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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Certified as of 2024-10-01 19:22:50 GMT

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

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

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

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

1.1.1 Designated Lead Agency

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

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Virginia Department of Education**
 - ii. Street Address: **101 N. 14th St.**
 - iii. City: **Richmond**
 - iv. State: **Virginia**
 - v. ZIP Code: **23227**
 - vi. Web Address for Lead Agency: **www.doe.virginia.gov**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Lisa**
 - ii. Lead Agency Official Last Name: **Coons**
 - iii. Title: **Superintendent of Public Instruction**
 - iv. Phone Number: **804-225-2057**
 - v. Email Address: **lisa.coons@doe.virginia.gov**

1.1.2 CCDF Administrator

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

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Rebecca**

- ii. CCDF Administrator Last Name: **Ullrich**
 - iii. Title of the CCDF Administrator: **Executive Director, Early Childhood Access & Enrollment**
 - iv. Phone Number: **804-921-6899**
 - v. Email Address: **rebecca.ullrich@doe.virginia.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name: **Alexandra (Alex)**
 - ii. CCDF Co-Administrator Last Name: **McPherson**
 - iii. Title of the CCDF Co-Administrator: **Associate Director of Enrollment**
 - iv. Phone Number: **804-762-3375**
 - v. Email Address: **alexandra.mcpherson@doe.virginia.gov**
 - vi. Description of the Role of the Co-Administrator: **Oversees aspects of CCDF program administration**

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

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

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

1.2.2 Entities implementing CCDF services

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

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

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------|
| Who conducts eligibility determinations? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Describe: |

| CCDF Activity | CCDF Lead Agency | TANF Agency | Local Government Agencies | CCR&R | Other |
|--|------------------|-------------|---------------------------|-------|---------------|
| Who assists parents in locating child care (consumer education)? | [] | [] | [x] | [] | [] Describe: |
| Who issues payments? | [] | [x] | [] | [] | [] Describe: |
| Who monitors licensed providers? | [x] | [] | [] | [] | [] Describe: |
| Who monitors license-exempt providers? | [x] | [] | [] | [] | [] Describe: |
| Who operates the quality improvement activities? | [x] | [] | [] | [] | [] Describe: |

1.2.3 Information systems availability

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

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

a. Tasks to be performed.

[x] Yes. If yes, describe: **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. The MOA also includes 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.**

VDSS manages and oversees activities at the local departments of social services, which are dictated by a combination of state code, agency policy memos, and regulations and guidance for each program they administer.

[] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **The MOA includes deadlines for core functions for each agency, including but not limited to: deadlines for establishing annual budgets and local enrollment targets for the CCSP; schedule for invoicing by expense types; cadence for payments to CCSP vendors; etc.**

No. If no, describe:

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

Yes. If yes, describe: **The MOA includes an annual operating budget for VDSS to support the administration of CCSP and related functions. This includes the annual operating budget for local departments of social services.**

No. If no, describe:

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

Yes. If yes, describe: **The MOA includes regular reporting requirements and metrics to measure compliance with deadlines and processing. The MOA also dictates that the agencies meet on a monthly basis to monitor program progress and quarterly to assess funding and budget contexts.**

VDSS completes an annual subrecipient monitoring process with local departments of social services to ensure compliance with application, enrollment, and case management processes. The process is dictated by the subrecipient monitoring plan, which 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.

No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **Each month, VDSS reports 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 the in the subsidy program.) VDSS reports 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.**

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.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead

Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

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

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

1.3.1 Consultation efforts in CCDF Plan development

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

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **VDOE regularly attends monthly meetings with directors of local departments of social services. Local directors share questions, concerns, and feedback regarding program administration and policy implementation related to eligibility determination and family access to services. As part of these monthly meetings, VDOE provided updates and overviews on the state plan development process with opportunities for questions and feedback. Local departments also received a copy of the**

draft state plan for feedback and were invited to provide public comment.

- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **VDOE engaged with the Early Childhood Advisory Committee (ECAC) around the contents of the CCDF State Plan in multiple business meetings in early 2024. Members had the opportunity to ask questions and provide feedback on the plan development process and key areas of focus. ECAC members also received a copy of the draft state plan for feedback and were invited to provide public comment.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **VDOE has monthly meetings with the Chickahominy and Monacan tribes to identify opportunities for collaboration and information- and resource-sharing. During these meetings, state and Tribal leaders discussed opportunities to reflect these strategies in the state plan and additional shared program and policy priorities. Tribal leaders also received a copy of the draft state plan for feedback and were invited to provide public comment.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **In addition to consulting with the Early Childhood Advisory Committee, Chickahominy, and Monacan Tribes, other entities had the opportunity to consult on the development of the CCDF Plan. Advocates, providers, and others concerned with early childhood care and education provided feedback during the public comment period.**

1.3.2 Public hearing process

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

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

- i. Date of the public hearing: **6/5/2024**
Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).
- ii. Date of notice of public hearing: **5/5/2024**
- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?
 Yes.
 No. If no, describe:
- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice **The notice of the public hearing was posted to the Child Care VA website and the Virginia Department of Education’s newsletter, Readiness Connections.**

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The Lead agency held one public hearing. Constituents and Early Childhood Care and Education stakeholders had the opportunity to participate in-person and provide public comment. The public hearing was also streamed live on the Virginia Department Education YouTube Channel.**
- vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **The plan was posted on the Child Care VA public website. The website has a translation feature to promote language accessibility among the most common languages across the Commonwealth.**
- vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **Early Childhood providers, advocates, and other stakeholders were provided the opportunity to provide feedback on the State Plan via public comment. Public comments were accepted for 30 days.**

1.3.3 Public availability of final Plan, amendments, and waivers

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

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<https://www.childcare.virginia.gov/reports-resources/administrative-program-manuals-reports-and-data/virginia-child-care-plan>**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe: **VDOE provides a finalized copy of the CCDF State Plan with the Early Childhood Advisory Committee. Substantive edits to the plan are discussed with the committee during business meetings as appropriate.**
 - ii. Working with child care resource and referral agencies. Describe:
 - iii. Providing translation in other languages. Describe:
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe:
 - v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **Notice of the draft and final plans are shared in Readiness Connections, VDOE’s early childhood newsletter. Notice of significant policy changes that would trigger an amendment are also included in the Readiness Connections newsletter.**
 - vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
 - vii. Direct communication with the child care workforce. Describe:

viii. Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

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

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

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

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:
 - ii. Leveraging eligibility from other public assistance programs. Describe: **HB407 mandates that clients enrolled in Medical Assistance or WIC are automatically deemed income eligible for the Child Care Subsidy Program. Implementation of this new HB will tentatively take place on August 1, 2024.**
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **Eligibility determinations take place at the case level vs. at the individual child level to**

streamline processing for families. If a child is added to the case at a later date, the family's redetermination date is extended to provide 12 months of eligibility, and redeterminations for all children are conducted at that time.

- iv. Self-assessment screening tools for families. Describe:
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations:
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
 Yes.
 No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies: **Child Care Subsidy Guidance 3.3 C and 3.3 J state that child receiving TANF have already had their citizenship or immigration status and immunizations verified by TANF, therefore do not need to provide documentation when determining child care eligibility.**
 No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.
- i. Advance notice to parents of pending redetermination.
 - ii. Advance notice to providers of pending redetermination.
 - iii. Pre-populated subsidy renewal form.
 - iv. Online documentation submission.
 - v. Cross-program redeterminations.
 - vi. Extended office hours (evenings and/or weekends).
 - vii. Consultation available via phone.
 - viii. Leveraging eligibility from other public assistance programs.
 - ix. Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies: **Recipients of TANF (VIEW and NON-VIEW) are considered income eligible for child care subsidy and services without a determination of the family's income eligibility. VIEW stands for Virginia Initiative for Education and Work.**

VIEW is the program of employment opportunities to assist individuals receiving TANF in attaining the goal of self-sufficiency as implemented in Virginia. Non-VIEW is a TANF case where the adults are not required to participate in the VIEW program.

No.

2.2 Eligible Children and Families

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

2.2.1 Eligibility criteria: age of children served

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

a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **17.00**

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

No.

Yes. If yes, and the upper age is (may not equal or exceed age 19): **17.00**

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 over 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.

2.2.2 Eligibility criteria: reason for care

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

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe:
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
 - i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.

