction, and has annual fire inspections.

Approval from the local health department, or an approved plan of correction for meeting requirements for water, sewage disposal, and food service, if applicable, and subsequent annual inspections.

Areas, inside and outside, are maintained in a clean, safe, and operable condition.

Heating and cooling requirements are acceptable.

Electrical outlets are covered.

All areas of the premises that are accessible to children are free of obvious injury hazards, including cushioning materials under playground equipment.

Swimming pools are kept locked. Water temperature does not exceed 120 degrees Fahrenheit.

There is an operable, non-pay telephone.

When entering and leaving vehicles, children must enter and leave the vehicle from the curb side of the vehicle or in a protected parking area or driveway. Children must cross streets at corners or other designated safe crossing point if no corner or crosswalk is available.

For Family Day Homes:

Family day home providers must maintain safe, clean and operable conditions inside and outside of the home, to include no poisonous plants or tripping hazards.

- Sharp kitchen utensils and other sharp objects are inaccessible to children unless being used by a caregiver or with children under supervision.

- Heating devices have barriers or screens and are located at least three feet from combustibile materials. Unvented fuel burning heaters are not used when children are in care, and wood-burning stoves, fireplaces and associated chimneys, if used, shall be inspected annually to verify proper installation and maintenance.
- Flammable and combustibile materials are stored in areas inaccessible to children.
- Protective barriers or guardrails are used for stairs with three or more risers, decks, porches, lofts, or balconies that are accessible by children; windows and doors used for ventilation are screened.
- Machinery in operation is inaccessible to children in care.
- A barrier shall surround outdoor play areas located within 30 feet of hazards such as lakes, ponds, streets with speed limits in excess of 25 mph or heavy traffic, or railroad tracks.
- Stationary outdoor play equipment may not be installed over hard surfaces.
- Access to pools is restricted and a barrier is required for pools, ponds or fountains, not

enclosed by fences, if located within 30 feet of outdoor play areas. Hot tubs, spas, and

whirlpools must be covered with safety covers while children are in care.

- Children must board and leave vehicles from the curb side of the street.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. Centers housed in a building currently approved for school occupancy and housing a public or private school during the school year meet the requirements regarding building and fire codes when housing a center serving only school age or older children. Children are allowed to use outdoor play equipment and areas approved for use by the school during school hours. School buildings are subject to Virginia Uniform Statewide Building Code (available at <https://dhcd.virginia.gov/building-and-fire-regulations-archives>) and Guidelines for School Facilities (available at https://www.doe.virginia.gov/support/facility_construction/school_construction/regs_guidelines/guidelines.pdf) which together set basic health and safety standards for school buildings, facilities, and grounds, including protecting children and staff from hazards and vehicular traffic.

Family day homes do not have to have building, fire or inspections by the health department, but have additional requirements regarding pools, spas, use of machinery, etc. Electrical outlet covers are not required except in areas used by children of preschool age or younger.

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement - FDH Subsidy Vendor Agreement

Subsidy Regulations:

<div style="margin-left:40px) Family Day Homes: 8VAC20-790-260 (Building or Home Maintenance)

Child Day Centers: 8VAC20-790-630 (Building or Home Maintenance)

Licensing Regulations:

<div style="margin-left:40px) Standards for Licensed Family Day Homes 8VAC20-800

Standards for Licensed Child Day Centers 8VAC20-780

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-260 (Building/Home Maintenance)

Child Day Centers: 8VAC20-790-630 (Building/Home Maintenance)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training may be found at

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=5>. VDSS's subsidy vendor

relations team maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, the Lead Agency's child care licensing team providers are notified and provide information and training opportunities regarding the new requirements.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

i.

"Shaken Baby Syndrome" or "Abusive Head Trauma" is a traumatic injury that has been inflicted upon the brain of an infant or young child. The injury can occur during violent shaking causing the child's head to whip back and forth, the brain to move about, and blood vessels in the skull to stretch and tear.

Subsidy vendors and child care staff are required to complete the Virginia Preservice Training for child care staff, which includes training on the prevention of Shaken Baby Syndrome and Abusive Head Trauma.

Staff of centers and caregivers in family day homes receive facility-specific training regarding prevention of Shaken Baby Syndrome and Abusive Head Trauma, including coping with crying babies and fussy or distraught children. Physical punishments, or threats thereof, are forbidden. Physical punishment of a child includes striking a child, roughly handling a child, or shaking a child.

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-250 A (5) and B (5) (Caregiver Training and Development); 8VAC20-790-340 (Forbidden Actions)

Child Day Centers: 8VAC20-790-600 A (5) and B (5) (Staff Training and Development);

8VAC20-790-710 (Forbidden Actions)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

8VAC20-790-250 (family day homes) and 8VAC20-790-660 (centers)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

NA

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training may be found at <https://www.doe.virginia.gov/cc/providers/index.html?pageID=5>. VDSS's subsidy vendor relations team maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, providers are notified and VDSS's subsidy vendor relations team information and training opportunities regarding the new requirements.

5.3.7 Emergency Preparedness and Response Planning

Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in- place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Signed vendor agreements require facilities serving children receiving CCDF funds to have emergency supplies and written emergency preparedness plans that address staff responsibilities and facility readiness for emergency evacuations, relocation, lockdown, and shelter-in-place scenarios. Plans include staff training requirements, frequency of drills, and posting of plans, maps, or emergency numbers. At a minimum, evacuation drills must be practiced monthly, shelter-in-place procedures practiced twice a year, and lockdown procedures practiced annually. Plans include methods of communication with parents and procedures to reunite children with parents or an authorized person, continuity of operations, and any accommodations or special requirements for infants, toddlers, or children with special needs.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
None
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

<div style="margin-left:40px) Family Day Homes: 8VAC20-790-250 A (2) and B (2) (Caregiver Training and Development); 8VAC20-790-420 (Procedures for Emergencies); 8VAC20-790-430 (Emergency Response Drills)

<div style="margin-left:40px) Child Day Centers: 8VAC20-790-600 A (2) and B (2) (Staff Training and Development); 8VAC20-790-790 (Procedures for Emergencies); 8VAC20-790-800 (Emergency Response Drills)

Licensing Regulations:

Standards for Licensed Family Day Homes 8VAC20-800-800

Standards for Licensed Child Day Centers 8VAC20-780-550

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-250 A (2) and B (2) (Caregiver Training and Development); 8VAC20-790-420 (Procedures for Emergencies); 8VAC20-790-430 (Emergency Response Drills)

Child Day Centers: 8VAC20-790-600 A (2) and B (2) (Staff Training and Development); 8VAC20-790-790 (Procedures for Emergencies); 8VAC20-790-800 (Emergency Response Drills)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training may be found at <https://www.doe.virginia.gov/cc/providers/index.html?pageID=5>. VDSS's subsidy maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, providers are notified and the Lead Agency's child care licensing team provides information and training opportunities regarding the new requirements.

5.3.8 Handling and Storage of Hazardous Materials

Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Storage

- i. Provide a brief description of the standard(s). This description should identify the _____ practices which must be implemented by child care programs. _____

Center-based programs must keep hazardous substances such as cleaning materials, insecticides, and pesticides in a locked place. The only exception is cleaning supplies used to clean and sanitize the diapering area or toilet chairs. These do not need to be kept locked during the diapering or toilet training time as long as those products are inaccessible to children.

Family Day home requirements differ slightly in that hazardous substances include potentially poisonous substances, cleaning agents, disinfectants, deodorizers, plant care chemicals, pesticides, and petroleum distillates. These shall be stored away from food in areas inaccessible to children. Pesticides and insecticides shall not be stored in areas used by children or in areas used for food preparation or storage. Cleaning and sanitizing materials shall not be located above food, food equipment or single-service articles and shall be stored separate from food. Substitute containers shall clearly indicate the contents.

Biocontaminant disposal deals with safely disposing of diapering items. Soiled disposable diapers and wipes shall be disposed of in a leak-proof or plastic-lined storage system that is either foot operated or used in such a way that neither the caregiver's hand nor the soiled diaper or wipe touches the exterior surface of the storage system during disposal. When cloth diapers are used, a separate leak-proof storage system shall be used.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. **Storage requirements are slightly different between homes and centers. Licensed programs are required to keep hazardous items locked.**
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

<div style="margin-left: 40px;) Family Day Homes: 8VAC20-790-270 (Hazardous Substances and Other Harmful Agents), -380 (Preventing the spread of disease), and -390 (Hand washing and toileting procedures)

<div style="margin-left: 40px;) Child Day Centers: 8VAC20-790, -640 (Hazardous Substances and Other Harmful Agents), -750 (Preventing the spread of disease), and -760 (Hand washing and toileting procedures)

Licensing Regulations:

Standards for Licensed Family Day Homes 8VAC20-800-280 (Hazard substances and other harmful agents) and -500 (Hand washing and toileting procedures)

Standards for Licensed Child Day Centers 8VAC20-780-280 (Poisonous materials), -300 (Body fluids contamination), and -690 (Diapering and toileting)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirement(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-270 (Hazardous Substances and Other Harmful Agents)

Child Day Centers: 8VAC20-790-640 (Hazardous Substances and Other Harmful Agents)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training may be found at

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=5> . The Lead Agency's child care licensing team maintains a distribution list for providers and sends training

opportunities accordingly. Each time that regulations are changed, providers are notified and the Lead Agency’s child care licensing team provides information and training opportunities regarding the new requirements.

5.3.9 Precautions in transporting children

Precautions in transporting children (if applicable).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Programs providing care to children receiving CCDF funds that provide transportation are responsible from the time the child boards a vehicle until returned to a parent or designee. Requirements for drivers and vehicles include: Safety belts and child restraints as required by the Code of Virginia sections 46.2-1095 through 46.2-1000 must be followed. Children shall remain seated with arms, legs and head remaining in the vehicle and at least one staff member or driver remains in the vehicle when children are present. Staff shall have a list of the children being transported and any allergy care plans, if necessary. In addition, the subsidy vendor agreement has requirements for entering and exiting the vehicle and staff responsibility to ensure all children are removed from the vehicle at the conclusion of any trip.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
None
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-460 (Transportation and Field Trips)

Child Day Centers: 8VAC20-790-830 (Transportation and Field Trips)

Licensing Regulations:

Standards for Licensed Family Day Homes 8VAC20-800, Part XIII. Transportation (Sections 980-1010)

Standards for Licensed Child Day Centers 8VAC20-780-580 (transportation and field trips) and -590 (transportation for nonambulatory children)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for the training requirements, including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-460 (Transportation and Field Trips)

Child Day Centers: 8VAC20-790-830 (Transportation and Field Trips)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training may be found at

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=5>. VDSS's subsidy vendor relations team maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, providers are notified and the Lead Agency's child care licensing team provides information and

training opportunities regarding the new requirements.

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standards

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All staff who work directly with children shall have within 90 days of employment or 90 days from subsidy vendor approval:

Current certification in cardiopulmonary resuscitation (CPR) appropriate to the ages of children in care. The training shall include an in-person competency demonstration; and

Current certification in first aid appropriate to the ages of children in care. However, a caregiver who is a registered nurse or licensed practical nurse with a current license from the Board of Nursing shall not be required to obtain first aid certification.

During the 90-day period, there must always be at least one caregiver with current cardiopulmonary and first aid training present during operating hours of the family day home or center.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

None

- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-250 D and E (Caregiver Training and Development)

Child Day Centers: 8VAC20-790-600 D and E (Staff Training and Development)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-250 D and E (Caregiver Training and Development)

Child Day Centers: 8VAC20-790-600 D and E (Staff Training and Development)

Note child care subsidy vendors are also required to maintain current records of first aid and CPR certification pursuant to 8VAC20-790-200 and 8VAC20-790-550.

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training can be found at

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=5>. The VDSS's subsidy vendor relations team maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, providers are notified and the Lead Agency's child care licensing team provides information and training opportunities regarding the new requirements

5.3.11 Recognition and reporting of child abuse and neglect

Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

- i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Virginia Preservice Training provides specific orientation on recognizing child abuse and neglect, and knowledge of reporting responsibilities is required. Per Pennsylvania State University's Better Kid Care training information, signs of child maltreatment may include:

Burns or bruises received in questionable ways; Behavior changes such as appearing scared, anxious, depressed, withdrawn, or aggressive; and/or return to behaviors often seen in younger children, such as bed-wetting, thumb-sucking, fear of the dark, or fear of strangers.

In Virginia, child care professionals are "mandated reporters," required by law to report suspected or witnessed child abuse and neglect. Any suspected incident of child abuse or neglect shall be reported in accordance with section 63.2-1509 of the Code of Virginia.

Child care professionals who work in licensed programs in Virginia must complete mandated reporter training on child maltreatment, available through the DSS website at

**(<https://www.dss.virginia.gov/abuse/mr.cgi>)
<https://www.dss.virginia.gov/abuse/mr.cgi>**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
None
- iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Code of Virginia Section 63.2-1509

CDC Subsidy Vendor Agreement - FDH Subsidy Vendor Agreement

Subsidy Regulations:

<div style="margin-left: 40px;) Family Day Homes: 8VAC20-790-220 C (Reports); 8VAC20-790-250 A (7) and B (7) (Caregiver Training and Development)

Child Day Centers: 8VAC20-790-570 3 (Reports); 8VAC20-790-600 A (7) and B (7) (Staff Training and Development)

Licensing Regulations:

<div style="margin-left: 40px;) Standards for Licensed Family Day Homes 8VAC20-800-70 (written information for parents); -860 (reports of suspected child abuse or neglect and disease outbreaks)

Standards for Licensed Child Day Centers 8VAC20-780-80 (attendance records, reports); -420 (parental involvement)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement(s), including citations for both licensed and license-exempt providers.

CDC Subsidy Vendor Agreement - FDH Subsidy Vendor Agreement

Subsidy Regulations: Family Day Homes: 8VAC20-790-220 C (Reports); 8VAC20-790-250 A (7) and B (7) (Caregiver Training and Development) Child Day Centers: 8VAC20-790-570 3 (Reports); 8VAC20-790-600 A (7) and B (7) (Staff Training and Development)

- ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Provider training may be found at

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=5>. VDSS’s subsidy vendor relations team maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, providers are notified and the Lead Agency’s child care licensing team provides information and training opportunities regarding the new requirements

5.3.12 Child development

Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

- i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers.

Pennsylvania State University / Better Kid Care partners with VDOE to offer two training opportunities for Child Care Subsidy Vendors and their designees. These training opportunities are part of the Child Care Subsidy Vendor requirements. The Virginia Preservice Training for Child Care Staff is a free 10-hour online training. This training introduces child care staff to important health and safety information, and also covers the Foundations of Child Development (including cognitive, physical, and social-emotional development) and Approaches to Learning. The Virginia Annual Health and Safety Update Training for Child Care Staff is a free 3-hour online training. New Subsidy Vendors are required to take the Virginia Preservice Training within 90 days of approval, and then take the Virginia Annual Health and Safety Update Training within the following year. The Virginia Annual Health and Safety Update Training covers health and safety subject matter, which includes, Healthy Eating, Physical Activity Promotion, and Adverse Childhood Experiences and Trauma Awareness (Social Emotional).

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-250 A (11) and B (11) (Caregiver Training and

Development)

Child Day Centers: 8VAC20-790-600 A (11) and B (11) (Staff Training and Development)

- ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

None

- iii. To demonstrate compliance, certify by checking below when the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

- v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Provider training may be found at

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=5>. VDSS's subsidy vendor relations team maintains a distribution list for providers and sends training opportunities accordingly. Each time that regulations are changed, providers are notified and the Lead Agency's child care licensing team provides information and training opportunities regarding the new requirements.

5.3.13 Ongoing training annual requirements

Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

- a. Licensed child care centers:

16 hours

- b. License-exempt child care centers:

16 hours

- c. Licensed family child care homes:

10 hours.

d. License-exempt family child care homes:

10 hours.

e. Regulated or registered In-home child care:

10 hours.

f. Non-regulated or registered in-home child care:

NA

5.3.14 Optional standards compliance

In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Drinking water shall be accessible to all children.

Family day homes and centers offering both meals and snacks shall serve a variety of nutritious foods and sufficient portions.

When food is brought from home to the family day home or center, a subsidy vendor shall have extra food or provisions to obtain food to serve to children so they can have an appropriate snack or meal if they forget to bring food from home, bring an inadequate meal or snack, or bring perishable food. Unused portions of opened food shall be discarded by the end of the day or returned to the parent.

Caregivers who prepare and serve food to children, or supervise meals, shall be aware of the food

allergies, sensitivities, and dietary restrictions for each child.

Caregivers shall not serve prohibited food to a child.

Children three years of age or younger may not be offered foods that are considered to be potential choking hazards.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-440 (Nutrition and Food Services)

Child Day Centers: 8VAC20-790-810 (Nutrition and Food Services)

Licensing Regulations:

<div style="margin-left: 40px;) Standards for Licensed Family Day Homes 8VAC20-800

Standards for Licensed Child Day Centers 8VAC20-780

[x] b. Access to physical activity:

<div style="margin-left: 80px;)

Family day homes are required to provide each child with: adequate space to allow free movement indoors and out; and daily, age-appropriate activities, including opportunities for vigorous outdoor play, depending upon the weather and the health of the children.

Child day centers require opportunities for active activities be provided: Outdoor time, weather permitting, is required for infants. Play spaces must provide equipment and toys that support large motor development and staff are required to provide frequent opportunities for infants to creep, crawl, toddle, and walk. Toddler and preschool-age children must be provided opportunities for outdoor activity each day as the weather and air quality allows. Children must be provided with: fifteen minutes per day or session if the center operates up to three hours; thirty minutes per day or session if the center

operates between three and five hours; or one hour per day or session if the center operates more than five hours.

Daily activities available to toddlers and preschool-age children must also include large motor activities. School-age children must be provided opportunities for large motor activities at least 25% of the time in the afternoon and on non-school days.

Unlicensed and license-exempt centers that participate in the Child Care Subsidy Program are required to offer opportunities for active activities each day and to include opportunities for infants to creep, crawl, toddle, and walk.

In accordance with the declared state of emergency in response to COVID-19 in the Commonwealth of Virginia, effective April 14, 2020 through the end of Virginia's emergency: Leniency in enforcement of requirements for schedule, outdoor time, play spaces, activities and equipment.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

Family Day Homes: 8VAC20-790-320 (Daily Activities)

Child Day Centers: 8VAC20-790-690 (Daily Activities)

Licensing Regulations: Playground safety, confidentiality and supervision of children are included in orientation training that must be completed within 30 days of employment.

Standards for Licensed Child Day Centers 8VAC20-780-360 A, 8VAC20-780-370-3 and 5, 8VAC20-780-380 A, 8VAC20-780-390 A and B.