- x. Other. Describe:
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
 - i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe: **Online coursework**
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
 - No.
 - Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

 - Work. Describe:
 - Job training. Describe:
 - Education. Describe: **Describe: Parents need to be enrolled in at minimum 2 classes or 6 credit hours to be eligible for care.**
 - Combination of allowable activities. Describe:
 - Other. Describe:
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
 - Yes.
 - No. If no, describe the additional work requirements:
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”

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

No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

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

Children in foster care.

Children in kinship care.

Children who are in families under court supervision.

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

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

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

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe:

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

No.

Yes.

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

No.

Yes.

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

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits: **Virginia has different eligibility parameters based on the age of the youngest child in the family. There are a total of 5 initial income eligibility thresholds.**

Families with at least one child ages 5 or younger, not yet in kindergarten, are eligible if their income is at or below 85% of the state median income. There is no local variation to this policy.

Income eligibility limits for families with school-age children ONLY vary by locality based on cost of living, with 4 thresholds ranging from 150-250% FPG. These limits are set by VDOE.

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

Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

| Family Size | 100% of SMI (\$/Month) | Maximum Initial Eligibility Limit (or Threshold) % | Maximum Initial Eligibility Limit (or Threshold) \$ |
|-------------|------------------------|--|---|
| 1 | 5807.00 | 85.00 | 4936.00 |
| 2 | 7594.00 | 85.00 | 6455.00 |
| 3 | 9380.00 | 85.00 | 7973.00 |
| 4 | 11167.00 | 85.00 | 9492.00 |
| 5 | 12954.00 | 85.00 | 11011.00 |

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

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

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

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

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

i. Region/locality with the highest eligibility limit:

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

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

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

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

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

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

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

d. What is the effective date for these income eligibility limits? **October 1, 2024**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

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

LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**

Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits. **Income thresholds are available in the CCSP Guidance Manual (<https://www.childcare.virginia.gov/reports-resources/administrative-program-manuals-reports-and-data/subsidy-program-guidance-manual>) and will be posted on the Paying for Child Care (page (<https://www.childcare.virginia.gov/families/paying-for-child-care>) when they go into effect.**

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

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

Identify the period of time **12 months**.

- ii. Request earning statements that are most representative of the family's monthly income.
- iii. Deduct temporary or irregular increases in wages from the family's standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

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

Yes.

No. If no, describe:

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

No.

Yes. If yes, describe the policy or procedure:

2.2.7 Additional eligibility criteria

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

- a. Eligibility determination? If checked, describe:
- b. Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

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

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

| Required at Initial Determination | Required at Redetermination | Description |
|-----------------------------------|-----------------------------|--|
| [x] | [] | <p>Applicant identity. Describe how you verify: 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</p> <p>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.</p> |
| [x] | [] | <p>Applicant’s relationship to the child. Describe how you verify: Declaration of relationship is accepted at initial application.</p> |
| [x] | [] | <p>Child’s information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: 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.</p> |

| Required at Initial Determination | Required at Redetermination | Description |
|-----------------------------------|-----------------------------|--|
| [x] | [x] | Work. Describe how you verify: 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. |
| [x] | [x] | Job training or educational program. Describe how you verify: 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 |
| [x] | [x] | Family income. Describe how you verify: 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. |
| [x] | [x] | Household composition. Describe how you verify: 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. |
| [x] | [] | Applicant residence. Describe how you verify: 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. |
| [] | [] | Other. Describe how you verify: Not applicable |

2.2.9 Exception to TANF work requirements

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

- a. Identify the TANF agency that established these criteria or definitions: **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 equal to the payment amounts specified in the Virginia Department of Education Child Care Subsidy Program (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: **TANF Guidance Manual**

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.” A child 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.

- e. “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.

2.3.2 Prioritization of child care services

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

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

| Population Prioritized | Prioritize for enrollment in child care services | Serve without placing on waiting list | Waive co-payments as described in 3.3.1 | Pay higher rate for access to higher quality care | Use grants or contracts to reserve spots | Other |
|--|--|---------------------------------------|---|---|--|--|
| Children with special needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Describe: Receive priority on the wait list |
| Families with very low incomes | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Describe: |
| Children experiencing homelessness, as defined by CCDF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> Describe: Receive priority on the waitlist. |
| (Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Describe: |

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

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **When a waitlist is initiated within a locality the locality is to follow the priority groups as follows:**

Tier 1: Families with at least one child ages 0-5, not yet in Kindergarten

- Families in this category should be placed at the top of the waitlist

-within the group families should be ordered based on application/screening date

Tier 2: Families that do not fall in Tier 1 but meet any of the following categories

-Tier 2 families are placed on the wait list following families in Tier 1 based on the application screening date.