Standards for Licensed Family Day Homes, 8VAC20-800-180 and 8VAC20-800-580 C.2

c. Caring for children with special needs:

Subsidy vendors must maintain records on instructions including, but not limited to,

recommendations for the care and activities for a child with special needs. Accommodations or special requirements for children with special needs must be in place to ensure their safety during evacuation and relocation, shelter-in-place, and lockdown drills or actual events.

CDC Subsidy Vendor Agreement

FDH Subsidy Vendor Agreement

Subsidy Regulations:

<div style="margin-left: 40px;) Family Day Homes: 8VAC20-790-190 B (6) and B (11) (Children's Records); 8VAC20-790-420 (Procedures for Emergencies)

<div style="margin-left: 40px;) Child Day Centers: 8VAC20-790-540 B (5) and B (10) (Children's Records); 8VAC20-790-790 (Procedures for Emergencies)

[] d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

NA

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Standards** as described in Section 5.3.

All required health and safety standards are included in regulation in Virginia and primarily monitored during inspections. Child care providers are required to maintain documentation that demonstrates they are in compliance with health and safety standards, including background check requirements; tuberculosis screening for staff; and immunizations for children; and for centers.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety **Training** as described in Section 5.3.

All required health and safety training requirements are included in regulation in Virginia and primarily monitored during inspections. Child care providers are required to maintain documentation that demonstrates they are in compliance with training requirements, including CPR and first aid.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

All required standards are included in regulation in Virginia and primarily monitored during inspections. Center-based providers are required to maintain documentation showing certification of meeting requirements for building and fire codes, water, sewage disposal, and food service.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

- i. Describe your state/territory’s policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

A pre-licensure inspection of the facility and services, including review of health, safety and fire standards, is completed prior to license approval. As a part of this process, the inspector reviews a report obtained by the applicant from state or local fire authorities to determine compliance with the Virginia Statewide Fire Prevention Code.

- ii. Describe your state/territory’s policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

All licensed facilities are inspected at least twice a year for compliance with health and safety standards per Virginia regulations (8VAC20-820). These inspections are unannounced. Each health and safety standard is reviewed to determine if the provider complies with the requirement. If there is noncompliance, a violation of the applicable requirement is cited. Regulations are scored as met or unmet. A violation notice detailing any findings of non-compliance is written and shared with the provider and posted on the public website. Technical assistance is provided, upon request, to clarify regulations and improve service delivery.

- iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year. Describe:

Licensed, center-based programs receive two unannounced inspections per year.

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

- v. List the citation(s) for your state/territory’s policies regarding inspections for licensed CCDF center providers.
Title 22.1 of the Code of Virginia, Chapter 14.1, Article 3. Licensure (§§ 22.1-289.010 through 22.1-289.029)

General Procedures and Information for Licensure 8VAC20-820, Part VI. The Licensing Process (Sections 130-210)

b. Licensed CCDF family child care home

- i. Describe your state/territory’s policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards.

A pre-licensure inspection of the facility and services, including review of health, safety and fire standards, is completed prior to preparing a licensing recommendation. As a part of this process, the inspector reviews a report obtained by the applicant from state or local fire authorities to determine compliance with the Virginia Statewide Fire Prevention Code.

- ii. Describe your state/territory’s policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.
All licensed facilities are inspected at least twice a year for compliance with health and safety standards per Virginia regulations (8VAC20-800). These inspections are unannounced. Each health and safety standard is reviewed to determine if the provider complies with the requirement. If there is noncompliance, a violation of the applicable requirement is cited. Regulations are scored as met or unmet. A violation notice detailing any findings of non-compliance is written and shared with the provider and posted on the public website. Technical assistance is provided, upon request, to clarify regulations and improve service delivery.

- iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year. Describe:

Licensed family day home programs receive two unannounced inspections per year.

- iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

NA

- v. List the citation(s) for your state/territory’s policies regarding inspections for licensed CCDF family child care providers.
Title 22.1 of the Code of Virginia, Chapter 14.1, Article 3. Licensure (§§ 22.1-289.010 through 22.1-289.029)

General Procedures and Information for Licensure 8VAC20-820, Part VI. The Licensing Process (Sections 130-210)

c. Licensed in-home CCDF child care

- i. Does your state/territory license in-home child care (care in the child's own home)?

No

Yes. If yes, answer A – E below:

- A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.
- B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.
- C. Identify the frequency of unannounced inspections:
 1. Once a year
 2. More than once a year. Describe:
- D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.
- E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

- d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.

Virginia Department of Education

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

- a. To certify, describe the policies and practices for the annual monitoring of:

License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

In licensing-exempt center based CCDF programs, licensing staff perform on-site, unannounced inspections annually to confirm compliance with the Subsidy Vendor

Agreement health, safety and fire requirements, and the Code of Virginia, or to investigate complaints. The policy and practice include inspecting for health, safety and fire required for CCDF programs. Additional inspections may be conducted at the center's request for consultation, or when information submitted indicates a center's need for assistance in complying with the law.

- i. Provide the citation(s) for this policy or procedure.

CDC Subsidy Vendor Agreement

Code of Virginia §§22.1-289.031 and 22.1-289.040

- b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

In license-exempt family child care CCDF programs, licensing staff perform on-site, unannounced inspections to confirm compliance with the Vendor Agreement health, safety and fire requirements, and to investigate complaints. The policy and practice include inspecting for health, safety and fire requirements required for CCDF programs. Additional inspections may be conducted at the centers request for consultation.

- i. Provide the citation(s) for this policy or procedure.

FDH Subsidy Vendor Agreement

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

In-home child care providers are subject to the Child Care Subsidy Program vendor requirements for family day homes. These settings are inspected annually during an announced visit.

- b. Provide the citation(s) for this policy or procedure.

The subsidy vendor requirements for family day homes are available in 8VAC20-790.

- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

The Lead Agency

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

To ensure that the Lead Agency's inspectors are qualified to inspect providers and facilities, the Lead Agency has the following in place: Each licensing inspector's Employee Work Profile requires them to have knowledge, skills and abilities in: Developmental needs of children in order to evaluate children's programs and to provide technical assistance to improve services; Information collection and analysis techniques; Interpreting and applying laws and regulations; and Communicating effectively, both orally and in writing.

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

All newly hired inspectors complete an orientation and training program. Components of this program include licensing-related reading assignments in conjunction with field training and ongoing competency assessments. All inspectors, except those most recently hired, have completed training from the National Association for Regulatory Administration (NARA) and attained the National Regulatory Professional Credential. Staff has ongoing professional development plans and receives training throughout the year, both online and in person. Inspectors have completed the Council on Licensure, Enforcement and Regulation (CLEAR) National Certification for Investigators/Inspectors Training Basic Program course and received certification. Each licensing inspector's Employee Work Profile requires them to have knowledge, skills and abilities in: - Developmental needs of children in order to evaluate children's programs and to provide technical assistance to improve services;

-Information collection and analysis techniques;

-Interpreting and applying laws and regulations; and

-Communicating effectively, both orally and in writing.

All inspectors, except those most recently hired, have completed training from the National Association for Regulatory Administration (NARA) and attained the National All inspectors are required to complete the 10-Hour health and safety preservice orientation.

When Virginia Department of Social Services was Lead Agency, its Division of Licensing Programs provided training for licensing inspectors and administrators on CCDBG health and safety requirements and the inspection process for subsidy providers based on provider setting. Specific training on requirements for centers and family day homes were included. Administrators and inspectors were provided the opportunity to complete the Better Kid Care Health and Safety Course. This training is applicable for all child care settings and provides health and safety information included in the CCDF health and safety standards. Documentation of training is maintained in staff files. Minimum Annual Training Requirements for Administrators and Inspectors are established in Administrative Bulletin-11. All licensing administrators and inspectors are required to complete 10 hours of job-related training annually.

c. Provide the citation(s) for this policy or procedure.

Internal agency policy as described in Standard Operating Procedures and Inspector's Employee Work Profile.

5.4.6 Ratio of Licensing Inspectors

The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

As a baseline for inspector caseloads/workloads, the Director uses the NARA recommended numbers of 50-60 facilities per inspector. Workload assessments include a review of the number of total facilities per regional licensing office and regional growth in the total number of facilities. Caseload assignments are adjusted as needed, based on factors such as weather conditions, geographical traffic patterns and cycles of service delivery, such as the start and end of the school year. The Lead Agency tracks the number of mandated inspections required with the number of mandated inspections completed on a quarterly basis. In addition, regional licensing administrators submit the number of completed inspections to the child Care Licensing Director on a weekly basis. Regional licensing administrators and the Director review inspection data, adjusting caseloads as necessary.

Amended: Effective Date 10/06/2023

b. Provide the policy citation and state/territory ratio of licensing inspectors.

On October 6, 2023, the Office of Child Care Health and Safety issued an internal Administrative Bulletin 29 (AB-29) to formalize operational procedures related to monitoring and managing inspector caseloads to ensure that the ratio of inspectors to providers is sufficient for timely inspection.

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and

procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background check requirements

Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

All other providers eligible to deliver CCDF Services

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

All other providers eligible to deliver CCDF Services

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

All other providers eligible to deliver CCDF Services

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

All other providers eligible to deliver CCDF Services

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

All other providers eligible to deliver CCDF Services

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

All other providers eligible to deliver CCDF Services

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to

mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

All other providers eligible to deliver CCDF Services

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

All other providers eligible to deliver CCDF Services

Citation:

Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

All licensed, regulated, and registered providers (including center and home based care) are required to submit to a fingerprint based background check. The law requires applicants, agents, employees and applicants for employment, volunteers and applicants for volunteer service, and adult household members to submit to a fingerprint based national background check (which includes a separate fingerprint based Virginia check) every five years. Unlicensed providers; including household members, volunteers, and employees, who are approved to receive child care subsidy are required to submit to a fingerprint based background check (which includes a separate fingerprint based Virginia check) every five years. Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

Fees for fingerprint based background checks and the related processing costs are reviewed periodically and adjusted as needed to ensure that fees, on average, do not exceed costs. Code of Virginia §§22.1-289.036 require that "Fees charged for the processing and administration of background checks pursuant to this section shall not exceed the actual cost to the state of such processing and administration." The current total fee for fingerprint and background check processing is \$59. Child Protective Services Registry check is completed for \$10. Both fees are in compliance with VA Code § 22.1-289.036.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy:

Virginia does not have provisional hires

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

Child care providers who have staff, or other individuals required to have a background check, that have lived in another state in the past five years are required to request a search of the child abuse and neglect registry, sex offender registry, and criminal history name search for each state the individual has resided in the past five years, in addition to the national criminal history search and Virginia child abuse and neglect registry. This applies to the following: applicant for licensure, registration, agent of an applicant for a license or registration; an applicant for employment or volunteer; and adult household members in a family day home or child day center.

The child care provider (program, not employee) locates each state's contact information for the required background checks on the Lead Agency's website using the https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/other_states_interstate_child_care_background_check_contact_list.df.pdf target="_blank) Other State-Interstate Child Care Background Check Contact List provided by the National Center on Subsidy Innovation and Accountability. The provider follows each state's specific instructions to obtain each of the required background checks. Background checks results are given to the provider, who must review the results to

determine if there are any barrier convictions or founded cases of abuse or neglect. Any individual with a barrier crime conviction is prohibited from working, volunteering, or being an applicant, agent, or household member for a child care program.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

Prior to issuance of a license, approval, or registration, background checks from the applicant are verified by licensing staff. Once a license has been issued, background checks are verified at each inspection. The background checks for all new employees hired since the last inspection are reviewed at each inspection. A sample size of existing employees is also reviewed for background check compliance. Background check procedures are described on the (https://www.dss.virginia.gov/family/children_background.cgi) DSS website. RAP Back is not available in Virginia for child care providers.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

The law requires that any new employee (which includes individuals who have separated from employment) must complete a full background check of all components described in the federal CCDBG law and Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040. Licensing inspectors review staff records during monitoring visits to ensure compliance with this requirement.

Staff records are reviewed during inspections as part of the inspection protocol. The sample size of records reviewed is dependent on the number of children present during the inspection. If 1-49 children are present, 5 staff records must be reviewed; if 50 to 99 children are present, 5 staff records or 10% of the total number of staff records (whichever is greater) must be reviewed; and if 100 or more children are present, 10 staff records must be reviewed. In addition to the sample size of full staff records to review, per the protocol, inspectors are required to review the background checks of all staff hired since the previous inspection.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=17>

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination

whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

Virginia partners with the Virginia State Police and has contracted with a fingerprint vendor to take fingerprints for criminal background checks. The individual's fingerprints and process background check requests are taken by the fingerprint vendor, and transmitted to the Virginia State Police. Virginia State Police conducts the national FBI fingerprint check and search of the Virginia criminal registry. Virginia State Police notifies the Office of Background Investigations (OBI) at DSS of fingerprint check results and OBI determines if the individual's history includes a disqualifying barrier crime.

The Virginia Office of Background Investigations conducts a Virginia Child Abuse Registry Check as part of the background check process and shares the record with the child care provider (employer). The provider makes the eligibility determination based on the Child Abuse Registry check results. Any individual who is working, volunteering, or alone with, in control of, or supervising children cannot be the subject of a founded complaint of child abuse or neglect within the Commonwealth pursuant to §22.1-289.035.

The results of background check determinations are made available to the Lead Agency via a data sharing agreement between the two agencies.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

There is no difference.

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

It is the provider's responsibility to complete this check and determine eligibility. All licensed, regulated, and registered providers (including center and home based care) are required to obtain a copy of the results of a criminal history name search, sex offender registry check, and child abuse registry check from any state in which the individual has resided in the preceding five years. The child care provider locates the state's contact information for the required background check on the (https://www.dss.virginia.gov/family/children_background.cgi target="_blank) VDSS website using the (https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/other_states_interstate_child_care_background_check_contact_list.df.pdf target="_blank) Other State-Interstate Child Care Background Check Contact List provided by the National Center on Subsidy Innovation and Accountability. The provider follows the state's specific instructions and pays any related fees charged by the state. Background checks results are given to the provider and the child care provider is responsible for reviewing the results of the interstate background checks and determining eligibility, based on Virginia barrier crime and background check statutes. Any individual with a barrier crime conviction as defined in (<https://law.lis.virginia.gov/vacode/title19.2/chapter23/section19.2-392.02/>) § 19.2-392.02 is prohibited from working, volunteering, or being an applicant, agent, or household member for a child day program. Code of Virginia §§22.1-289.035, 22.1-289.036, 22.1-289.039, 22.1-289.040.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

The DSS Office of Background Investigations is required by Virginia Code (§ 63.2-1515) to provide eligibility determinations within 10 business days in cases where there is no match within the central registry. In cases where there is a match within the central registry, the Department is required to respond within 30 business days. If further research is needed to make an eligibility determinations, efforts are made to gather information and communicate findings as quickly as possible to providers. In the rare event that the DSS Office of Background Investigations (OBI) does not make the eligibility determination within the 45-day timeframe, the provider contacts OBI for additional information and next steps. No eligibility determination will be made until all the background check components are completed.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

If the state of residence is not Virginia, the national fingerprint FBI background check, national sex offender registry check, Virginia state criminal check, and Virginia sex offender registry check are conducted on the person, through the Virginia state police. The Virginia child abuse registry is also checked. In addition to these checks, the state of residence is checked, using the following interstate procedures. Child care providers who have staff, or other individuals required to have a background check, that have lived in another state in the past five years are required to request a search of the child abuse

and neglect registry, sex offender registry, and criminal history name search for each state the individual has resided in the past five years, in addition to the national criminal history search and Virginia child abuse and neglect registry. This applies to the following: applicant for licensure, registration, agent of an applicant for a license or registration; an applicant for employment or volunteer; and adult household members in a family day home or child day center.

5.5.4 "Compact State" and participation in the National Fingerprint File program

State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

- No
- Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

- No
- Yes

5.5.5 Respond to Interstate Background Checks

Procedures for a Lead Agency to Respond to Interstate Background Checks: Interstate

a. Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Child day programs must obtain a copy of the results of a criminal history record information

check, a sex offender registry check, and a search of the child abuse and neglect registry or equivalent registry from any state in which the individual has resided in the preceding five years. Section 22.1-289.035(E) states "Further dissemination of the background check information is prohibited other than to the Superintendent's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination." This section of the Code is specific to child care programs and does not prohibit the state police from responding to a request for a criminal history check.

Criminal history record dissemination by the State Police is governed by Section §19.2-389 of the Code of Virginia, which allows the dissemination of criminal history record information upon receipt of a written request from an employer or prospective employer provided that the person on whom the data is being obtained has consented in writing to the making of such request and has presented a photo-identification to the employer or prospective employer. Form SP-167, which requires notarization, allows authorization by both the requesting agency and the individual whose name is being searched. Information on how to obtain a Virginia Criminal Record Check can be found on the VSP website at (https://www.vsp.virginia.gov/CJIS_Criminal_Record_Check.shtm)

The Office of Child Care Health and Safety's position is that if a state does not release criminal history record information to employers, child day programs are asked to maintain a copy of the request for the record and the response received from the applicable state.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Sex offender registry checks are conducted by the Virginia State Police along with the fingerprint-based criminal history check. This is true when checks are requested on behalf of Virginia-based providers or out-of-state requests. For providers in Virginia, the results of the sex offender registry check are sent to OBI along with the criminal history results. OBI makes a determination as to whether the provider's record includes a disqualifying crime.

Criminal history record dissemination by the State Police is governed by Section §19.2-389 of the Code of Virginia, which allows the dissemination of criminal history record information upon receipt of a written request from an employer or prospective employer provided that the person on whom the data is being obtained has consented in writing to the making of such request and has presented a photo-identification to the employer or prospective employer. Form SP-167, which requires notarization, allows authorization by both the requesting agency and the individual whose name is being searched. Information on how to obtain a Virginia Criminal Record Check can be found on the VSP website at (https://www.vsp.virginia.gov/CJIS_Criminal_Record_Check.shtm)

https://www.vsp.virginia.gov/CJIS_Criminal_Record_Check.shtm.

The Office of Child Care Health and Safety's position is that if a state does not release criminal history record information to employers, child day programs are asked to maintain a copy of the request for the record and the response received from the applicable state.

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Virginia Department of Social Service's Office of Background Investigations (OBI) responds to requests from other states, territories, and tribes for searches of the Virginia Child Abuse and Neglect Registry. Those searches are processed as they are received. OBI has a mandated turnaround time of 10 business days for Virginia central registry checks in cases where there is no match within the central registry. The Central Registry findings indicate whether or not the individual is listed in the registry with a founded disposition of child abuse/neglect. There is a referral number provided if the requester wants more information.

(https://www.doe.virginia.gov/cc/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf)

https://www.doe.virginia.gov/cc/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/032-02-0151-12-eng.pdf

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

[x] i. Agency Name

- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=17> and
<https://www.doe.virginia.gov/cc/files/bkg-check-instructions-21.docx>

Other states will find instructions on how to request Virginia’s background checks by going to the Virginia Department of Social Services website ([https://www.dss.virginia.gov/family/children_background.cgi" target="_blank](https://www.dss.virginia.gov/family/children_background.cgi)) Background Investigations-Children’s Facilities page accessing the ([https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/other_states_interstate_child_care_background_check_contact_list.df.pdf" target="_blank](https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/other_states_interstate_child_care_background_check_contact_list.df.pdf)) Interstate Child Care Background Check Contact list. The list provides access to the webpage for the process of completing a Virginia background check

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website

vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

viii. Forms

ix. Fees

x. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=17> and
<https://www.doe.virginia.gov/cc/files/bkg-check-instructions-21.docx>

Other states will find instructions on how to request Virginia’s background checks by going to the Virginia Department of Social Services website ([https://www.dss.virginia.gov/family/children_background.cgi" target="_blank](https://www.dss.virginia.gov/family/children_background.cgi)) Background Investigations-Children’s Facilities page accessing the ([https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/other_states_interstate_child_care_background_check_contact_list.df.pdf" target="_blank](https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/other_states_interstate_child_care_background_check_contact_list.df.pdf)) Interstate Child Care Background Check Contact list. The list provides access to the webpage for the process of completing a Virginia background check.

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

i. Agency Name

ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?

iii. Address

iv. Phone Number

v. Email

vi. FAX

vii. Website

viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)

ix. Forms

x. Fees

xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State’s definition of “substantiated” instances of child abuse and neglect.

xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.doe.virginia.gov/cc/providers/index.html?pageID=17> and
<https://www.doe.virginia.gov/cc/files/bkg-check-instructions-21.docx>

Other states will find instructions on how to request Virginia’s background checks by going to the Virginia Department of Social Services website ([https://www.dss.virginia.gov/family/children_background.cgi" target="_blank](https://www.dss.virginia.gov/family/children_background.cgi)) Background Investigations-Children’s Facilities page accessing the ([https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/other_states_interstate_child_care_background_check_contact_list.df.pdf" target="_blank](https://www.dss.virginia.gov/files/division/licensing/background_index_childrens_facilities/founded_cps_complaints/other_states_interstate_child_care_background_check_contact_list.df.pdf)) Interstate Child Care Background Check Contact list. The list provides access to the webpage for the process of completing a Virginia background check.

5.5.7 Child Care Staff Member Disqualification

Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes— child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes. If yes, describe other disqualifying crimes and provide the citation:

Code of Virginia § 19.2-392.02 includes a list of barrier crime convictions that prohibit employment with a child day program (see below). All crimes listed in 98.43(c)(1) are included in Virginia's barrier crimes list.

Felony violation of:

- § 16.1-253.2. Violation of provisions of protective orders**
- § 18.2-46.2. Prohibited criminal street gang participation**
- § 18.2-46.3. Recruitment of persons for criminal street gang**
- § 18.2-46.3:1. Third or subsequent conviction of criminal street gang crimes**
- § 18.2-46.3:3. Gang activity taking place in a gang-free zone**
- § 18.2-60.3. Stalking**
- § 18.2-60.4. Violation of protective orders**
- § 18.2-279. Discharging firearms or missiles within or at building or dwelling house**
- § 18.2-280. Willfully discharging firearms in public places**

§ 18.2-281. Setting spring gun or other deadly weapon
 § 18.2-282. Pointing, holding, or brandishing firearm, air or gas operated weapon or object similar in appearance
 § 18.2-282.1. Brandishing a machete or other bladed weapon with intent to intimidate
 § 18.2-286.1. Shooting from vehicles so as to endanger persons
 § 18.2-346.01. Prostitution; solicitation; commercial exploitation of a minor
 § 18.2-348. Aiding prostitution or illicit sexual intercourse, etc.
 § 18.2-349. Using vehicles to promote prostitution or unlawful sexual intercourse
 § 18.2-405. Participation in a riot
 § 18.2-406. Participation in unlawful assembly
 § 4.1-1101. Home cultivation of marijuana for personal use
 § 18.2-248. Manufacturing, selling, giving, distributing, or possessing with intent to manufacture, sell, give, or distribute a controlled substance or an imitation controlled substance
 § 18.2-248.01. Transporting controlled substances into the Commonwealth
 § 18.2-248.02. Allowing a minor or incapacitated person to be present during manufacture or attempted manufacture of methamphetamine
 § 18.2-248.03. Manufacturing, selling, giving, distributing, or possessing with intent to manufacture, sell, give, or distribute methamphetamine
 § 18.2-248.1. Penalties for sale, gift, distribution or possession with intent to sell, give or distribute marijuana
 § 18.2-248.5. Illegal stimulants and steroids
 § 18.2-251.2. Possession and distribution of flunitrazepam
 § 18.2-251.3. Possession and distribution of gamma-butyrolactone; 1, 4-butanediol; enhanced penalty
 § 18.2-255. Distribution of certain drugs to persons under 18
 § 18.2-255.2. Sale or manufacture of drugs on or near certain properties
 § 18.2-258. Certain premises deemed common nuisance
 § 18.2-258.02. Maintaining a fortified drug house
 § 18.2-258.1. Obtaining drugs, procuring administration of controlled substances, etc., by fraud, deceit or forgery
 § 18.2-258.2. Assisting individuals in unlawfully procuring prescription drugs
 § 18.2-250. Possession of controlled substances

Any violation of:

§ 18.2-32.2. Killing a fetus
 § 18.2-36. Involuntary manslaughter
 § 18.2-46.5. Committing, conspiring and aiding and abetting acts of terrorism
 § 18.2-46.6. Possession, manufacture, distribution, etc. of weapon of terrorism or hoax device
 § 18.2-46.7. Act of bioterrorism against agricultural crops or animals
 § 18.2-51. Shooting, stabbing, etc., with intent to maim, kill, etc.
 § 18.2-51.1. Malicious bodily injury to law-enforcement officers, firefighters, search and rescue personnel, or emergency medical services personnel
 § 18.2-51.2. Aggravated malicious wounding
 § 18.2-51.3. Reckless endangerment of others by throwing objects from places higher than one story
 § 18.2-51.4. Maiming, etc., of another resulting from driving while intoxicated
 § 18.2-51.5. Maiming, etc., of another resulting from operating a watercraft while intoxicated

- § 18.2-51.6. Strangulation of another
- § 18.2-52. Malicious bodily injury by means of any caustic substance or agent or use of any explosive or fire
- § 18.2-52.1. Possession of infectious biological substances or radiological agents
- § 18.2-53. Shooting, etc., in committing or attempting a felony
- § 18.2-53.1. Use or display of firearm in committing felony
- § 18.2-54.1. Attempts to poison
- § 18.2-54.2. Adulteration of food, drink, drugs, cosmetics, etc.
- § 18.2-55. Bodily injuries caused by prisoners, state juvenile probationers and state and local adult probationers or adult parolees
- § 18.2-55.1. Hazing of youth gang members
- § 18.2-56. Hazing
- § 18.2-56.1. Reckless handling of firearms; reckless handling while hunting
- § 18.2-56.2. Allowing access to firearms by children
- § 18.2-57.01. Pointing laser at law-enforcement officer
- § 18.2-57.02. Disarming a law-enforcement or correctional officer
- § 18.2-57.2. Assault and battery against a family or household member
- § 18.2-58. Robbery
- § 18.2-58.1. Carjacking
- § 18.2-59. Extortion of money, property or pecuniary benefit
- § 18.2-60. Threats of death or bodily injury to a person or member of his family; threats of death or bodily injury to persons on school property; threats of death or bodily injury to health care providers
- § 18.2-60.1. Threatening the Governor or his immediate family
- § 18.2-83. Threats to bomb or damage buildings or means of transportation; false information as to danger to such buildings, etc.
- § 18.2-84. Causing, inciting, etc., commission of act proscribed by § 18.2-83
- § 18.2-85. Manufacture, possession, use, etc., of fire bombs or explosive materials or devices
- § 18.2-86. Setting fire to woods, fences, grass, etc.
- § 18.2-87. Setting woods, etc., on fire intentionally whereby another is damaged or jeopardized
- § 18.2-87.1. Setting off chemical bombs capable of producing smoke in certain public buildings
- § 18.2-88. Carelessly damaging property by fire
- § 18.2-289. Use of machine gun for crime of violence
- § 18.2-290. Use of machine gun for aggressive purpose
- § 18.2-300. Possession or use of "sawed-off" shotgun or rifle
- § 18.2-308.4. Possession of firearms while in possession of certain substances
- § 18.2-314. Failing to secure medical attention for injured child
- § 18.2-355. Taking, detaining, etc., person for prostitution, etc., or consenting thereto; human trafficking
- § 18.2-356. Receiving money for procuring person
- § 18.2-357. Receiving money from earnings of male or female prostitute
- § 18.2-357.1. Commercial sex trafficking
- § 18.2-369. Abuse and neglect of incapacitated adults
- § 18.2-370.2. Sex offenses prohibiting proximity to children
- § 18.2-370.3. Sex offenses prohibiting residing in proximity to children
- § 18.2-370.4. Sex offenses prohibiting working on school property
- § 18.2-370.5. Offenses prohibiting entry onto school or other property
- § 18.2-374.3. Use of communications systems to facilitate certain offenses involving children
- § 18.2-386.1. Unlawful creation of image of another

§ 18.2-386.2. Unlawful dissemination or sale of images of another
 § 18.2-408. Conspiracy; incitement, etc., to riot
 § 18.2-413. Commission of certain offenses in county, city or town declared by Governor to be in state of riot or insurrection
 § 18.2-414. Injury to property or persons by persons unlawfully or riotously assembled
 § 18.2-423. Burning cross on property of another or public place with intent to intimidate
 § 18.2-423.01. Burning object on property of another or a highway or other public place with intent to intimidate
 § 18.2-423.1. Placing swastika on certain property with intent to intimidate
 § 18.2-423.2. Displaying noose on property of another or a highway or other public place with intent to intimidate
 § 18.2-433.2. Paramilitary activity
 § 18.2-472.1. Providing false information or failing to provide registration information
 § 18.2-474.1. Delivery of drugs, firearms, explosives, etc., to prisoners or committed persons
 § 18.2-477. Prisoner escaping from jail
 § 18.2-477.1. Escapes from juvenile facility
 § 18.2-477.2. Punishment for certain offenses committed within a secure juvenile facility or detention home
 § 18.2-478. Escape from jail or custody by force or violence without setting fire to jail
 § 18.2-479. Escape without force or violence or setting fire to jail
 § 18.2-480. Escape, etc., by setting fire to jail
 § 18.2-481. Treason
 § 18.2-484. Advocacy of change in government by force, violence or other unlawful means
 § 18.2-485. Conspiring to incite one race to insurrection against another race
 § 37.2-917. Escape of persons committed
 § 53.1-203. Felonies by prisoners
 § 18.2-89. Burglary
 § 18.2-90. Entering dwelling house, etc., with intent to commit murder, rape, robbery or arson
 § 18.2-91. Entering dwelling house, etc., with intent to commit larceny, assault and battery or other felony
 § 18.2-92. Breaking and entering dwelling house with intent to commit other misdemeanor
 § 18.2-93. Entering bank, armed, with intent to commit larceny
 § 18.2-94. Possession of burglarious tools, etc.
 any offense set forth in § (<https://law.lis.virginia.gov/vacode/9.1-902/>) 9.1-902 that results in the person's requirement to register with the Sex Offender and Crimes Against Minors Registry pursuant to § (<https://law.lis.virginia.gov/vacode/9.1-901/>) 9.1-901, including any finding that a person is not guilty by reason of insanity in accordance with Chapter 11.1 (§ (<https://law.lis.virginia.gov/vacode/19.2-182.2/>) 19.2-182.2 et seq.) of Title 19.2 of an offense set forth in § (<https://law.lis.virginia.gov/vacode/9.1-902/>) 9.1-902 that results in the person's requirement to register with the Sex Offender and Crimes Against Minors Registry pursuant to § (<https://law.lis.virginia.gov/vacode/9.1-901/>) 9.1-901

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

The child care program establishes one identified contact person in their organization to

communicate with the Office of Background Investigations at VDSS. Criminal records are mailed only to the contact person of the program who requested the search. The determination letter utilizes the last four digits of the individual's social security number. Criminal record information is stored and processed in a locked environment. State law prohibits dissemination of background check information other than to the Commissioner's representative, federal or state authority, or court.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2- 4)).

Virginia does not have a review process for barrier crime convictions.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and **may** have different appeal processes than agencies that conduct the state CAN and state SOR checks.

For criminal background checks: If, after reviewing the identification record, an individual believes his or her record is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he should make direct contact with the agency (court, law enforcement agency, etc.) that contributed the questioned information. Procedures for contacting the FBI and Virginia State Police are provided at www.childcareva.com. Reports to a provider from OBI can be modified only after the individual challenges his record, it is corrected by the court or law enforcement agency, and the correction reported by the court/agency to the State Police or FBI. The individual must then submit fingerprints in order to obtain an accurate record. If an applicant admits to having a barrier conviction or pending barrier charge, he is not entitled to proceed with the challenge procedure.

For central registry checks: If an applicant has a finding of child abuse or neglect, the applicant will receive a notice that includes information about how to appeal the finding. There are three level Child Protective Services (CPS) appeals. Each level of the process is designed to give the appellant a progressively more formal means to voice concerns over the disposition reached by the local social services agency in the investigation and disposition of a CPS complaint.

The first level of the appeal process is the informal local conference, which is conducted by the director of the local social services agency or his or her designee. If the results of the local conference are unsatisfactory to the appellant, he or she may, within 30 days of receiving notice of the result of the local conference, request a state level hearing. The appeal request must be made in writing and mailed to the Commissioner of the Virginia Department of Social Services in Richmond.

The second level of appeal is the administrative hearing, or state level hearing. Administrative hearings are conducted by impartial hearing officers designated by the Commissioner of the Virginia Department of Social Services. At the administrative hearing the local department has the burden to show, by a preponderance of the evidence, that the disposition made by the local agency was made in accordance with law and policy. The hearing officer controls the hearing, maintains order, weighs the testimony and the evidence and renders a written decision in the case. The decision is mailed to the parties after the hearing is concluded and the record is closed.

The final level of appeal is an appeal to circuit court. Only the appellant may appeal the hearing officer's decision to the circuit court. A local agency cannot appeal the hearing officer's decision, nor can the victim or the victim's parents if they were not the appellants at the administrative hearing. An appellant has 30 days from the date of service of the hearing officer's decision (the date that the decision was received or the date that the decision was mailed, whichever occurs first) to file a written notice of appeal to circuit court with the Commissioner of the Virginia Department of Social Services. Within 30 days after filing the notice appeal to circuit court with the Commissioner, the appellant must file a written petition for appeal to circuit court with the appropriate circuit court. A copy of the petition for appeal to circuit court must also be served on the Commissioner. The circuit court review is a review of the record of the administrative hearing. The Office of the Attorney General of the Commonwealth of Virginia will appear in circuit court to represent the position of the Child Protective Services Section in the case.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

Interstate appeals would go to the state that issued the background check results

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

Interstate appeals would go to the state that issued the background check results.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

a. Relative providers are exempt from all licensing requirements.

b. Relative providers are exempt from a portion of licensing requirements. Describe.

Care provided by a relative in the relative's or in the child's home meets the definition of "family day home" in Virginia Code. These providers are not required to be licensed, but pursuant to Virginia Code family day home providers are required to have a background check. These providers are subject to the Child Care Subsidy Program requirements for family day homes if they are participating in CCDF.

c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

a. Relative providers are exempt from all health and safety standard requirements

b. Relative providers are exempt from a portion of health and safety standard requirements. Describe.

Care provided by a relative in the relative's or in the child's home meets the definition of "family day home" in Virginia Code. These providers are subject to the Child Care Subsidy Program health and safety requirements for family day homes if they are participating in CCDF.

c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

a. Relative providers are exempt from all health and safety training requirements.

b. Relative providers are exempt from a portion of all health and safety training requirements. Describe.

Care provided by a relative in the relative's or in the child's home meets the definition of "family day home" in Virginia Code. These providers are subject to the Child Care Subsidy Program requirements for family day homes if they are participating in CCDF, including training requirements.

c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

a. Relative providers are exempt from all monitoring and enforcement requirements.

b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.

Care provided by a relative in the relative's or in the child's home meets the definition of "family day home" in Virginia Code. These providers are not required to be licensed, but pursuant to Virginia Code family day home providers are required to have a background check. These providers are subject to the Child Care Subsidy Program requirements for family day homes if they are participating in CCDF and would be monitored on an annual basis accordingly.

c. Relative providers must fully comply with all monitoring and enforcement requirements.

5.6.5 Background Checks (as described in Section 5.5)

a. Relative providers are exempt from all background check requirements.

b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:

i. Criminal registry or repository using fingerprints in the current state of residency

ii. Sex offender registry or repository in the current state of residency

iii. Child abuse and neglect registry and database check in the current state of residency

iv. FBI fingerprint check

v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.

vi. Criminal registry or repository in any other state where the individual has resided in the past five years.

vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.

viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.

c. Relative providers must fully comply with all background check requirements.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the _____

support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Professional development framework for training and professional development

Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Virginia uses several publications to identify the professional competencies for trainers to use while supporting professional development; those include Virginia's Competencies for Early Childhood Professionals; Technical Assistance Provider (TAP); Specialized Knowledge and Competencies; and adopted, "What Makes an Effective Early Childhood Professional Development Provider? which are cross-sector trainer competencies which are research-based and developed with input from cross-sector early care and education professionals across the state.

Quality standards and competencies for school-age care practitioners were developed in partnership with the Virginia Partnership for Out-of-School Time leadership team and cross-sector out-of-school time professionals.

Virginia Community College System (VCCS) Early Childhood programs intentionally embed information related to the professional standards and competencies into early childhood coursework. The state resources widely used include: The Virginia Milestones of Child Development, Competencies for Early Childhood Professionals, VDSS licensing guidelines, and Virginia Foundation Blocks for Early Learning, and the new Virginia ELDS. NAEYC standards are also featured prominently, particularly at the VCCS institutions that are in the process of Early Childhood Associate Degree Accreditation.

- ii. Career pathways. Describe:

Virginia's "Career Pathways for Early Childhood and Out-of-School Time Practitioners" includes nine educational achievement levels, in addition to a Foundational Awareness/Best Practices Level, showing upward movement toward a doctoral degree with a minimum of 21 child-related college credits. This document is currently under revision.