-Tier 2 families include:

- A family unit in which includes a child who had special needs for whom services are requested;

-Family with a child experiencing homelessness

-Family that includes a minor parent under the age of 18 and in high school, whose child will be receiving subsidy services.

-Emancipated teen parent younger than 18 and in high school; and

-Case discontinued due to lack of funds

2.3.3 Enrollment and grace period for children experiencing homelessness

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

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

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

- a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **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. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.
 - i. Provide the policy for a grace period for:

Children experiencing homelessness: **Families of a child experiencing homelessness that cannot provide documentation of their child's immunizations at the time of application may be conditionally approved for services for a period not to exceed 90 days. The Child Care Worker will select, Not Verified, as the verification source in VaCMS.**

Children who are in foster care: **CCDF is not used for children in foster care.**

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

Yes.

No. If no, describe:

- c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **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.**

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

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

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

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

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

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.
 - i. Lead Agency accepts applications at local community-based locations.
 - ii. Partnerships with community-based organizations.
 - iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care.
 - iv. Other. Describe:
- b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.
 - i. Describe the Lead Agency’s training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **Virginia offers an online training for providers to help them identify and support families experiencing homelessness and housing instability.**
 - ii. Describe the Lead Agency’s training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing

homelessness. 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:

i. [Supporting Children and Families Experiencing Homelessness: CCDF State Guide](#)

ii. [Supporting Children and Families Experiencing Homelessness: CCDF State Self-Assessment"](#)

iii. [Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness](#)

2.5 Promoting Continuity of Care

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

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **VDOE prioritizes minimizing barriers that could negatively impact access to care**

☑ Families are not required to report changes that would affect their eligibility negatively.

☑ Established eligibility thresholds set at the maximum federally allowable income to ensure as

many young children as possible have access to care.

☑ There is no limit on the number of years families are eligible to receive services, providing stability for children and families.

☑ Authorizations are tailored to account for travel time needed, allowing families access to full-day care.

☑ Families living more than 30 miles from their child care provider can be approved for full-time care even if their schedule only necessitates part-time care, promoting geographic accessibility.

☑ During the 12-month eligibility period, VDOE does not increase co-payments as families' incomes increase, maintaining affordability for families as their financial situations change.

These policies collectively aim to minimize disruptions to care and reduce changes throughout the eligibility period and from year to year, promoting consistent and uninterrupted support for children's development.

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

Yes.

No. If no, describe: **VDOE was notified of possible non-compliance with this provision on June 28, 2023. Under current CCSP policy, families’ period of eligibility can be terminated prior to the 12-month window if they choose to leave the program and permanently discontinue services. OCC has indicated that Virginia must hold the family’s slot for the remainder of their eligibility period in order to be considered fully in compliance with this requirement. Making this shift requires substantive changes to policy and IT system functionality that cannot be achieved by October 1, 2024. Moreover, holding slots for families that have proactively chosen to withdraw from services would be in direct conflict with state policy and budget directives that prioritize the availability of funding and slots based on family demand. VDOE requires additional time to come into compliance with this requirement in a way that preserves maximum access for Virginia children and requires minimal reconfigurations to the case management IT system.**

b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?

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

Yes.

No. If no, describe:

c. Are the policies different for redetermination?

No.

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

2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:
- i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **Full or part day child care may be approved for job search based on parent discretion. The average amount of care authorized for a week cannot exceed 60 hours. Job search is an eligible activity for 12 months at the initial eligibility determination.**
 - ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **Full or part day child care may be approved for job search based on parent discretion. The average amount of care authorized for a week cannot exceed 60 hours. Job search is an eligible activity for 12 months at redetermination.**
 - iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.
- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?
- Yes. The Lead Agency continues assistance.
- No, the Lead Agency discontinues assistance.
- i. If no, describe the Lead Agency’s policies for discontinuing assistance due to a parent’s non-temporary change:
 - ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:
 - iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?
- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:
- i. Not applicable.
 - ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency’s policy defining the number of unexplained absences identified as excessive:
 - iii. A change in residency outside of the State or Territory.