The VCCS career trajectory includes prior learning credit (3 credits) at many community colleges for a current CDA. Once students have begun at the community colleges, they may take credits toward a 16-credit career studies certificate (occasionally 19 credits), which often stacks into a certificate of 31 credits, and does stack into the Associate of Applied Science (AAS) in Early Childhood Development.

The 16-credit certificate was created for Virginia Head Start and Early Head Start and is approved as an alternative to the CDA. Within the state, HS and EHS teachers may seek this option, which places them on a trajectory toward earning an AAS.

- iii. Advisory structure. Describe:

Virginia has a legislated, high-level School Readiness Committee that is focused on financial compensation and professional development supports for the early childhood workforce as well as stable financing mechanisms to promote affordability for parents and equitable wages for providers. Virginia also launched an Early Childhood Advisory Committee (ECAC) to the Board of Education, which will act as the state's official advisory committee on all matters related to early childhood care and education. Both Committees play a role in informing the professional development framework. The Virginia Community College System has a well-organized and cohesive structure of standard curricula across the state. Faculty meet face to face every two years and have nearly constant communication and informal meetings at other early childhood venues, including the Virginia Cross-Sector Professional Development (VCPD) Faculty Institutes and meetings.

iv. Articulation. Describe:

Development of articulation agreements between associate and baccalaureate degree programs; including new 2+2 pathway from associate to baccalaureate degrees across the state and new state teaching licensure at the baccalaureate degree level. Developed a universal associate degree program that articulates directly with no loss of credits into baccalaureate degree programs with a concentration in early childhood education at participating universities. This new pathway leads to teacher licensure with a focus on the entire continuum of early childhood from birth through age 8. Seven 4-year institutions have launched or are in process of launching +2 programs for the ECE workforce: Averett University, Bluefield College, George Mason University, James Madison University, Longwood University, Old Dominion University, and Virginia Commonwealth University.

v. Workforce information. Describe:

Virginia has implemented a child care professional development registry called Innovative Model for Professional Advancement and Career Tracking (IMPACT). Early childhood and out-of-school time practitioners may voluntarily input their personal education, training, and employment information, which is subsequently reviewed by State staff. Based on this data, each practitioner will be aligned with one Career Pathways Level and can print a certificate verifying their level of achievement. IMPACT includes formal education certificates and degrees as well as continuing education activities. IMPACT also allows participants to self-report compensation information.

The Virginia Early Childhood Foundation workforce survey collects extensive information related to the early care and education workforce. Data is also pulled from the U.S. Department of Labor, Bureau of Labor Statistics (child care workers, preschool teachers except special education, education administrators, preschool and child care center/program).

As part of the PDG B5 grant, Virginia has developed a new data system called LinkB5. LinkB5 is utilized by communities participating in the PDG grant, and will eventually be used statewide. LinkB5 collects data about programs at the community, site, classroom, and teacher level. This is currently a point-in-time measure collected once a year. The system includes workforce data, and while not currently used as a registry does provide some insight into qualifications and background of teachers in differing settings. This system will continue to be refined and expanded throughout the PDG B5 grant.

vi. Financing. Describe:

The Virginia Child Care Provider Scholarship Program helps practitioners pay for undergraduate college-level courses that lead to degrees and certificates in early childhood or school-age care. This Program works in concert with Project Pathfinders, a scholarship program administered by the Virginia Early Childhood Foundation. As part of the PDG B5 grant, Virginia is piloting an educator incentive program which provides up to \$1,500 for teachers in child care and family day homes that are in PDG B5 participating sites. Virginia is conducting studies to understand the impact of this incentive program on workforce retention, and has secured a state investment to expand the reach of the financial support to the child care workforce. In addition to the Child Care Scholarship

Program, the Virginia Infant and Toddler Specialist Network has a scholarship for infant and toddler providers to attend a statewide conference and provides support with some online training for providers of infants and toddlers to obtain the CDA credential or complete endorsement coursework.

b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

i. Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:

The Infant Toddler Endorsement Program has 12 courses offered through the Virginia Infant Toddler Specialist Network. Courses are presently offered virtually and eventually will be available in classroom settings. Two of the endorsement courses for Health Screening and Child Abuse and Neglect are offered online through the Community College Workforce Alliance. All classes are free.

ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework. Describe:

The Lead Agency partners with and supports the Virginia Cross-Sector Professional Development (VCPD) Team. VCPD is a coordinated group of early care and education (birth through age 5) professional development providers (trainers/educators). VCPD promotes planning, development, implementation, and evaluation of professional development. The VCPD website houses numerous resources for professional development providers (assessments, templates, information and articles, evaluations, etc.) at <http://www.vcpd.net/>. VCPD members are committed to supporting a coordinated professional development system that incorporates seamless professional development across disciplines, collaborative planning, and service integration across the traditional boundaries of child care, pre-K-12 education, higher education, health, mental health and social services. VCPD establishes quality assurance measures to improve professional development provider performance. VCPD coordinates an annual Faculty Institute with community college and four-year early childhood faculty to share updates and information across sector areas of early care and education.

iii. Other. Describe:

Virginia is in the process of implementing a statewide community network model that is supported via the PDG B5 grant, and includes all publicly-funded providers within a region, including child care centers and family day homes. These networks are responsible for several key functions, including assessing and improving quality teacher-child interactions. The networks receive funds to provide professional support and assess the needs of their localities.

6.1.2 Consultation with state advisory council

Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

Virginia just established an Early Childhood Advisory Committee (ECAC), which serves as the official State Advisory Council, in February of 2021. Historically, aspects of Virginia’s professional development framework were developed through engagement with multiple bodies such as the Virginia Cross-Sector Professional Development Team. The legislatively mandated School Readiness Committee (SRC) has also informed professional development inputs. Going forward, the ECAC and SRC will be involved in reviewing professional development frameworks and improvement efforts more broadly.

Training and professional development requirements articulated in Child Care Licensing, Child Care Subsidy Program, and Child Care Provider Scholarship Program regulations were historically approved by the State Board of Social Services. Effective July 1, 2021, such regulations transitioned to VDOE and are subject to the approval of the Virginia Board of Education (VBOE). All regulations transitioned to VDOE as-is, however the Lead Agency will conduct a comprehensive review of all early childhood policies and regulations, including those related to training and professional development, in partnership with the ECAC and with plentiful opportunity for public comment and participation. The Lead Agency plans to present recommendations to the VBOE in late 2022 and early 2023.

6.1.3 Description of framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Financial assistance to attain credentials and post-secondary degrees: Virginia pays for undergraduate courses that lead to a school-age child care degree or an early childhood development/education degree through the Virginia Child Care Provider Scholarship Program (VCCPSP). This program assists providers with meeting licensing and employer qualifications and helps with retention in the field. Partnering with VECF’s Project Pathfinders, practitioners are able to continue their educational pursuits in early childhood education and supplement the Virginia Child Care Provider Scholarship Program by paying for child care, transportation, books, etc. Project Pathfinders pays the cost of tuition once the VCCPSP funds are exhausted for a student. This partnership allows students to complete a degree or certificate program since the VCCPSP only pays for about seven 3-credit courses. Research has proven that improving the knowledge and practical skills of child care teachers and directors improves the quality of child care. Practitioners, who know how to teach young children and do it well, will most likely stay in the field, helping with retention of caregivers. This assistance also helps Virginia to maintain and improve the diversity of the workforce, as women of color disproportionately face financial barriers to obtaining a degree.

The Virginia Infant and Toddler Specialist Network offers incentives for infant and toddler providers who make progress in obtaining the VDOE Infant and Toddler Endorsement, the Child Development Associate Credential, Infant/Toddler or Family Child Care, and the Virginia Community College System’s Infant and Toddler Career Studies Certificate. Another incentive is provided once a provider obtains a relevant endorsement, credential, certificate, Associate degree or Bachelor degree and has continued to work with infants and toddlers for six months.

Registered apprenticeship programs: - The Virginia Department of Labor and Industry (DOLI) has three

apprenticeship programs in early care and education: 1. Child Care Development Specialist 2. Teacher Aide I 3. Teacher Preschool DOLI provides workers with job training opportunities for lifelong skills while helping employers meet their needs for highly skilled workers through a cost-effective system of registered apprenticeship. Apprentices complete 4000 hours of on-the-job training and mentoring and complete 288 hours of related technical instruction, earning employer-determined wage increases at specified intervals. This program assists practitioners in gaining the knowledge and expertise they need to be successful early educators at a part-time pace while continuing to work full-time. Registered apprenticeships have been shown to retain child care practitioners. The apprenticeship program also supports the diversity of the workforce by training highly skilled and knowledgeable educators without the financial burden of degree requirements.

Outreach to high school (including career and technical) students: In 2017, VDSS staff served on the career and technical education early childhood curriculum advisory team to update the early care and education curricula for the Virginia Department of Education’s Career and Technical Education Program. The Virginia Child Care Provider Scholarship Program offers scholarships to high school students in approved dual enrollment career/technical education programs. This outreach keeps the curricula relevant with strong quality content, and helps with the stability and preparation of caregivers, teachers, and directors in the field.

Support for providers’ mental health, such as training in reflective practices, stress reduction techniques, and health and mental health consultation services: The Virginia Infant and Toddler Specialist Network offers a course on positive stress management, “Smile and Mean It,” and a course on practicing self-care, “The Art of Self Care.” These offerings help providers reduce their stress from working with children, allow them to share their experiences with other child care providers, and encourage them to stay positive and in the field.

The Head Start State Collaboration Office through its partnership with the Virginia Head Start Association, provides trauma-informed care training to child care providers statewide.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Training and professional development descriptions

Describe how the state/territory incorporates into training and professional development opportunities:

- the knowledge and application of its early learning and developmental guidelines (where applicable);
- its health and safety standards (as described in section 5);
- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The Lead Agency aligns all child care training courses with Virginia's early learning guidelines, Milestones of Child Development. The Milestones of Child Development document was an integral component for developing the state's professional development framework. However, the VDOE has developed a new set of unified Birth-Five Early Learning Standards, called the Virginia Early Learning and Development Standards (ELDS). These standards will begin implementation in fall 2021, and are intended to eventually replace the Virginia Milestones of Child Development. The new ELDS are research-based, and have been developed with input from over 200 Virginia stakeholders. Training opportunities for the new ELDS will be available beginning in summer 2021, including specifics for education professional usage. The Lead Agency will work to re-align professional development opportunities with the new ELDS in the coming years.

Health and safety standards are included in the Virginia Preservice Training for Child Care Staff course that is required for all staff working in a program that receives state subsidy funds. A health and safety update training course emphasizes additional health and safety practices.

The Virginia Infant and Toddler Specialist Network offers training to infant and toddler providers on modules 1 through 4 of the Center on Social Emotional Foundations for Early Learning (CSEFEL) training. The Network offers other trainings as well as coaching to promote the social emotional development of infants and toddlers. The coaching includes use of (i) Teaching Pyramid Infant-Toddler Observation Scale (TPITOS™); (ii) Ages & Stages QuestionnairesR, Third Edition (ASQR-3); (iii) Ages & Stages QuestionnairesR, Social-Emotional, Second Edition (ASQR:SE-2); (iv) individual plans for infants and toddlers with challenging behaviors, and (v) referral as appropriate to community resources. The Network also offers training on health and safety."

Virginia Community College System (VCCS) courses include health, safety, and social and emotional development, including interventions. VCCS faculty share information and instructional materials. The Pyramid model is widely incorporated into several courses, but particularly in CHD 205: Guiding the Behavior of Young Children. VDSS rules and regulations are incorporated throughout the early childhood courses, but particularly in EDU 235/HLT 135: Health, Safety and Nutrition Education. The State School Readiness Committee recommended

that required state training be incorporated into coursework. As of spring 2018, VCCS is attempting to embed the 10 hour health and safety training within EDU 235/HLT 135.

6.2.2 Accessibility of professional development for tribes and tribal organizations

Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Virginia's training and professional development requirements are found on child care microsite, (<https://www.childcareva.com>) <https://www.childcareva.com>. VDOE includes Virginia's federally recognized tribes on email distribution lists for professional development information and leverages existing committee collaboration structures for Indian tribes and tribal organizations, whether CCDF funds are accessed or not, to encourage involvement in early childhood initiatives.

Intentional collaboration with Virginia's recognized tribes is an identified area of improvement for the Commonwealth. VDOE will work with VDSS and tribal communities to identify priorities, areas for collaboration, and ensuring meaningful access to training and professional development for tribal providers.

6.2.3 Accessibility for providers with limited English proficiency and disabilities

States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a. with limited English proficiency.

The Lead Agency is working to intentionally improve language accessibility of subsidy vendor resources to promote participation for providers with limited English proficiency, as well as partner with localities and community-based organizations that represent these communities.

b. who have disabilities.

The Lead Agency will work with public and private partners to identify strategies for recruiting and supporting child care providers with disabilities.

6.2.4 Training and professional development requirements for CCDF providers

Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized

credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

Required training and professional development courses were designed to be broadly applicable to different types of providers caring for children of all backgrounds. Providers may fulfill their remaining professional development hours with courses and training opportunities that are most relevant to them and the children they serve. With the recent transition of child care oversight, VDOE is undertaking a comprehensive review of all professional development, training, and quality improvement supports, including conducting an equity audit on key offerings and requirements. VDOE will review training requirements and opportunities with these key populations in mind.

Required trainings include the "Virginia Preservice Training for Child Care Staff" course (providers must take this once), the annual "Virginia Health and Safety Update Training for Child Care Staff" course, CPR certification appropriate to the age of children in care, and first aid certification.

The 10-hour, online "Virginia Preservice Training for Child Care Staff" course is required for all child care staff who work directly with children in a program that receives state child care subsidy funds. This course covers the required health and safety topics, caring for children with special needs/inclusion, oral health, child development (cognitive, physical, social, and emotional development), recognition and reporting of child abuse and neglect, and a brief overview of the Child Care Subsidy Program. CPR and First Aid are separate requirements from preservice training.

Additional annual training is required to help providers stay updated on child development, health and safety, and other child care content. This information helps prepare the provider to respond positively to the children in their care, meet the children's emotional needs, create a warm and nurturing environment, and allow the best learning to occur that will lead to kindergarten readiness and school success.

The Office of Child Care Health and Safety offers regular training on health and safety topics for licensed child care providers at regional meetings twice each year. Training topics are based on national and regional trends and child care best practices. The provision of this training in various regions allows the opportunity to address unique regional needs.

Providers are required to participate in 16 hours of training annually related to child development, health and safety, and other child care content. Some of the required trainings can count toward the 16 hours. This requirement can be met through a variety of options, including the courses described above; online or in-person endorsement courses; college courses; training via Child Care Aware of Virginia or the Virginia Infant and Toddler Specialist network; and professional conferences. The Network provides

training on the care and education of infants and toddlers and the care and education of infants and toddlers with developmental delays/disabilities.

Licensing regulations allow for several qualification options for directors, lead teachers and other staff. These qualification requirements support the need for basic knowledge and skills in child development for relevant age groups, working with children who have special needs/disabilities, English language learners, health and safety, child care administration, and other relevant topics.

6.2.5 Training and technical assistance to identify families experiencing homelessness

The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).

Virginia offers an online training for providers to help them identify and support families experiencing homelessness and housing instability.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

VDSS maintains an online file of homelessness resources that local department staff members are encouraged to consult in the pursuit of their planning and day-to-day work with families, including:

"Supporting Children and Families Experiencing Homelessness: CCDF State Guide,"

"Supporting Children and Families Experiencing Homelessness: CCDF State Self-Assessment," and

"Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness."

6.2.6 Strategies to strengthen business practices

Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

Virginia provides technical assistance to providers titled "Strengthening Business Practices," a module-based training series developed by the National Center on Early Childhood Quality Assurance available to both centers and family day homes. The training includes modules related to creating budgets and making projections for planning purposes; financial reports and internal controls; and marketing child care programs. The final module is targeted to center-based programs focused on staff recruitment and retention. Modules may be offered as a series or taken individually. Trainers

participate in quarterly meetings to receive technical assistance and share insights related to the marketing module. VDOE makes the training dates available on the TIPS calendar and markets training offerings on the Child Care Aware of Virginia website. Child Care Aware offers these trainings in each CCA region on a quarterly basis and offers technical assistance to providers as well.

Virginia also offers webinars in partnership with the Virginia Small Business Financing Authority (VSBFA) and local Small Business Development Centers (SBDC). These webinars include Strengthening Business Practices overviews to support providers who wish to access these funding streams or start a business. The VSBFA and SBDCs also offer technical assistance.

Finally, some VQ lead agencies subcontract to provide business practices support and/or have learning communities for directors that include business practice TA.

b. Check the topics addressed in the state/territory’s strategies for strengthening child care providers’ business practices. Check all that apply.

i. Fiscal management

ii. Budgeting

iii. Recordkeeping

iv. Hiring, developing, and retaining qualified staff

v. Risk management

vi. Community relationships

vii. Marketing and public relations

viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance

ix. Other. Describe:

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

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally

appropriate, and age- appropriate strategies (98.53 (a)(1)(i)(A)). Describe the content and funding:

Twenty-one stackable endorsement courses are offered online, with classroom versions available for approved trainers, through a contract with the Community College Workforce Alliance. These evidence-based courses include all developmental domains listed with evidence-based and developmentally-appropriate content. They are paid for with CCDF funds and practitioner payments.

VDSS offers a 10-hour, online pre-service course that is required for practitioners working in programs receiving state child care subsidy funds. Content is developmentally appropriate, evidence-based, and uses age-appropriate strategies. The course covers topics on health and safety information and child development (cognitive, social, emotional, and physical). This course is funded with CCDF funds in a contract with Pennsylvania State University's Better Kid Care Program.

The Virginia Child Care Provider Scholarship Program pays tuition and technology fees for eligible practitioners to take undergraduate courses leading to a certificate or degree in early childhood or school-age care. Courses are standardized at the 23 community colleges, promoting effective evidence-based, age-appropriate strategies, and cover all topics listed above. This program is state-appropriated with federal CCDF funds.

The Virginia Infant and Toddler Specialist Network offers training and coaching on domain topics for infant and toddler practitioners through a series of courses and Institutes offered annually. These courses are geared toward practitioners serving infants and toddlers, are evidence-based, and are paid for with Quality CCDF funds targeted for the Infant and Toddler set-aside. On-site coaching and technical assistance is not available to in-home care providers.

Virginia Quality (QRIS) offers training and coaching for practitioners serving children from birth through age 5. Training on the developmental domains is included and addresses age-appropriate strategies and evidence-based practices. CCDF funds pay for this training. VQ supports are only available to license-exempt providers if they participate in subsidy. VQ supports are not available to in-home care providers.