Provide the Lead Agency’s policy for a change in residency outside the State or Territory: **Child Care Subsidy Program Guidance Manual Section**

3.17 A.3. -Recipients will be eligible for child care subsidy and services for a minimum of 12 months unless: The recipient is no longer a resident of Virginia.

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **Fraud is defined as the knowing employment of deception or suppression of truth in order to receive services or payments one is not entitled to receive.**

Intentional Program Violation is defined as 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 intentionally giving a false or misleading statement or misrepresentation, concealment or withholding of facts or any act intended to mislead, misrepresent, conceal or withhold facts or propound a falsehood.

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

Yes.

No. If no, describe:

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

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

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

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

- (A) Takes into account the typical household budget of a family with a low income
- (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

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

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

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

- a. Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency’s initial eligibility threshold. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three:
 - ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:
 - iii. Describe how the second eligibility threshold is sufficient to accommodate

increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

- iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:
- v. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
- vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children’s development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family’s lowered or waived co-payment.

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

3.1 Family Co-payments

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

3.1.1 Family co-payment

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

- a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? **7%**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

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

- a. Is the sliding fee scale set statewide?

Yes.

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

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

| | <i>A</i> | <i>B</i> | <i>C</i> | <i>D</i> | <i>E</i> | <i>F</i> |
|-------------|---|--|---|---|--|--|
| Family Size | Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0). | What is the monthly co-payment for a family of this size based on the income level in (A)? | What percentage of income is the co-payment in (B)? | Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible. | What is the monthly co-payment for a family of this size based on the income level in (D)? | What percentage of income is this co-payment in (E)? |
| <i>1</i> | | | | | | |
| <i>2</i> | 1704.00 | 60.00 | 4.00 | 6455.00 | 180.00 | 3.00 |
| <i>3</i> | 2153.00 | 60.00 | 3.00 | 7973.00 | 180.00 | 2.00 |
| <i>4</i> | 2601.00 | 60.00 | 2.00 | 9492.00 | 180.00 | 2.00 |
| <i>5</i> | 3049.00 | 60.00 | 2.00 | 11011.00 | 180.00 | 2.00 |

- c. What is the effective date of the sliding-fee scale(s)? **January 1, 2023**
- d. Provide the link(s) to the sliding-fee scale(s): **Family Copayments for CCSP: <https://www.childcare.virginia.gov/home/showpublisheddocument/53751/638484260053370000>**
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?

No.

Yes.

If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **Preventing providers from charging subsidy families their market rate 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.**

- 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: **In the most recent provider survey, 34% of CCSP-participating sites indicated that their tuition rates are higher than Virginia's maximum reimbursement rates (MRR) for some or all ages. Of those 392 sites, 50% (191) indicated that they collect some or all of the difference. Among those, about 76% (~145) have tuition rates that are actually higher than the MRR for one or more age groups.**

Based on this data, VDOE expects that the extent to which providers are charging additional amounts to families is fairly minimal. The median additional amounts, assuming providers charge the full difference, are relatively low; a median difference of \$55/week for center-based infant care, \$70/week for center-based toddler and preschool care, and \$50/week for center-based school-age care. For home-based programs, the median difference is \$45/week for infant and toddler care and \$67.50/week for preschool and school-age care. This is based on data from 133 centers and 12 FDHs that (a) indicated they charged families the difference between the MRR/their tuition rates on the 2023 Provider Survey and (b) reported tuition rates in LinkB5 that were higher than the MRR for at least one age group.

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
 - i. The fee is a dollar amount and (check all that apply):
 - The fee is per child, with the same fee for each child.

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

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

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

The fee is per family.

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

Other. Describe:

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

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

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

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

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

The fee is per family.

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

Other. Describe:

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

No.

Yes.