The Virginia Partnership for Out-of-School Time (VPOST) provides an annual conference day each year for out-of-school time practitioners, including before-and after-school child care practitioners. The workshop sessions include social, emotional, physical (nutrition), and cognitive development of school-age youth. The Mott Foundation and VDOE fund this event annually.

PSU's Better Kid Care Program has developed the Virginia Health and Safety Update training. This includes sections on healthy eating and physical activity promotion.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool- age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)). Describe the content and funding:

The Virginia Infant and Toddler Specialist Network offers training and coaching on CSEFEL. This training is paid for with Quality CCDF funds targeted for the Infant and Toddler set-aside.

VDOE and VDSS jointly developed guidelines for preventing the suspension and expulsion of young children in early childhood settings.

Virginia Quality (QRIS) offers training and coaching for practitioners serving children from birth through age 5. Training on positive behavior management strategies is included. CCDF funds pay for this training. VQ supports are available to only license-exempt providers if they participate in subsidy. VQ supports are not available to in-home care providers.

The Virginia Partnership for Out-of-School Time (VPOST) provides an annual conference day each year for out-of-school time practitioners, including before-and after-school child care practitioners. The workshop sessions include positive behavior management. The Mott Foundation and VDOE fund this event annually.

Virginia is in the process of developing and expanding Early Childhood Mental Health Consultation work, developed partially to address suspension and expulsion challenges. Currently, the Virginia Infant Toddler Support Network supports some of this work. Additional state and COVID relief dollars are being considered.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)). Describe the content and funding:

Twenty-one stackable Endorsement courses are offered online, with classroom versions available for approved trainers, through a contract with the Community College Workforce Alliance. These evidence-based courses include strategies to engage parents in culturally and linguistically-appropriate ways. Courses are paid for with CCDF funds and practitioner payments.

The Virginia Child Care Provider Scholarship Program pays tuition and technology fees for eligible practitioners to take undergraduate courses leading to a certificate or degree in early childhood or school-age care. Courses are standardized at the 23 community colleges, promoting effective evidence-based age-appropriate strategies, and cover all topics listed above. This program is state-appropriated with federal CCDF funds.

The Virginia Infant and Toddler Specialist Network offers training and coaching that integrates these topics for infant and toddler practitioners through a series of courses and Institutes offered annually. These evidence-based courses are geared towards practitioners serving infants and toddlers and is paid for with Quality CCDF funds targeted for the Infant and Toddler set-aside.

Virginia Quality (QRIS) offers training and coaching for practitioners serving children from birth through age 5. Training on effective family engagement and cultural awareness is included. CCDF funds pay for this training. VQ supports are only available to license-exempt providers if they participate in subsidy. VQ supports are not available to in-home care providers.

The Virginia Partnership for Out-of-School Time (VPOST) provides an annual conference day each year for out-of-school time practitioners, including before-and after-school child care practitioners. The conference sessions include family engagement and cultural awareness. The Mott Foundation and VDOE fund this event annually.

Which type of providers are included in these training and professional development activities?

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe the content and funding:

The Lead Agency is preparing to develop and implement a new training series aligned with the new Early Learning and Development Standards (ELDS). Trainings are also available related to implementing developmentally-appropriate, evidence-based curricula, access to early literacy curriculum 1-2-3 READ, and culturally- and linguistically-responsive instruction.

Trainings are funded by CCDF and COVID relief funding through the Governor's Emergency Educational Relief fund.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe the content and funding:

The Virginia Infant and Toddler Specialist Network works with individual infants and toddlers with challenging behaviors in child care as well as their families, which include child screenings, development of goals for the child and family, and referrals to community services. The Network disseminates information about community contacts (e.g., 211) at its trainings and to programs receiving Infant Toddler Specialist on-site coaching. These services are paid for with Quality CCDF funds targeted for the Infant and Toddler set-aside.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii). Describe the content and funding:

Training on the use of data to guide program evaluation is provided through Child Care Aware of

Virginia's Strengthening Business Practices training, which is conducted in all five regions of the state, technical assistance from the Virginia Infant and Toddler Specialist Network, and technical assistance from Virginia Quality. These services are paid for with Quality CCDF funds targeted for the Infant and Toddler set-aside. VQ supports are only available to license-exempt providers if they participate in subsidy. VQ supports are not available to in-home care providers.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe the content and funding:

NA

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B). Describe the content and funding:

The Virginia Infant and Toddler Specialist Network provides training, technical assistance and materials on inclusion that includes supporting children with disabilities and developmental delays. The Network website has a section on caring for children with disabilities and developmental delays and an 'Ask the Expert' section, in which questions can be answered by an inclusion specialist. These services are paid for with Quality CCDF funds targeted for the Infant and Toddler set-aside.

The Virginia Cross-Sector Professional Development (VCPD) Team provides training links on their website, <http://www.vcpd.net/>, about how to care for and support the development of children with disabilities. There are many online training opportunities including websites for the Infant and Toddler Connection and the Virginia Department of Education - Early Childhood Special Education. VCPD is primarily funded by the Lead Agency.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)). Describe the content and funding:

The Virginia Partnership for Out-of-School Time (VPOST) provides training at their annual Conference on how to support the development of school-age children. They are funded by the Mott Foundation and VDOE.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

x. Other. Describe:

Virginia Infant and Toddler Specialist Network offers training on Ages & Stages Questionnaires, Third Edition (ASQ-3), and Ages & Stages Questionnaires, Social-Emotional, Second Edition (ASQ:SE-2). These services are paid for with Quality CCDF funds targeted for the Infant and Toddler set-aside.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

What content is included under each of these training topics and what type of funds are used for this activity?

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.

iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

iv. Other. Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

6.3.2 Measurable indicators of progress

Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Numerous program-specific measures and indicators are utilized to assess progress, as well as higher-level measures and indicators. The Lead Agency includes performance measures for any contract that it has in order to measure the progress made and to identify trends that need to be addressed.

The Virginia Infant and Toddler Specialist Network conducts satisfaction surveys and pre- and post-tests for participants to measure the transfer of learning and overall satisfaction. They also capture qualitative data in the form of provider feedback.

Virginia Quality captures technical assistance assessment data, feedback and provides a survey to the regional coordinators. With the results, VQ evaluates its program for improvement.

Technical assistance providers (CCA-VA, ITSN, and VQ) gather qualitative data from their observations and analysis of performance. This information is then directly used with the practitioners to improve performance and increase quality.

In accordance with state legislation (HB30 Item 137.H), effective the 2019-2020 school year, statewide implementation of the Virginia Kindergarten Readiness Program (VKRP) is required of all school divisions statewide. This mandate specifically requires that all entering kindergartners' readiness skills are assessed in the fall and upon the conclusion of the kindergarten year as a post-test. The VKRP measures students' literacy (through PALS or the Phonological Awareness Screener), mathematics (through the EMAS or Early Mathematics Assessment System) and self-regulation and social skills (through the CBRS or Child Behavior Rating Scale). Funded through the federal Governor's Emergency Education Relief (GEER) Fund (HB30 item 137.H.c) and allocated to the University of Virginia, initial implementation of the VKRP for Preschool is available to all state-funded, school based, 4-year-old classrooms for fall and spring assessment windows beginning in the fall of 2021. Implementation is required for Virginia Preschool Initiative (VPI) and Mixed Delivery Programs, while other state supported prekindergarten classrooms (e.g., a full ECSE classroom, Head Start, Title I or other locally supported preschool classrooms) have the option to participate during the 2021-2022 school year. Prekindergarten classrooms that are not required to implement the VKRP during the 2021-2022 school year may choose to only assess students using the Child Behavior Rating Scale (CBRS), the self-regulation and social skills component of VKRP. Also through GEER funding, the VKRP is being developed and piloted for three-year-olds effective fall 2021, with availability for statewide implementation in fall of 2022.

6.4 Early Learning and Developmental Guidelines

6.4.1 Implementation of early learning and developmental guidelines

States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

- i. Are research-based.

Virginia's early learning and developmental guidelines, Milestones of Child Development, reflect current research that shows a child's need for positive responsive relationships with adults who use effective strategies to stimulate language development and boost self-regulation. -

A team of state and higher education early childhood education partners developed the original early learning guidelines in collaboration with external early childhood research consultants. Critical reviews were conducted by numerous early childhood professionals and experts who provided feedback and recommendations based on best practices and research in the field.

The Virginia Board of Education has approved a new, unified set of early learning and development standards, retitled Virginia's Early Learning and Development Standards: Birth-Five Learning Guidelines. The new standards will replace the Foundation Blocks for Learning (4 year-old guidelines) and the Milestones documents and implementation of the new standards is expected by the 2021-2022 school year. These standards were developed by individuals with varied early childhood expertise, in collaboration with higher education lead developers who consulted current neuroscientific and early learning and development research spanning the birth to five continuum and discipline oriented standards and state models for each area of learning and development (Approaches to Play and Learning, Social and Emotional Development, Communication, Language and Literacy, Health and Physical Development, and Cognitive Development, which includes Science, Social Science, Mathematics and Fine/Creative Arts).

A combined total of over 300 early childhood stakeholders, including Virginia Kindergarten Readiness Program partners and contributing researchers/developers for the Head Start early learning standards, participated in iterative critical reviews of the standards.

ii. Developmentally appropriate.

The Milestones of Child Development, arranged along a continuum of development, are a predictable but flexible progression of accomplishments sequenced in the order they emerge for most children according to research. The domains include: 1. Social and emotional development 2. Approaches to learning 3. Language and learning 4. Cognition and general knowledge 5. Fine arts 6. Physical development and health - Each domain is broken down into strands and indicators with examples of observable behaviors and strategies for the teachers in order to facilitate development of the child in the different areas. These domains, strands, indicators, and observable behaviors were selected, based on research and general knowledge, to be developmentally, culturally and linguistically appropriate and aligned with kindergarten entry. Key research documents were used to develop the Milestones document and an extensive list is included in the "References" section.

Virginia has recently developed a new set of Early Learning Standards (Virginia’s Early Learning and Development Standards: Birth-Five Learning Guidelines) which cover the Birth-5 age bands as part of the Preschool Development Grant at the VDOE. Virginia’s new ELDS will begin phased in use in fall 2021. These standards were developed with the expertise of individuals from around the state and have been determined to be developmentally appropriate. The standards provide overlapping age bands to show progressing behavior markers, as well as reinforce the importance of the developmental spectrum.

- iii. Culturally and linguistically appropriate.

A guiding principle for the development of Virginia’s new early learning and development standards was that they would reflect cultural responsiveness. Stakeholders were engaged to ensure the new learning guidelines are equity centered and utilize inclusive language. Focused reviews to ensure the standards are culturally and linguistically appropriate occurred through structured surveys of diverse and representative early childhood experts, also including the Virginia Department of Education’s Equity and Community Engagement Office and English Learner Instructional Specialist. Feedback was incorporated to address concerns and the final document was vetted as culturally and linguistically appropriate

- iv. Aligned with kindergarten entry.

The development of Virginia’s new early learning guidelines was also grounded in the guiding principle of being in alignment with Virginia’s kindergarten standards of learning and the Virginia Kindergarten Readiness Program (VKRP) assessment tools (for literacy, math, self-regulation and social skills). The standards were designed and reviewed through this lens. The expertise of content specialists across the Virginia Department of Education’s instructional departments (Math, English/Instructional Support for English Learners, Science, History and Social Science, ECSE) and the VKRP/University of Virginia partners was called upon for critical reviews and the standards were vetted by these partners and other stakeholders as aligned with kindergarten entry expectations.

- v. Appropriate for all children from birth to kindergarten entry.

The Milestones of Child Development show an age continuum of observable behaviors of children from birth through age five. Expectations are flexible and based on the child's abilities, exposure to the world of learning and social- emotional background.

The "Guiding Principles" section emphasizes, "Every child develops at an individual rate, possesses unique characteristics, and exhibits an array of talents and interests regardless of

family background, culture, special need, experience, or ability." This Includes children of all abilities. The "Guiding Principles" also states, "All children are capable and competent learners, and they learn best when they are included with their peers.

Virginia's new early learning and development standards describe the developmental progression of what we expect a child to know and be able to do across six overlapping age bands from birth to age 5. These skills are interwoven and interdependent skill development and span five areas of learning and development (Approaches to Play and Learning, Social and Emotional Development, Communication, Language and Literacy, Health and Physical Development, and Cognitive Development, including Science, Math, Social Science Creative/Fine Arts). As noted in the introductory section of the document, this overlap is intended to illustrate "the reality that children develop at different rates....[and] individual skills will appear, across children, at different times." The interconnectedness of a child's development and learning across all five focus areas also speaks to the expressed intent of these standards to guide educators and caregivers on how to best meet the holistic and individualized needs of all children.

An equity centered focused process for developing these standards was employed by garnering feedback and support from diverse stakeholders (racially, ethnically, across sectors and geography among other demographics); keeping education equity and culturally responsive practice a grounding element, and ensuring there was a special emphasis on caring for and educating children who are deemed "most vulnerable" (such as English/multilingual learners and children with identified special needs). Two related points articulated in the introductory section under "Guiding Principles" are 1) "Early learning will require special attention, support, and strategies for children with developmental delays" and 2) "A child's home culture and language must be recognized, respected, and accommodated in the early learning processes." An entire section is also devoted to culturally responsive practice and education equity as defined by the Virginia Department of Education and in alignment with the agency's equity commitments (Virginia is for Learners/#EdEquity). Additional resources consulted include the Head Start Early Learning Outcomes framework: Ages Birth to Five, National Association for the Education of Young Children's publication on Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth through age 8 and other evidence-based guidance cited in the "References and Sources Consulted" appendix of the document.

- vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

Virginia has recently developed a new set of early learning standards (Virginia's Early Learning and Development Standards: Birth-Five Learning Guidelines) which cover the Birth-5 age bands as part of the Preschool Development Grant at the VDOE. Virginia's new ELDS will begin phased in use in fall 2021. The development of the new standards began in August 2019 with leadership from a diverse team of content experts and researchers from two state institutes of higher learning; support from 7 workgroups (including representation from 10 institutes of higher learning) and over 75 stakeholders who collaborated to develop the structure and content of the document. Each draft of the standards was critically reviewed and feedback from over 250 additional individuals- who responded to one or both public comment surveys and represented

the diverse range of early childhood care and education stakeholders- was incorporated as necessary/feasible towards strengthening the document in accordance with the guiding principles set forth by the Lead Agency. These include four key parameters: Virginia's new comprehensive birth-to-five learning standards will 1) reflect cultural responsiveness; 2) be pragmatic for families and varied early childhood care and education programs including child care, Head Start and school-based preschool; 3) have a special emphasis on equity, specifically caring for and education the most vulnerable populations of children; and 4) be in alignment with Virginia's kindergarten standards of learning (SOLs). The new standards will replace the Milestones and Foundation Blocks for Learning (both last revised in 2013) in the fall of 2021 pending approval from the Virginia Board of Education. The new Early Childhood Advisory Committee (ECAC) will advise the VDOE on plans related to the rollout, training for, and ongoing evaluation of the ELDS.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

Virginia's new early learning and development guidelines explicitly focus on the core cognitive areas of Communication, Language and Literacy; Math, Science, Social Science and Creative/Fine Arts. Although Communication, Language and Literacy is not included in the Cognitive Development domain and is its own "Area of Development" because the complex nature of this area of cognition, these standards are intended to guide educators and caregivers in their understanding of how young children, birth to five, develop in their cognitive abilities through observations and experiences within natural, physical and social environments. These standards illustrate how children's cognition develops through questioning, exploring, describing, predicting, thinking, and sharing their thinking, as well as communicating in meaningful social context with purpose and building language and literacy skills- each reinforcing one another. The new standards are in alignment with Virginia's Kindergarten Standards of Learning and the Head Start Early learning Outcomes framework: Ages Birth to Five. Other resources include the National Core Arts Standards; Principles and Standards for School Mathematics (National Council of Teachers of Mathematics) and a number of other empirical resources included in the "References and Sources Consulted" appendix of the document.

ii. Social development.

As part of Virginia's goal to ensure all children enter school ready to fulfill their maximum potential, social development (directly connected to emotional learning) is an equal school readiness focus to the more academic math and literacy components. In alignment with national guidance and a vast body of literature on the importance of social development for all learners and the social skills measure of the Virginia Kindergarten Readiness Program (i.e., The Child Behavior Rating Scale or CBRS), social development is an intentionally leading area of development covered in the new early learning guidelines which will replace the Milestones

and Foundation Blocks documents in the Fall of 2021. Early care educators and caregivers are provided developmentally appropriate guidance for young children- outlined across six overlapping age bands for children birth to five- on what to expect of children and how to help support them as they develop ideas about themselves and how to relate to other children and adults. These standards are in alignment with the Head Start Early learning Outcomes framework: Ages Birth to Five.

iii. Emotional development.

Social and emotional development are interrelated, and this area of development is paired with social development- within the state's new birth to five early learning guidelines (Virginia's Early Learning and Development Standards: Birth-Five Learning Guidelines) and in the states kindergarten readiness assessment tool which focuses on self-regulation in addition to social skills (the Child Behavior Rating Scale or CBRS). These two critical school readiness components receive equal attention to that of the math and literacy, cognitive focused areas of development. Emotional developmental indicators, spanning an intentionally overlapping birth to five developmental progression across six age bands, cover ways in which young children develop emotional competency (including expressing and managing emotions in healthy ways). These standards provide guidance to educators and caregivers on what to be attuned to regarding each child's emotional needs and how to support them in navigating emotional (and social) complexities and the development of important life-long emotional competency skills. These standards are in alignment with the Head Start Early Learning Outcomes framework: Ages Birth to Five.

iv. Physical development.

Meeting the needs of the whole child is an important focus conveyed and upheld by Virginia's new early learning and development standards. Recognizing that young children learn through direct, active interaction with their indoor and outdoor surroundings is a guiding principle for this area of development's inclusion in the state's early learning guidelines. Educators and caregivers engaging with young children, birth to five, must consider how children learn and develop through the use of their senses and their expanding exploration of indoor and outdoor environments (e.g., through the development of eye and hand coordination and large and small muscle control). Guidance on children's physical development, across the six overlapping age bands included in the new standards documents, is intended to help guide educators and caregivers in their individualized support of each child's development, in evidence-based and scientifically appropriate ways. These standards are in alignment with Virginia's Kindergarten Standards of Learning and the Head Start Early learning Outcomes framework: Ages Birth to Five.

v. Approaches toward learning.

Virginia has emphasized the importance of play by retitling the “Approaches toward Learning” domain as “Approaches to Play and Learning” in the state’s new early learning and development standards for children birth to five.. Closely aligned with learning guidelines outlined in the Head Start Early Learning Outcomes Framework, these new standards convey that, no matter the content area or subject matter, engaging in learning activities requires children, across all age bands, to be supported in developing- in their own ways- expressing curiosity and initiative, creativity and imagination and habits and skills that relate to executive function, cognitive and behavioral self-regulation.

vi. Describe how other optional domains are included, if any:

Defined under “Cognition” (b.i.) Communication, Language and Literacy is delineated as its own area of focus within Virginia’s new early learning and development guidelines because of its complexity. These expectations for children ages 0-5 illuminate the developmental progress of children’s exhibited behaviors and ways of learning to communicate in meaningful social context with purpose and the building of language and literacy skills. These components are grouped together to illustrate that each component of this triad reinforcing one another. These standards are in alignment with Virginia’s Kindergarten Standards of Learning, The Virginia Kindergarten Readiness Program assessment tools and the Head Start Early learning Outcomes framework: Ages Birth to Five, among other scientific resources included in the “References and Sources Consulted” appendix of the document.

c. Describe how the state/territory’s early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The Milestones of Child Development were initially published in 2008 and revised in 2013 based on feedback from a variety of stakeholder groups.

Virginia has recently developed a new set of early learning standards (Virginia’s Early Learning and Development Standards: Birth-Five Learning Guidelines) which cover the Birth-5 age bands as part of the Preschool Development Grant at the VDOE. Virginia’s new ELDS will begin phased in use in fall 2021. The development of the new standards began in August 2019 with leadership from a diverse team of content experts researchers from two state institutes of higher learning; support from 7 workgroups and over 75 stakeholders who collaborated to develop the structure and content of the document. Each draft underwent a critical review and feedback received from over 250 additional individuals- who represented the diverse range of early childhood care and education stakeholders and responded to one or both public comment surveys- was incorporated as necessary/feasible to strengthen the document in accordance with guiding parameters established by the Lead Agency. The new standards will replace the Milestones and Foundation Blocks for Learning (both last revised in 2013) in the fall of 2021 pending approval from the Virginia Board of Education. Virginia’s Early Learning and Development Standards: Birth-Five Learning Guidelines will be updated every five to ten years, on average.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school timestandards.

NA

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

Virginia's new early learning and development guidelines are slated for approval by the Board of Education in March 2021 and phased implementation will begin in the fall of 2021. The current, near finalized draft can be accessed here:

**(<https://www.doe.virginia.gov/boe/meetings/2021/01-jan/item-d-attachment-a.pdf>)
<https://www.doe.virginia.gov/boe/meetings/2021/01-jan/item-d-attachment-a.pdf>**

6.4.2 How early learning and guidelines are used

CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

Virginia's Milestones of Child Development are used universally by child care programs, the Department of Education's Virginia Preschool Initiative for high-risk 4-year-olds, and the Head Start and Early Head Start programs. This document serves as the basis for curriculum programming and workforce training.

All state-supported early care and education training for providers who work with children ages birth to age 5 reference the Milestones of Child Development and explain that the expectation is to use the document to help providers plan their lessons for the children. The Milestones are available to all on the internet.

The Virginia Community College System (23 colleges on 40 campuses) was given permission to reprint the Milestones of Child Development for their students. Students are required to use the Milestones for various projects within the early care and education course structure offered.

Virginia’s Early Learning and Development Standards: Birth-Five Learning Guidelines, which will replace the Milestones and Foundation Blocks for Learning documents in the fall of 2021, are to be used universally by all birth to five programs, including Virginia Preschool Initiative programs for 3 and 4 year olds, child care programs, family day home providers, Head Start and Early Head Start programs. These guidelines are intended to provide foundational guidance on what children should know and be able to do across a range of developmental and learning areas. For each of the five domains of learning and development covered in the document (Approaches to Play and Learning, Social and Emotional Development, Communication, Language and Literacy Development, Health and Physical Development, and Cognitive Development, including science, social science, mathematics and fine arts), these guidelines reflect typical development patterns for young children across six overlapping age bands. While the Early Learning Guidelines are not intended to be used in the place of a curriculum or as a developmental checklist, they are designed to serve as a critical tool to help educators and caregivers support children’s individual progressions across the critical skills and behaviors outlined in the document. A plan for printing and dissemination of hardcopies to early childhood providers, families and other interested stakeholders is in development; however, the approved, final document will be available in a digital/downloadable format with permissions granted to print, copy and distribute as needed.

6.4.3 Measurable Indicators for early learning and developmental guidelines

If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory’s progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

VDOE is in the process of developing trainings for providers on the ELDs. As part of this planning and rollout, VDOE will include provider assessments of training effectiveness and track completion rates among staff.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state’s or territory’s need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define “high quality” and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Assessment process and frequency of assessment

Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

VDSS used numerous strategies and sources of information to inform the state's quality activities during its time as the Lead Agency. Some activities--such as monitoring and analysis of Virginia Quality participation and quality rating data--were conducted routinely, while others are more periodic, such as VDSS's 2017 report on the need for child care for underserved target populations, including child care deserts, infants and toddlers, children with special needs, and children in need of care during nontraditional hours. The report is available at (<https://www.dss.virginia.gov/cc/community/index.html?pageID=12>) <https://www.dss.virginia.gov/cc/community/index.html?pageID=12>. Similarly, the Virginia Infant Toddler Specialist Network conducted a provider survey in 2019 that assessed provider demographics, education, experience, career goals and awareness/interest in professional development offerings. Over 1,000 individuals responded to the survey. The National Center for Children in Poverty, with support from Virginia partners, surveyed Virginia's early care and education teachers about young children's challenging behaviors, which informed a December 2018 publication titled *Young Children's Challenging Behavior and Impacts on Programs and Families*. The Lead Agency continues to leverage these periodic reports to inform its quality investments.

More recently, the Lead Agency has worked with a diverse group of stakeholders through the Preschool Development Grant to understand the current state of early care and education and what it takes to provide children with quality care, support, and a strong start in life. Key activities of the grant have included the production of a statewide needs assessment and a strategic plan to inform efforts to improve equitable access to quality early care and education for children ages birth to five in Virginia. Both resources, (<https://www.governor.virginia.gov/newsroom/all-releases/2019/august/headline-844058-en.html>) announced by the Governor on August 8, 2019, were developed with input from a broad range of stakeholders and with guidance from the School Readiness Committee and its Impact Workgroup. The needs assessment will be updated in 2022, per PDG B-5 requirements. The PDG B5 Needs Assessment combines (1) the findings of recent state and national reports on ECCE, (2) administrative and demographic data from federal and state databases, (3) interviews with families of young children, community leaders, and other early childhood stakeholders, and (4) focus groups with child care center directors, educators, and child care providers. It can be found here:

(<https://www.vecf.org/wp-content/uploads/2019/09/Needs>) https://www.vecf.org/wp-content/uploads/2019/09/Needs_Assessment_withAppendicesv10.pdf

7.1.2 Assessment findings and identified quality improvement goals

Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

The Virginia Infant and Toddler Specialist Network created a video describing some of the findings from its survey. This video can be viewed at (<https://www.youtube.com/watch?v=yLiye3H4oL4&feature=youtube>) <https://www.youtube.com/watch?v=yLiye3H4oL4&feature=youtube>. Some of the findings include (i) the top three barriers to accessing professional development are time, work schedule, and cost, (ii) early child care providers prefer online training and training that takes place at work, and (iii) the top five training topics providers are interested in for future trainings are behavior management, social/emotional development, positive guidance, developmentally appropriate activities and stress management.

Results from the National Center for Children in Poverty survey about challenging behaviors of children can be viewed at (http://www.nccp.org/publications/pub_1213.html) http://www.nccp.org/publications/pub_1213.html. This report contributed to the Virginia General Assembly requesting that Virginia state agencies study the feasibility of adopting a statewide early childhood mental health consultation model to prevent suspensions and expulsions of young children attending early care and education programs in Virginia. The study results can viewed at (<https://rga.lis.virginia.gov/Published/2021/HD3>) <https://rga.lis.virginia.gov/Published/2021/HD3> .

The PDG B-5 Needs Assessment resulted in the development of the PDG B-5 Strategic Plan (<https://www.vecf.org/wp-content/uploads/2019/10/Virginia-Strategic-Plan-PDGB5.pdf>) (<https://www.vecf.org/wp-content/uploads/2019/10/Virginia-Strategic-Plan-PDGB5.pdf>). The strategic plan is a direct response to the data uncovered in the needs assessment, and sets for a set of priorities for Virginia, many of which have already been acted upon. In July 2020, Governor Northam signed legislation to create a Uniform Measurement and Improvement System. Over the next 3 years, VDOE will work with a variety of stakeholders to develop and scale the new system. This will include two years of practice with the new system through the Preschool Development Grant. (All programs will have an opportunity to participate in at least one practice year.) By fall 2023, all publicly-funded programs will be required to participate with ratings shared publicly in fall 2024. Early childhood programs that do not receive any public funds will have the option to participate. During the practice years, Virginia Quality coordinators will collaborate with local PDG communities to support quality improvement efforts in alignment with current and future QRIS standards.

7.2 Use of Quality Funds

Amended: Effective Date 01/01/2023

7.2.1 Quality improvement activities

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

PDG B-5 Funding

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

PDG B-5 Funding

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

PDG B-5 Funding

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

PDG B-5 Funding

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i. CCDF funds

ii. State general funds

Other funds: describe

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i. CCDF funds

ii. State general funds

Other funds: describe

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 QRIS or another system of quality improvement

Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available.
- ?
- e. Yes, the state/territory has another system of quality improvement. Describe the other system of quality improvement and provide a link, if available. **The Virginia Department of Social Services, the Virginia Department of Education, and the Virginia Early Childhood Foundation administer Virginia's QRIS through a public-private partnership working with eight contracted organizations that provide hands-on assistance in regions throughout the State. Link: (<https://www.virginiaquality.com/>) <https://www.virginiaquality.com/>.**

In July 2020, Governor Northam signed legislation to create a Uniform Measurement and Improvement System. Over the next 3 years, VDOE will work with a variety of stakeholders to develop and scale the new system. This will include two years of practice with the new system through the Preschool Development Grant. (All programs will have an opportunity to participate in at least one practice year.) By fall 2023, all publicly-funded programs will be required to participate with ratings shared publicly in fall 2024. Early childhood programs that do not receive any public funds will have the option to participate. During the practice years, Virginia Quality coordinators will collaborate with local PDG communities to support quality improvement efforts in alignment with current and future QRIS standards. <https://www.vecf.org/wp->

7.3.2 QRIS or another system of quality improvement participation

Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

i. Participation is voluntary.

ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

iii. Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.

i. Licensed child care centers

ii. Licensed family child care homes

iii. License-exempt providers

iv. Early Head Start programs

v. Head Start programs

vi. State Prekindergarten or preschool programs

vii. Local district-supported Prekindergarten programs

viii. Programs serving infants and toddlers

ix. Programs serving school-age children

x. Faith-based settings

xi. Tribally operated programs

xiv. Other. Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

The current QRIS, Virginia Quality, looks at quality as is appropriate for the age-setting and

provider setting by using different environmental scales and age rating scales. The new Unified Rating and Improvement System, to begin practice in 2021-2022, is expected to do the same.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

No

Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).

b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

d. Programs that meet all or part of state/territory school-age quality standards.

e. Other. Describe:

For the current QRIS, the national accrediting entities with a VA QRIS approved crosswalk agreement in place are: - Cognia - National Accreditation Commission for Early Care and Education Programs (NAC) - National Association for the Education of Young Children (NAEYC)

7.3.4 Link between quality standards and licensing requirements

Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.

a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

b. Embeds licensing into the QRIS.

c. State/territory license is a "rated" license.

d. Other. Describe:

State pre-kindergarten or preschool programs are regulated by the Department of Education and must meet the DOE standards/requirements that align with the Virginia Quality QRIS.

7.3.5 Financial or other incentives through QRIS or another quality improvement system

Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
i. One-time grants, awards, or bonuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ongoing or periodic quality stipends	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii. Higher subsidy payments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Training or technical assistance related to QRIS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Financial incentive or other supports	Licensed center-based	License exempt center-based	Licensed family child care home	License-exempt family child care home	In-home (care in the child's own home)
v. Coaching/mentoring	[x]	[x]	[x]	[x]	[]
vi. Scholarships, bonuses, or increased compensation for degrees/certificates	[x]	[x]	[x]	[x]	[]
vii. Materials and supplies	[x]	[x]	[x]	[x]	[]
viii. Priority access for other grants or programs	[]	[]	[]	[]	[]
ix. Tax credits for providers	[]	[]	[]	[]	[]
x. Tax credits for parents	[]	[]	[]	[]	[]
xi. Payment of fees (e.g., licensing, accreditation)	[]	[]	[]	[]	[]

b. Other:

NA

7.3.6 Measurable indicators of progress relevant to Subsection 7.3

Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

1. QRIS Standards for child care and preschool programs, and data generated through assessment using these standards, are used to measure progress in improving the quality of care at programs participating in Virginia Quality, the State quality rating and improvement system.

2. The quality standards areas are: - Basic Health & Safety (compliance with regulating authority)

Level 1 - Education & Qualifications (assessed by documentation)

Level 2 - Curriculum and Assessment (assessed by documentation and observation)

**Level3 - Interactions and Learning Environment (assessed by observation using
Environmental Rating Scales and Classroom Assessment Scoring System
Research-based tools**

Level 4 and Level 5

3. QRIS measurable indicators:

**The percentage of early care and education (ECE) programs that are
participating in QRIS out of the eligible universe**

**Progress of participating programs maintaining and/or moving up levels
during a 12-month period and at annual reviews.**

**Increase in Environmental Rating Scale and Classroom Assessment Scoring
System average scores upon renewal ratings**

4. Additional quality of services measures include:

Post training evaluations via surveys

**Quarterly progress reports on regional work plan elements with evaluation
methods and outcomes identified for each listed activity**

Monthly regional coordinator calls to monitor progress,

**Address regional coordinator concerns and to provide administrative
technical assistance.**

The measures for the new Unified Measurement Improvement System will be defined and implemented as a pilot for practice year 1 in 2021-2022. The VDOE expects to refine these annually as the system will be implemented statewide in 2023-2024.

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

Amended: Effective Date 01/01/2023

7.4.1 Activities to improve supply and quality of infant and toddler care

Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

-
- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

[x] c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Child Care Aware of Virginia targets training to infant and toddler providers statewide on First Aid and CPR certification training, Emergency Preparation and Disaster Response, and Providing Trauma-Informed Care.

Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe:

Child Care Aware of Virginia targets training to infant and toddler providers statewide on First Aid and CPR certification training, Emergency Preparation and Disaster Response, and Providing Trauma-Informed Care.

The Virginia Infant & Toddler Specialist Network (VITSN), operated by Child Development Resources (CDR) and sponsored by the Lead Agency, offers statewide training for infant and toddler child care providers on topics such as:

- The Program for Infant and Toddler Caregivers (PITC)**
- Health and safety**
- Inclusion**
- Early literacy**
- CSEFEL**
- Program management/leadership**

Depending on the training, a pre- and post-knowledge measure is administered. The Network implements the Infant and Toddler Endorsement Courses.

- [x]** Licensed center-based
- [x]** License exempt center-based
- [x]** Licensed family child care home
- [x]** License-exempt family child care home
- [x]** In-home care (care in the child's own home)

d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

The Virginia Infant & Toddler Specialist Network offers on-site consultation including mentoring and support using quality improvement plans. This service is typically offered through an extended engagement with the provider. For example, Level I services for a center would involve at least 40 hours of on-site technical assistance over a five-month period.

The program is assessed using the Infant/Toddler Environment Rating Scale Revised Edition (ITERS-R), or the Family Child Care Environment Rating Scale, Revised Edition (FCCERS-R).

The goal of this statewide service for child care programs offering care to infants and toddlers is to improve the quality of care.

One center and one family child care home from each region is recognized annually for making improvements in the quality of their infant toddler care. The Network also provides targeted technical assistance on a variety of topics (e.g., creating a breastfeeding friendly program, expansion, inclusion, follow-up to training topics) and support to obtain a CDA. The Network is piloting LENA Grow (<http://www.lena.org>) to improve the talk environment in the caregiving environment. Additionally, the Network Western region has a staff member who will emphasize outreach to family, friend and neighbor care.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

The Virginia Infant and Toddler Specialist Network Leadership Council includes a representative from the Virginia Department of Behavioral Health and Developmental Services' Early Intervention Division (DBHDS ☐ Part C of IDEA) to help ensure coordination of services.

DBHDS developed in coordination with the Network an orientation package for child care providers/early childhood professionals to support provision of early intervention services through coaching in child care settings, including home-based child care settings.

The Network provides ASQ (Ages and Stages Questionnaires) training to infant and toddler providers, which may result in referrals to Part C for assessment. The network has a section on its website devoted to inclusion/disabilities.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Virginia Quality includes the following infant and toddler components for programs serving children ages 0 to 36 months:

1. Professional Development learning modules on ITERS/CLASS at Level 2
2. ITERS/CLASS self-studies completed at Level 3
3. Curriculum checklist completed at Level 3 in infant and toddler classrooms.

Infant and toddler classroom quality measures include:

1. Document review
2. Infant and Toddler Curriculum
validation
3. Outside observations using Infant Toddler Environmental Rating Scales, and the Infant CLASS instruments (when the program is at or working to obtain level four or five.)

A quality improvement plan (QIP) is developed with guidance from a mentor.

Programs/providers receive professional development support and some support to purchase materials based on the goals and objectives of the QIP.

Programs serving infants and toddlers are encouraged to engage with the Virginia Infant and Toddler Specialist Network for intensive on-site coaching.

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

g. Developing infant and toddler components within the state/territory's child care licensing regulations.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

h. Developing infant and toddler components within the early learning and developmental guidelines.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

RecognizeB5 is Virginia’s educator retention incentive program. Educators in family day homes and child day centers that receive public funds are eligible to receive an annual stipend if they remain in their program for a full program year. An evaluation of this program finds that receipt of the incentive significantly improves teacher retention in community-based settings. Stability and continuity of care—namely the educators providing care—supports the development and learning of all young children

and is particularly important for infants and toddlers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

k. Coordinating with child care health consultants.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

l. Coordinating with mental health consultants.

The Virginia Infant & Toddler Specialist Network, through infant and toddler mental health consultants, provides training and technical assistance to increase providers and families' use of strategies and practices to promote the social emotional development of infants and toddlers.

This support includes consultation to providers on challenging behaviors of individual infants and toddlers in care, which involves development of an individual plan for that infant or toddler in coordination with the child's family.