If yes, check and describe those additional factors below:

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

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

iii. Other. Describe:

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

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

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

- i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. Families experiencing homelessness.
- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy:
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy:

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

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

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

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

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant

or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **In fall 2021, Virginia conducted a large, statewide survey of providers not participating in the CCSP. Results from this survey indicated that most providers (56%) might be willing to participate in the CCSP in the future. The reasons providers indicated for not currently participating in CCSP were related to enrolling a sufficient number of private-paying families, having few families inquire about CCSP, and not knowing enough about CCSP. Over half of providers (54%) indicated that they may be more motivated to participate in CCSP if the subsidy reimbursement rates were to cover the true cost of care.**

Virginia conducted a follow up survey in the fall of 2023. Sites that do not participate in the CCSP (1,001 respondents) most frequently indicated the following reasons for not participating:

- Concerns that ongoing administrative duties, such as attendance tracking, would be too burdensome to be worth it (53%)
- Concerns that the reimbursement rate and copayments would not sufficiently cover my site's costs (50%)
- Concerns that CCSP payments would be too unpredictable in timing and/or amount (48%)
- Concerns that the initial subsidy vendor application process would be too burdensome to be worth it (57%)

Based on provider feedback, VDOE continues to look for opportunities to reduce administrative burdens associated with applying for and ongoing participation in the CCSP. For example, VDOE is procuring a new, modernized attendance tracking system for subsidy sites that will roll out in early 2025 and is continuously revising application procedures to minimize paperwork burdens and streamline processes for providers. VDOE also continues to prioritize funding the cost of quality and has increased reimbursement rates accordingly, using Virginia's cost estimation model.

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?
 Yes.
 No.
- c. Does the Lead Agency offer child care assistance through grants or contracts?
 Yes.
 No.
- d. Describe how the parent is informed that the child care certificate allows the option to

choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Families are advised at intake that they may choose any provider ("CCSP vendor" in Virginia) approved for program participation. Consumer education materials are provided on choosing child care. Families are made aware of the Department's website that includes a search tool where families can filter by program type, location, and current subsidy providers. Each provider has a profile on the state search tool which includes information on provider hours of operation, contact information, and results of their inspections.**

If the provider of choice is not currently approved for participation, the CCSP will work with them to become approved, if the provider elects to do so. Providers may apply to become a CCSP vendor at any time; applications are processed continuously on a rolling basis.

- e. Describe what information is included on the child care certificate: **Virginia's certificates for child care services are called Purchase of Service Order (POSO) forms. 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.**

Copies of the POSO are issued to the parent and the provider selected by the parent.

4.2 Assess Market Rates and Analyze the Cost of Child Care

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

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

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative

methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

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

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

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)?
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed? **The initial model was developed in June 2022 and is under review as of July 1, 2024**

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios. **The final 2022 methodology used to inform payment rate increases in 2022 and 2023 closely matched the pre-approved methodology. VDOE chose to heavily emphasize compensation as the primary cost driver for quality in its initial model.**

If the alternative methodology is in progress:

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

- c. Consultation on data collection methodology.

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

- iii. State Advisory Council or similar coordinating body: **VDOE has engaged the Early Childhood Advisory Committee (ECAC) on multiple occasions over the last several years since embarking on the process for implementing an alternative methodology. The ECAC has continued to provide feedback on subsidy payment rates and related policies, which informed 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.**
- iv. 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. Updates to the rates, the model, and any adjustments to the proposed approach are shared with VLSSE members to gather feedback and answer questions.**
- v. Local child care resource and referral agencies: **VDOE partners with Child Care Aware of Virginia to aid parents in their search for child care and to provide recruitment and training for child care subsidy providers. In this partnership, it is important for Child Care Aware of Virginia to be knowledgeable of the state’s alternative methodology and how that informs subsidy payment rates and policies. VDOE engages with Child Care Aware on a monthly basis for discussion, gathering feedback, and answering questions.**
- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **VDOE hosted 16 stakeholder engagement sessions to garner feedback on the initial methodology. Participation in the sessions represented child care caregivers, teachers, and directors from all settings and serving all ages, including private center- and home-based owners, operators, and directors, Directors of Head Start programs (the Virginia Head Start Association), the Early Childhood Education Consortium (ECEC), Virginia Child Care Association (VCCA), the Virginia Alliance for Family Child Care Associations (VAFCCA), and the provider advisory group of the Virginia Promise Partnership.**

The Early Childhood Advisory Committee (ECAC) membership also includes representatives spanning the diversity of child care and early education programs in the Commonwealth.