Consultants provide training on screening infants and toddlers TPITOS is used when the Network provides coaching to programs that helps with development of goals for improvements and to assess changes since the start of Network services

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

n. Other.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License-exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Measurable indicators of progress relevant to Subsection 7.4

Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

Virginia Infant and Toddler Specialist Network evaluates improvement between pre and post (technical assistance or training) scores using the following assessment tools:

ITERS-R and/or FCCERS-R scores (research based tools that the average total score relates to positive child development)

A health and safety checklist (based on licensing staff's observation of frequent and/or critical health and safety issues)

Infant/Toddler Environmental Checklist (an early literacy checklist consisting of five areas for evaluation using a Likert scale with 1=almost none and 4=numerous)

Verification of achievement of program goals

Knowledge measures

The Pyramid Infant-Toddler Observation Scale (TPITOS) for onsite consultation for Early Childhood Mental Health

Mean score of teacher and director self-assessment of knowledge on 13 social emotional items

Mean score of teacher and director level of comfortability using strategies to foster social emotional development

Before and after pictures (#_msocom_1" id="_anchor_1" name="_msoanchor_1) [VP1] - QRIS measurable indicators:

The percentage of early care and education (ECE) programs that are participating in QRIS

Progress of participating programs maintaining and/or moving up Levels . Increase in Environmental Rating Scale and Classroom Assessment Scoring System (CLASS) average scores upon renewal ratings

Survey to programs receiving technical assistance

Satisfaction surveys and calls after training and after completion of 10 hours of technical assistance and

Questionnaires administered during onsite TA and afterward

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 Child care resource and referral agencies' services

What are the services provided by the local or regional child care and resource and referral agencies?

Child Care Aware of Virginia provides Child Care Resource and Referral services to families in the state of Virginia. Child Care Aware of Virginia is organized into five regions (Central Virginia, Eastern Virginia, Northern Virginia, Piedmont Virginia, and Western Virginia) with each region serving between 22-34 localities. The CCA-VA main office is located in Richmond, VA and has 12 employees, including a Director, professional staff, and support staff; it partners with regional staff, community organizations and independent contractors to fulfill the services needed in each region.

The Lead Agency contracts with Child Care Aware of Virginia (CCA-VA), Virginia's child care resource and referral agency, to:

Conduct outreach and public awareness activities regarding the importance of child care and the availability of child care assistance;

Provide and promote high-quality consumer education, consultation, and information regarding access to child care;

Provide families with information about choosing quality child care, how to find a provider that meets their needs, and affordable options in particular localities;

Provide a toll-free telephone number (1-866-KIDS-TLC) for CCR&R information;

Provide technical assistance and consumer education to families and consumers upon request; and

Publicize and promote CCR&R services at community events and on social media.

CCA-VA also supports child care providers by:

Facilitating an optional orientation training for providers interested in becoming child care subsidy vendors;

Supporting providers interested in becoming licensed and/or becoming a child care subsidy vendor; and

Promoting participation in the Child Care Subsidy Program.

7.5.2 Measurable indicators of progress relevant to Subsection 7.5

Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

The number of families provided with child care referrals is tracked monthly. This information is recorded by type of referral:

A standard referral includes a customized search of the provider database, based on individual needs and requests of the customer, a consumer education overview and materials, custom provider listing via email or mail, and follow-up services.

An enhanced referral includes provider vacancy checks to assist families struggling to find care (for example, a family receiving subsidy searching for affordable care, or a family with a child with behavior issues or special needs).

Internet referral searches are reported for consumers visiting the CCA-VA provider database for 24/7 access (and does not include staff searches).

Referral services are also made available to families at community outreach events and in-person at CCA-VA offices.

Consumer outreach is provided and reported at three levels quarterly:

Coordinated public awareness and networking meetings

Representation at community events

On-site Choosing Quality Child Care workshops, including one-on-one consumer education and guidance

to families

CCR&R initiates a follow up call with 100% of referral clients one week after referral, and a follow up customer service survey at six weeks which asks: whether client would recommend CCR&R services to others; whether client's knowledge was increased as a result of the CCR&R service; whether client had a subsequent problem finding child care; and whether client is satisfied or very satisfied with quality of the care provider they chose.

CCR&R quantifies additional client data on a quarterly basis:

- Number of referrals and consumer education to families regarding subsidy assistance
- Number of unduplicated families served
- Number of referrals by age category
- Number of special needs requests
- Count of child care providers within the state by care type and licensing or regulation status.

All of the services listed above have been successfully converted to virtual platforms and teleconferences as a response to COVID 19.

VDOE is currently working with Child Care Aware to streamline key goals and objectives of CCR&R and vendor services in relation to the Agency's broader goals for the child care system, focusing on increasing the number of licensed providers and providers participating in the child care subsidy program. Data is not yet available.

7.6 Facilitating Compliance with State Standards

7.6.1 Activities to facilitate provider compliance with health and safety requirements

What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

Virginia funds licensing and monitoring activities for licensed and license-exempt providers with CCDF quality dollars. These funds also support required training activities, including the Virginia Preservice Training for Child Care Staff for all providers and the Virginia Health and Safety Update training for subsidy vendors and designees. The child care licensing team also supports ad-hoc technical assistance and training at the request of the provider or as a result of deficiencies identified during an inspection.

7.6.2 Financial assistance to support complying with minimum health and safety requirements

Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

No

Yes. If yes, which types of providers can access this financial assistance?

- a. Licensed CCDF providers
- b. Licensed non-CCDF providers
- c. License-exempt CCDF providers
- d. Other. Describe:

7.6.3 Measurable indicators of progress relevant to Subsection 7.6

Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

As the new Lead Agency, VDOE is focused on increasing the supply of licensed and regulated child care and increasing the supply of child care providers that participate in the subsidy program, particularly in underserved areas and for target populations for whom care is particularly hard to find, like children with disabilities and infants and toddlers. Measurable indicators of progress to this end will include:

- Increase in the number of licensed child care providers statewide and in target communities;
- Increase in the overall licensed capacity among providers statewide and in target communities;
- Increase in the number of child care providers participating in the Child Care Subsidy Program statewide and in target communities;
- Increase in the licensed capacity of providers participating in the Child Care Subsidy Program;
- Increase in the number of providers serving infants and toddlers;
- Increase in the licensed capacity of providers serving infants and toddlers;
- Increase in the number of providers serving children with disabilities;

Virginia's new child care licensing system will include data that will allow the Lead Agency to more easily track progress against these indicators. As of the end of August 2021, Virginia has roughly 6,000 regulated child care providers, about two-thirds of which (~4000) are licensed child day centers or family day homes. Total capacity is nearly 400,000, the majority of which are in licensed child care centers. Half of Virginia's licensed programs participate in the Child Care Subsidy Program.

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

7.7.1 Measures of quality and effectiveness of child care programs

Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes. If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

7.7.2 Measurable indicators of progress relevant to Subsection 7.7

Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.8 Accreditation Support

7.8.1 Pursuit of Accreditation

Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:

c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:

d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.

i. Focused on child care centers. Describe:

ii. Focused on family child care homes. Describe:

e. No, but the state/territory is in the in the development phase of supporting accreditation.

i. Focused on child care centers. Describe:

ii. Focused on family child care homes. Describe:

f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Measurable indicators of progress relevant to Subsection 7.8

Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

NA

7.9 Program Standards

7.9.1 High-Quality program standards

Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

N/A

b. Preschoolers

N/A

c. and/or School-age children.

N/A

7.9.2 Measurable indicators of progress relevant to Subsection 7.9

Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

N/A

7.10 Other Quality Improvement Activities

7.10.1 Other quality improvement activities and measurable indicators of progress

List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

N/A

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Fiscal management practices

Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

a. Verifying and processing billing records to ensure timely payments to providers.
Describe:

The Subsidy Vendors receive payment every two weeks by direct deposit through Conduent, a third-party vendor who acts as the State Provider Management Agent. For processing manual attendance payments, Section 10.7. of the Subsidy Vendor Agreement states that payment for attendance submitted via Vendor Attendance Reports shall be issued up to thirty days after complete Vendor Attendance Reports forms are received. VDSS may at its discretion review Vendor records to verify the accuracy and/or completeness of manual attendance report forms received. Program staff can conduct audits of manual attendance by comparing billings to on-site attendance records that are required to be maintained. These reviews can detect billing that is inconsistent with attendance. Virginia's payment schedule is set up so that if a provider properly submits electronic attendance records, as required by the Vendor Agreement, payment will be rendered approximately 17 days after the end of the service period. Each month is divided into two service periods, the 1st through the 15th and the 16th through the 30th or 31st.

Additional information regarding the third party payment process is detailed below:

VaCMS is the system of record for all Case and Child Care Vendor information. A VDSS worker enters the appropriate information into VaCMS which triggers a maintenance update of the information in EPPIC.

EPPIC is the system of record for attendance. Attendance information is submitted through POS, IVR, or Administrative Terminal and recorded in EPPIC.

VaCMS is the system of record for child care vendor payments. On each payment cycle batch date, the VaCMS sums up attendance received into total full day (FD) and partial day (PD) units and then calculates child care vendor payments based on that summed attendance.

Once child care vendor payment is calculated, VaCMS sends payment data to EPPIC and to the TPR system.

The TPR system receives the payment data from VaCMS, performs its own summation of attendance units from attendance transactions received from EPPIC, and compares its results to the VaCMS results (in the payment data).

The TPR system receives the posted payment transactions from EPPIC and compares it to the VaCMS payment data (at a child care vendor and authorization level).

EPPIC receives the Payment Release on a Payment ID and releases the child care vendor payment through direct deposit or debit card.

b. Fiscal oversight of grants and contracts. Describe:

The Lead Agency's Procurement Division review all contract documents to ensure they align with Virginia procurement guidelines.

Each contract is entered into the eVA procurement system and a purchase order is created for the goods or services.

Contract administrators manage contract-related invoices to ensure compliance with terms and scope of service.

Contract administrators are required to review quarterly reports and updates to ensure contracts are progressing as agreed upon.

Each invoice paid is processed against the purchase order in eVA and is tracked in the Federal Grant Obligation and Liquidation (FGOL) database.

Monthly reconciliation between FGOL, internal invoice tracking and the fiscal financial management system is performed to ensure contract are processed appropriately.

Quarterly grant reports are received from the Grants Unit and reconciled with the FGOL report in the Division internal tracking system.

The Grants Unit monitors grant expenditures on a daily basis.

c. Tracking systems to ensure reasonable and allowable costs. Describe:
Each invoice is tracked in an internal expenditure tracking workbook.

Contract invoices and other grant expenditures are tracked in the FGOL system.

The Grants Unit uses the Department's financial management system to track expenditures related to the grants.

If there is a questionable cost, the Code of Federal Regulations and the CAPP manual are reviewed. If necessary, the Virginia Department of Accounts and/or the federal Region III office are contracted.

d. Other. Describe:

8.1.2 Identifying risk

Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:

a. Conduct a risk assessment of policies and procedures. Describe:

b. Establish checks and balances to ensure program integrity. Describe:

All sub-recipients are monitored based on assessed risk, which takes into account the dollar amount of the agreement, previous track record and potential for fraud.

Within the Lead Agency's child care fiscal unit routine functions include:

Formulating the annual budget based on federal awards and state general fund appropriations;

Monitoring program expenditures;

Ensuring that subsidy and quality activities are managed within appropriated amounts;

Reconciling transactions initiated by child care staff to expenditures on the federal quarterly 696 report with federal obligation and liquidation requirements as prescribed in 45CFR §98.50;

Performing periodic desktop reviews of reimbursements to local departments and other sub-recipients to ensure that funds are used according to federal and state guidelines.

If ineffective internal controls were to be identified, the Fiscal Unit would coordinate with the program and the Lead Agency's Department of Finance to develop guidance document to correct the deficiencies.

c. Use supervisory reviews to ensure accuracy in eligibility determination. Describe:

Local department supervisors are charged with reviewing eligibility determinations in their agency on a regular basis. Regional child care consultants review eligibility determinations as part of their local department reviews. The number of cases reviewed is based on the total number of cases in the locality. Both open and closed cases are reviewed.

d. Other. Describe:

8.1.3 Processes to train about CCDF requirements and program integrity

States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices. Describe:

The guidance (policy) manual for the Subsidy Program is posted on the DSS public website and

the microsite. A transmittal memo, outlining the changes, is posted each time the manual is updated.

ii. Issue policy manual. Describe:

The guidance manual for the subsidy program is posted on the DSS public website and the child care microsite. Each time the manual is changed a transmittal notice is posted outlining the changes.

iii. Provide orientations.

Orientation sessions are held for child day center and family day home providers. Licensed providers participate in two orientation sessions: Phase one is online, Phase two is virtual with licensing staff. Unlicensed CCDF providers are offered a virtual orientation session provided by licensing staff.

Child Care Aware VA, a contractor with DSS, offers orientation on CCDF requirements to all child care providers who are interested in becoming subsidy providers.

iv. Provide training. Describe:

Provider training sessions are held statewide when significant changes are being implemented.

v. Monitor and assess policy implementation on an ongoing basis. Describe:

Provider compliance with federal and state requirements are monitored as part of the annual inspection by licensing inspectors.

vi. Meet regularly regarding the implementation of policies. Describe:

vii. Other. Describe:

Provider compliance with federal and state requirements are monitored as part of the annual inspection by licensing inspectors.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)).

Check all that apply:

i. Issue policy change notices. Describe:

Subsidy policy changes are issued prior to implementation. All contracts Managed by DSS contain confidentiality information.

ii. Train on policy change notices. Describe:

Regional child care consultants provide training to local department subsidy staff through webinars, quarterly meetings with local departments, or local department visits.

iii. Issue policy manuals. Describe:

Periodic changes to subsidy program guidance (transmittals) are issued through an intra-department web site. Each transmittal includes a listing of all changes and implementation guidance.

iv. Train on policy manual. Describe:

Regional child care consultants train local department staff through webinars, quarterly meetings and/or local department visits.

v. Monitor and assess policy implementation on an ongoing basis. Describe:

Regional child care consultants monitor implementation of the subsidy program by local

departments of social services through case reviews, on-site visits and staff interviews. Each local department has a full program review at least once every three years based on a risk assessment conducted annually

[x] vi. Meet regularly regarding the implementation of policies. Describe:

Regional child care consultants monitor implementation of the subsidy program by local departments of social services through case reviews, on-site visits and staff interviews. Each local department has a full program review at least once every three years based on a risk assessment conducted annually

[x]vii. Other. Describe:

Regional child care consultants receive extensive training on payment accuracy and integrity, reducing errors in case management, and the monitoring review process. They also work closely with local departments across the state to ensure payment accuracy and integrity requirements are met.

8.1.4 Evaluate internal control activities

Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The Lead Agency has a well-established and effective internal control plan in place for implementing federal grants, and this structure will be used to oversee and support VDSS administration of the Child Care Subsidy Program. A high-level summary of VDOE's internal control plan is below.

The control environment includes the agency's system of oversight, organizational structure, and performance evaluation. Documentation of the control environment is evidenced by the agency's Administrative Manual, Human Resources Policy Manual, and Agency Risk Management Internal Controls Standards (ARMICS) program plan.

The ARMICS program plan includes the implementation of an annual agency-wide risk assessment. The risk assessment process is managed by VDOE's Director of Risk Management. The process includes identification, analysis, and response to risks, identification of change, and response to change.

VDOE's control activities for managing federal grants include implementation of the performance review system, segregation of duties, and accurate and timely recording of and documentation of transactions. The agency's Online Management of Education Grant Awards (OMEGA) grants management system provides built-in controls for the subgrantee application approval and reimbursement processes. The system is designed to control user rights and access by assigned duty/permissions.

VDOE maintains a consistent focus on information and communication with internal and external stakeholders. Program staff and other agency staff attend meetings with the federal Office of Child Care and other national advocacy organizations that work to support CCDBG implementation. VDOE Office of Finance conducts periodic training for agency staff, and program staff attends these trainings. VDOE Leadership Team meets regularly and receives updates on agency policy changes and ARMICS.

VDOE has a memorandum of agreement (MOA) with VDSS related to child care subsidy program administration and implementation, including a set of standard operating procedures to ensure strong fiscal management and oversight. VDOE and VDSS meet weekly to discuss programmatic issues and will meet quarterly to review planned oversight and internal control processes, identify challenges, and agree upon solutions.

8.1.5 Identify fraud and other program violations

Lead Agencies conduct a wide variety of activities to fight fraud and ensure program

integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

<input type="checkbox"/>	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities:</p>
<input checked="" type="checkbox"/>	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: The child care automation system is programmed to detect after-hour attendance swipes which may indicate swipes entered by the provider rather than the parent. Upon reviewing systems reports or receiving notices of fraud, the Vendor Relations Unit reviews the documentation and refers suspected instances of child care fraud to the local department's fraud staff for investigation. Local departments must send copies of fraud investigation final reports to their appropriate regional child care consultant and copy the Vendor Management Coordinator. If there is clear and convincing evidence that fraud has occurred, the case is referred to the attorney for the Commonwealth to determine if the case will be prosecuted. In addition to any criminal punishment, anyone who causes the Department to make an improper vendor payment by withholding required information or by providing false information will be required to repay the amount of the improper payment. Vendors will be permanently disqualified from participating in the child care subsidy program upon the first finding of child care fraud. This information is tracked by the Vendor Relations Unit. Vendors are provided with information regarding the consequences of committing fraud in their signed vendor agreement, in the Subsidy Guidance Manual and during vendor training.</p>

<p>[x]</p>	<p>iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: Accuracy unit conducts annual case monitoring according to federal improper payment guidelines. The Vendor Services unit compares attendance submitted manually with attendance recorded via swipe machines to ensure duplicate entries or excessive billing does not occur. Irregular findings, such as attendance swiped after hours, etc. are forwarded to local departments of social services for fraud investigations. Vendors found to have committed fraud are disqualified from program participation. Billing records are also audited for suspicious activity if a fraud allegation is received from a parent or third party, in conjunction with efforts by local departments of social services fraud investigation units. The Vendor Relations Unit are also responsible for scheduling site visits with vendors to review attendance records, to ensure compliance with program practices, and to provide training and technical assistance. The results of the site visits are to be reviewed by program staff to inform future training and to develop practices to assist with error prevention.</p>
<p>[x]</p>	<p>iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: The Payment Accuracy unit conducts annual case monitoring according to federal improper payment guidelines. DSS Regional Consultants review program implementation by local department of social services using a standardized case and fiscal review process and a risk assessment. Each local department's implementation is reviewed at least once every three years based on a risk assessment; however, large local departments are reviewed annually. When errors are noted, the local department of social services is required to submit a correction action plan to their Regional Consultant who follows up on verification of corrections. Payment errors that are the results of local department errors are collected through a reimbursement offset process. Additionally, the sub-recipient monitoring coordinator, completes an error analysis report annually that is shared with all program staff. The results of the analysis inform areas of corrective action and targeted training needed. Some prior errors in the report have included income calculations, copayments and missing documentation. As a result of this report, training needs are determined and plans are developed annually for local departments and vendors.</p>
<p>[]</p>	<p>v. Audit provider records. Describe the activities and the results of these activities:</p>

[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: All local department staff with responsibilities for implementing the subsidy program are required to complete guidance training and other training as required by DSS. These trainings assure that local department staff have a thorough understanding of program rules and procedures. Local department staff are also trained on the automated child care system to assure data in the system is accurate. Child Care Regional Consultants train on policy changes through group meetings, webinars and local department visits. The completion of the mandatory training is tracked within the Virginia Learning Center. The results of the completed training for all local departments statewide is monitored by the Regional Consultants to ensure compliance. Non-compliance is included in corrective action plans.
[]	vii. Other. Describe the activities and the results of these activities:

b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to **identify unintentional program violations**. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

[]	i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities:
[x]	ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: The Vendor Services unit compares attendance submitted manually with attendance recorded via swipe machines to ensure duplicate payments are not made. The extent and frequency of errors noted are assessed to determine if the error is intentional or unintentional. Consistent irregular findings, such as attendance swiped after hours, etc. are forwarded to local departments of social services for fraud investigations.
[x]	iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: The automated child care system is programmed to assure that all swipes or manual attendance payments are connected to an authorization for services and that payment does not exceed authorizations. When entering manual attendance, Vendor Relations team staff monitor for suspicious activity, such as a vendor requesting absence payments for a specific date for all enrolled children, which may indicate the center was closed and not eligible for payment. Irregular findings, are forwarded to local departments of social services for fraud investigations.

[x]	<p>iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Supervisors in local departments of social services are charged with reviewing a sufficient number of case actions to assure proper program implementation. DSS Regional Consultants review program implementation of 120 local Supervisors in local departments of social services are charged with reviewing a sufficient number of case actions to assure proper program implementation. DSS Regional Consultants review program implementation of 120 local departments of social services using a standard case and fiscal review process and a risk assessment. The Program's Payment Accuracy unit conducts annual case monitoring according to federal improper payment guidelines. DSS analyzes errors noted through sub-recipient monitoring and payment accuracy reviews to determine trends. Regional error rate profiles are developed to include areas for improvement. Based on findings from the error rate reviews, local departments receive statewide or regional trainings, updated guidance clarifications, and systems changes to reduce errors. As a result of these strategies, Virginia met or exceeded all measures set for reducing the improper payment error rate in 2021. The results are the following: - POSO Errors from 2018 was \$5,795 at 38% of total improper payment error. The current improper error rate in this error type is \$314 at 11%. - Missing DCSE form from 2018 was \$4,193 at 27.5% of total improper payments. Virginia has only one case during this reporting cycle \$379 at 13% of total improper payment error. - Income calculation error from 2018 was \$2,076 at 13.6%. Current Income calculation error is at \$155 at 5%. - Current copayment Error is \$245 at 8% which did not improve from prior reporting year.</p>
[x]	<p>v. Audit provider records. Describe the activities and the results of these activities: Inconsistent or suspicious billings can trigger a review of attendance submitted for payment to on-site attendance records of the program. Additionally, the online vendor portal allows vendors the opportunity to review their attendance and payment records. This aids them in detecting and self-reporting unintentional errors.</p>
[x]	<p>vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: All local department staff with responsibilities for implementing the Subsidy are required to complete guidance training and other training as required by DSS. These trainings assure that local department staff have a thorough understanding of program rules and procedures. Local department staff are also trained on the automated child care system to assure data in the system is accurate. Regional Child Care Consultants train local department staff on guidance changes as they occur.</p>
[]	<p>vii. Other. Describe the activities and the results of these activities:</p>

c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent agency errors**. Include in the description how each activity assists in the identification and prevention of agency errors.

[]	<p>i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities:</p>
[x]	<p>ii. Run system reports that flag errors (include types). Describe the activities and the results of these activities: The automated child care system identifies attendance that is swiped during nontraditional hours. These swipes may indicate the provider is in possession of the recipient’s swipe card and is using it to swipe attendance. Providers are prohibited from holding and/or using a recipient’s swipe card which could be used to submit fraudulent attendance. Upon reviewing systems reports or receiving notices of fraud, the Vendor Relations Unit reviews the documentation and refers suspected instances of child care fraud to the local department’s fraud staff for investigation. Local departments must send copies of fraud investigation final reports to their appropriate regional child care consultant and copy the Vendor Management Coordinator. If there is clear and convincing evidence that fraud has occurred, the case is referred to the attorney for the Commonwealth to determine if the case will be prosecuted. In addition to any criminal punishment, anyone who causes the Department to make an improper vendor payment by withholding required information or by providing false information will be required to repay the amount of the improper payment. Vendors will be permanently disqualified from participating in the child care subsidy program upon the first finding of child care fraud. This information is tracked by the Vendor Relations Unit. Vendors are provided with information regarding the consequences of committing fraud in their signed vendor agreement, in the Subsidy Guidance Manual and during vendor training.</p>
[x]	<p>iii. Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: The automated child care system is programmed to assure that all swipes or manual attendance payments are connected to an authorization for services and that payment does not exceed authorizations. Program staff can conduct audits of manual attendance by comparing billings to on-site attendance records that are required to be maintained. These reviews can detect billing that is inconsistent with attendance. Additionally, the online vendor portal allows vendors the opportunity to review their attendance and payment records. This aids them in detecting and reporting agency errors. Supervisory staff can review manual attendance forms that have been submitted and processed by the Vendor Relations team at any time to check for accuracy, and address data entry errors with team members if appropriate.</p>

[x]	iv. Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Supervisors in local departments of social services are charged with reviewing a sufficient number of case actions to assure proper program implementation. DSS Regional Consultants review program implementation of 120 local Supervisors in local departments of social services are charged with reviewing a sufficient number of case actions to assure proper program implementation. DSS Regional Consultants review program implementation of 120 local departments of social services using a standard case and fiscal review process and a risk assessment. The Program's Payment Accuracy unit conducts annual case monitoring according to federal improper payment guidelines.
[]	v. Audit provider records. Describe the activities and the results of these activities:
[x]	vi. Train staff on policy and/or audits. Describe the activities and the results of these activities: All local department staff with responsibilities for implementing the Subsidy are required to complete guidance training and other training as required by DSS. These trainings assure that local department staff have a thorough understanding of program rules and procedures. Local department staff are also trained on the automated child care system to assure data in the system is accurate. Regional Child Care Consultants train local department staff on guidance changes as they occur.
[]	vii. Other. Describe the activities and the results of these activities:

8.1.6 Identify and recover misspent funds

The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

Local departments of social services are responsible to pursuing recipient and provider fraud. State subsidy and fraud staffs are responsible for investigating suspected or alleged fraudulent activities by local department or state staffs.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

[] i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

[x]ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:

The fraud staff in local departments of social services investigate alleged fraudulent activities and will refer fraud cases to local Commonwealth Attorneys if the case meets certain criteria established by the Attorney's office. Having a separate and independent unit investigate fraud assures an unbiased investigation and a different perspective on recipient and/or provider activities. The Vendor Services unit compares attendance submitted manually with attendance recorded via swipe machines to ensure duplicate payments are not made. The extent and frequency of errors noted are assessed to determine if the error is intentional or unintentional. Consistent irregular findings, such as attendance swiped after hours, etc. are forwarded to local departments of social services for fraud investigations.

iii. Recover through repayment plans. Describe the activities and the results of these activities

Improper payments are recovered through repayment plans with local departments of social services. Collections are recorded the program's automated system and adjustments are made to the locality's administrative budget to reflect the payment they received. This process assures that misspent funds can be collected from recipients without forcing an undo hardship on families and that repayment terms are not so harsh as to be impossible for providers to repay. Collections are returned to the state and/or federal government per federal regulations.

iv. Reduce payments in subsequent months. Describe the activities and the results of these activities:

v. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

vi. Recover through other means. Describe the activities and the results of these activities:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

Each local department of social services is served by at least one fraud investigator who investigates allegations of fraud. If fraud or overpayment is established, the fraud investigator and the Commonwealth's attorney determine if the case warrants prosecution or a repayment plan. This allows for the resolution of cases involving smaller dollar amounts to be managed more quickly than if it is prosecuted. The child care staff in the applicable local department establishes and monitors a repayment agreement.

viii. Other. Describe the activities and the results of these activities:

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection

agency, law enforcement agency). Describe the activities and the results of these activities:

iv. Recover through repayment plans. Describe the activities and the results of these activities:

Case reviews by local department supervisors or by DSS regional consultants can identify improper payments which are recovered through repayment plans with local departments of social services.

Collections are recorded in the Program's automated system and adjustments are made to the locality's administrative budget to reflect the payments they received. In the case of non-fraud overpayment, the vendor will not be disqualified from participating in the subsidy program as long as a repayment schedule is entered into with the local department and payments are made according to that schedule. Vendors who fail to enter into a written repayment schedule with the local department for non-fraud overpayment will be disqualified from participating in the child care subsidy program until entering into a written repayment schedule.

v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

vii. Recover through other means. Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities:

Each local department of social services is served by at least one fraud investigator who investigates allegations of fraud. If fraud or overpayment is established, the child care staff in the applicable local department establishes and monitors a repayment agreement or the case is referred to the local Commonwealth's attorney for prosecution. Restitution in prosecuted cases is managed according to the court's order. Collections are recorded in the Program's automated system and adjustments are made to the locality's administrative budget to reflect the payments they received.

ix. Other. Describe the activities and the results of these activities:

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection

agency, law enforcement agency). Describe the activities and the results of these activities:

iv. Recover through repayment plans. Describe the activities and the results of these activities:

Case record reviews by local department supervisors or by DSS regional consultants can identify improper payments which are recovered through repayment plans with local departments of social services. Collections are recorded in the Program's automated system and adjustments are made to the locality's administrative budget to reflect the payments they received. If an overpayment related to eligibility for services or related to co-payment amount was made as a result of an error by the local department, the local department will not seek to recoup those funds from the parent or the vendor. All overpayments must be repaid to the state by the locality. The state office tracks the overpayment process. The results of the errors that lead to the overpayment is used to inform future trainings and program policy decisions.

v. Reduce payments in subsequent months. Describe the activities and the results of these activities:

vi. Recover through state/territory tax intercepts. Describe the activities and the results of these activities:

vii. Recover through other means. Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities:

Each local department of social services is served by at least one fraud investigator who investigates allegations of fraud. If fraud or overpayment is established, the child care staff in the applicable local department establishes and monitors a repayment agreement. Each local department of social services is served by at least one fraud investigator who investigates allegations of fraud. If fraud or overpayment is established, the child care staff in the applicable local department establishes and monitors a repayment agreement or the case is referred to the local Commonwealth's attorney for prosecution. Restitution in prosecuted cases is managed according to the court's order. State office staff tracks the fraud cases reported and the outcomes. Approximately five cases are reported annually. The results of the cases are reviewed by staff and utilize to inform training and policies.

ix. Other. Describe the activities and the results of these activities:

8.1.7 Sanctions to reduce improper payments

What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

a. Disqualify the client. If checked, describe this process, including a description of the appeal process

for clients who are disqualified. Describe the activities and the results of these activities:

Applicant/recipients will be disqualified from participating in the child care subsidy program for three months upon the first finding of child care fraud, 12 months upon the second finding and permanently upon the third finding, unless otherwise mandated by the court.

Applicants/recipients may appeal through the Lead Agency's Administrative Disqualification process. Appeals are heard and determined by Hearing Officers in the DSS Division of Appeals and Fair Hearings. Should an applicant/recipient choose, they may further appeal to Circuit Court. Clients have 10 days from the date they receive notice of termination or dismissal from the subsidy program to appeal the decision. Clients are advised of this right, in writing that dismisses them from the subsidy program. They are advised that they have the right to a hearing, informs them how to request a hearing, and informs them that they may be represented by legal counsel at the hearing. All client hearing requests are forwarded to the Lead Agency's Legal Division who then forwards all hearing requests to the Office of the Attorney General. The results to include the number of recipient reports for improper payments of the cases and the number of recipient sanctions for fraudulent misrepresentation are reviewed by staff and utilize to inform training and policies.

[x] b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities:

Providers will be permanently disqualified from participating in the child care subsidy program upon the first finding of child care fraud. Providers may appeal under Virginia's Administrative Process Act. The Vendor commits fraud; provides false information or the local department of social services; fails to notify the lead agency of a change in circumstances that affects payments received by the Vendor; accepts payments that the Vendor knows, or should reasonably have known, that Vendor is not entitled to such payments; makes a claim for payment to which the Vendor is not entitled pursuant to the terms of this Agreement and all applicable rules, laws and regulations. The Vendor shall repay any amounts overpaid due to such actions unless otherwise provided by court order, if any. The Vendor, its owners, members or principles if the Vendor is corporation, partnership, or limited liability company, shall be permanently disqualified from participating in the Program upon the first finding of any action described herein this paragraph committed by the Vendor.

[x] c. Prosecute criminally. Describe the activities and the results of these activities:

Recipient and provider fraud is managed by the local departments of social services. If they determine that fraud has been committed, the case is referred to their Commonwealth Attorney. If the Commonwealth Attorney declines to prosecute (usually due to the dollar amount involved), recipients may be disqualified from program participation through the Administrative Disqualification process. The results of all fraud cases are reviewed by staff and utilize to inform training and policies. The results to include the number of recipient reports for improper payments of the cases and the number of recipient sanctions for fraudulent misrepresentation are reviewed by staff and utilize to inform training and policies.

[x] d. Other. Describe the activities and the results of these activities:

The Child Care Subsidy Program Guidance Manual states the following: Sections 3 & 4 - It is the parent's responsibility to repay fraud-related overpayments or non-fraud overpayments according to the repayment schedule entered into with the local department. Parental failure to repay overpayments may result in denial of application or case closure at redetermination. Applicant/recipients who fail to enter into a written repayment schedule with the local department for overpayment due to fraud or for an IPV overpayment will be disqualified from

participating in the child care subsidy program until entering into a written repayment schedule. However, if the parent files a valid appeal regarding the overpayment, the parent will not be required to enter into a repayment schedule until the appeal decision is issued. The results to include the number of recipient reports for improper payments of the cases and the number of recipient sanctions for fraudulent misrepresentation are reviewed by staff and utilize to inform training and policies. Applicant/recipients who fail to make three consecutive payments according to the written repayment schedule with the local department for overpayment due to fraud or for non-fraud overpayment will be disqualified from participating in the child care subsidy program, upon missing the third payment, until all delinquent payments are made. If a recipient agrees to make monthly payments, they are out of compliance the first month a payment is missed. VaCMS provides a tracking system to ensure that repayments are established and satisfied. Improper payments collected by local departments of social services must not be sent to the Home Office; instead they must be deposited into local bank accounts according to established local procedures. Home Office staff will make adjusting entries in LASER, based on collection data entered in VaCMS by the LDSS. The adjusting entries made by Home Office staff will reduce local reimbursements in LASER by the amount collected using the appropriate LASER cost codes (88801, 88802, & 88901). This is the mechanism by which the state collects repayments of improper payment received by local departments of social services.

Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered “extraordinary circumstance waivers” to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)

1. Describe the provision (MRS or ACF pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision due to this extraordinary circumstance.

A waiver is being requested due to the COVID-19 pandemic and the availability of child care providers to complete the market rate survey. A MRS was implemented in the spring 2020 and halted within two months since fifty percent of the center and family providers were closed. The Lead Agency is now working with partner organizations to conduct a cost estimation analysis (as described in 4.2.5) and anticipates that a summary of the findings will be available in the fall of 2021.

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

Child care costs have been significantly skewed by the pandemic, in which providers’ business models have been upended by shifts in enrollment, unstable staffing, and the high costs of supplies. Based on anecdotal reports, some providers are effectively providing care for free because the families they serve can’t afford to pay, while others have raised prices or assessed additional fees to account for higher costs and fewer enrolled children. The Center for American Progress estimated that true operating costs for child care programs had increased by 47 percent on average, with higher costs for programs serving preschool-aged children. While this is likely ticking downwards towards “normal” as public health guidance evolves, agency leaders expect that operating costs will remain elevated for the foreseeable future. Moreover, market rate data may not reflect these cost increases, given the array of federal relief funding available through CARES Grants, PPP grants, EIDL Program loans, other state loans, and the upcoming ARPA resources. Therefore, basing maximum reimbursement rates on current costs--particularly without additional information and context--could short-change providers and impact participation in the subsidy program.

Granting Virginia a waiver will allow the Commonwealth to conduct a more thorough survey of current market rates, understand the impacts of COVID-19, and conduct a comprehensive narrow cost analysis to offset the challenges identified above. It will also allow us to make progress toward an alternative methodology that is not reliant on market rate data, which will ultimately improve provider participation and eliminate inequities in current payment rate information.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Delaying the market rate survey will not have any effect on the health, safety, and wellbeing of children. Key health and safety activities—such as licensing inspections, background checks, and training—will not be affected by this waiver.

[x] Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)

1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why in these extraordinary circumstances, the Lead Agency is seeking relief from this provision.

The COVID-19 pandemic resulted in a large number of child care providers to close statewide which would have resulted in a low response rate for the market rate survey and being able to narrow the differences between cost and rates. Additionally, due to COVID-19, staff resources were shifted to analyze the child care environment and alternate approaches to providing care. The Lead Agency is working with partner organizations to conduct a cost of quality study to fulfill the narrow cost estimate requirement and anticipates that the findings will be available in the fall of 2021 (projected November 2021).

2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.

Child care costs have been significantly skewed by the pandemic, in which providers' business models have been upended by shifts in enrollment, unstable staffing, and the high costs of supplies. Based on anecdotal reports, some providers are effectively providing care for free because the families they serve can't afford to pay, while others have raised prices or assessed additional fees to account for higher costs and fewer enrolled children. The Center for American Progress estimated that true operating costs for child care programs had increased by 47 percent on average, with higher costs for programs serving preschool-aged children. While this is likely ticking downwards towards "normal" as public health guidance evolves, agency leaders expect that operating costs will remain elevated for the foreseeable future. Moreover, market rate data may not reflect these cost increases, given the array of federal relief funding available through CARES Grants, PPP grants, EIDL Program loans, other state loans, and the upcoming ARPA resources. Therefore, basing maximum reimbursement rates on current costs—particularly without additional information and context—could short-change providers and impact participation in the subsidy program.

Granting Virginia a waiver will allow the Commonwealth to conduct a more thorough survey of current market rates, understand the impacts of COVID-19, and conduct a comprehensive narrow cost analysis to offset the challenges identified above. It will also allow us to make progress toward an alternative methodology that is not reliant on market rate data, which will ultimately improve provider participation and eliminate inequities in current payment rate information.

3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

As a result of the waiver, the health, safety, and well-being of children served through assistance will not be compromised. Key health and safety activities—such as licensing inspections, background checks, and training—will not be affected by this waiver