- vii. Other. Describe: **VDOE 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.**
- d. An MRS must be statistically valid and reliable.

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

- i. When was the market rate survey completed?
 - ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)?
 - iii. Describe how it represented the child care market, including what types of providers were included in the survey:
 - iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program?
 - v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)?
 - vi. What is the percent of licensed or regulated child care centers responding to the survey?
 - vii. What is the percent of licensed or regulated family child care homes responding to the survey?
 - viii. Describe if the survey conducted in any languages other than English:
 - ix. Describe if data were analyzed in a manner to determine price of care per child:
 - x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted:
- e. Price variations reflected.

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

- i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The cost model aligns to the nine Ready Regions of the Commonwealth. The model can also run statewide results which provide an average across all nine regions. Geographic variation in cost is reflected in two primary variables that vary at the regional level: 1) personnel expenses (primarily compensation) and 2) nonpersonnel expenses.**
 - 1) Salary data from the VDOE Teacher Salary Survey Results are used to generate regional compensation targets scaled to elementary educator salaries. Salaries for elementary teachers are converted into hourly wages and calculated as a weighted average hourly wage by region. VDOE prorates these salary estimates to account for educational requirements for child care educators.
 - 2) Nonpersonnel expenses - variations in operating cost across the Commonwealth are accounted for in the model by using a modified version of the Cost of Competing Adjustment (COCA) measure that is used by the VDOE to adjust per-child costs for K-12 school divisions in certain areas of the state with higher overall costs of living.

- ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **VDOE's cost estimation model assesses the cost of meeting state licensing standards and meeting quality expectations in VQB5. 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.**
- iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **The cost estimation model considers costs associated with serving age ranges defined in Virginia child care licensing standards (infants, toddlers, two-year-olds, preschoolers, and school-age children) in each setting. The model accounts for group size, ratio, and staffing requirements in Virginia's licensing regulations. In centers, the model assumes age-based classrooms. In family day homes, the model estimates the impact of serving a mixed-age group of children. The cost-per-child calculation in family day home settings does not provide a different cost for different age groups, due to the program operating as one single group of children rather than age-defined classrooms.**
- iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **Virginia's alternative methodology examines the cost of meeting quality expectations in Virginia's new uniform quality measurement and improvement system, VQB5. Beginning in the fall of 2023, all publicly funded programs are required to participate in VQB5. Virginia selected two nationally recognized quality standard measurements for VQB5: interactions and curriculum. All publicly-funded programs have the same quality expectations under VQB5. There are no mandatory costs associated with participating in VQB5 or achieving higher levels of quality. The model's core assumption is that being able to attract and retain competent and competitive educators is the primary driver of quality and quality improvement. As such, the model accounts for competitive compensation, benefits, and planning time to facilitate a stable and supported workforce for providers meeting or exceeding quality expectations.**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis

must estimate costs by levels of quality; include relevant variation by provider type, child's age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

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

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **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. The model uses nonpersonnel default data from the Provider Cost of Quality Calculator.**
- b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **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. Variations in geographic location, category of provider, and age of children served all were considered in the development of Virginia's model and are embedded within the model functionality, as described below and throughout this section.**

Geographic location: Regional variation in personnel and nonpersonnel costs aligned to Virginia's nine Ready Regions.

Category of provider: The model incorporates differing business models and cost drivers in center and family day home settings (e.g., health and safety standards; provider compensation; and staffing patterns to meet licensing requirements, support quality improvement, and administrative needs for full program operations).

Age of child: Licensing standards define ratios, group sizes, and ages of children in each category (infants, toddlers, two-year-olds, preschoolers, and school-age children).

- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **Many factors were considered in developing the model and are embedded within the model functionality, including child care licensing regulations, core program characteristics and quality enhancements, and available data on child care expenses and revenue sources. The model is designed to incorporate the following factors that impact the cost of providing care: Licensing standards defining ratios, group sizes, and ages of children in each category; Staff and FDH provider compensation (salary and benefits); and the cost of meeting quality expectations in VQB5.**
- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g.,

accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). Throughout the process of developing the alternative methodology, VDOE engaged deeply with private stakeholders to develop and integrate the following guiding principles: 1) Virginia's unique public-private system should offer true choice for families. 2) Rates should reflect higher quality expectations for which publicly-funded programs are now accountable under VQB5 and should support continuous quality improvement accordingly. 3) Educator compensation should be competitive. Compensation for early childhood educators should attract and help retain competent professionals.

Competitive compensation, pegged to public teacher salaries, is a core component of Virginia's model and strategy to support educators toward quality -- fostering strong teacher-child relationships, providing quality interactions on a consistent basis, and implementing effective curricula, all while reducing staff turnover.

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? 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 were set at 75% of the cost of care for centers at each age group. For Family Day Homes, the model generates a single cost for all children, assuming the program operates as one single, mixed-age group of children rather than age-defined classrooms. Based on initial stakeholder feedback from family day home providers, VDOE initially set payment rates for each age group at a graduated proportion of cost, with the highest rate for infants and lowest for school-age. Later, the Agency was able to implement rate increases. Effective August 3, 2023, full-day payment rates are set at 100% of the cost of care for Family Day Homes. The Agency prioritized setting rates at a percentage of cost that resulted in a significant increase for most localities, with an emphasis on infants and toddlers, while also prioritizing sustainability.

For most localities, age groups, and program types, the daily payment rate increased substantially. Comparing the 2018 average MRR (which was set using a Market Rate Survey) to the 2023 average MRR (rates set using Virginia's Alternative Methodology), shows that the average 2018 MRR for infants in Licensed Centers was \$39/day and ranged from an average of \$27/day in Region 1 to \$86/day in Region 7. With the revised 2023 rates, the average MRR for infants in Licensed Centers is \$72/day and ranges from \$63/day in Region 1 to \$94/day in Region 7. For Licensed Family Day Homes, the average 2018 MRR for infants was \$31/day and ranged from an average of \$22/day in Region 1 to \$59/day in Region 7. With the revised 2023 rates, the average MRR for infants in Licensed FDH is \$59/day and ranges from \$53/day in Region 1 to \$81/day in Region 7.

For the small number of localities where the cost model generated a rate that was lower than the 2018 MRR, VDOE used a "hold harmless" approach and the higher rate was kept the same.

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

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

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

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

- i. Provide the date the report was completed: **9/21/2023**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **9/21/2023**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **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.**
- iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **VDOE hosted 16 stakeholder engagement sessions to garner feedback on the proposed methodology. Over 370 individuals participated in the sessions. During the sessions, VDOE provided a structured overview of the cost estimation model and answered participants' questions about the analyses and implications for setting payment rates. VDOE also accepted feedback from participants regarding the validity of key cost drivers and assumptions. Stakeholder feedback was incorporated into the final version of the model as appropriate and informed VDOE's approach to setting rates.**

4.3 Adequate Payment Rates

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

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

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

4.3.1 Payment rates

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

Yes.

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

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

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

No.

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

- b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **8/3/2023**

- c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Daily rates are published. Daily rates are multiplied by five to obtain the weekly rate.**

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

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

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

established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

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

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

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

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|--|--|------------------------------------|------------------------------------|---|--|--|--|---|---|
| Center Care for Infants (6 months) | 94.00 Per Day | 100.00 | 470.00 | | | | | 125.00 Per Day | 75.00 |
| Family Child Care for Infants (6 months) | 81.00 Per Day | 100.00 | 405.00 | | | | | 81.00 Per Day | 100.00 |
| Center Care for Toddlers (18 months) | 81.00 Per Day | 100.00 | 405.00 | | | | | 108.00 Per Day | 75.00 |
| Family Child Care for Toddlers (18 months) | 81.00 Per Day | 100.00 | 405.00 | | | | | 81.00 Per Day | 100.00 |

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|--|--|------------------------------------|------------------------------------|---|--|--|--|---|---|
| Center Care for Preschoolers (4 years) | 70.00 Per Day | 100.00 | 350.00 | | | | | 73.00 Per Day | 75.00 |
| Family Child Care for Preschoolers (4 years) | 81.00 Per Day | 100.00 | 405.00 | | | | | 81.00 Per Day | 100.00 |
| Center Care for School-Age (6 years) | 61.00 Per Day | 100.00 | 305.00 | | | | | 52.00 Per Day | 75.00 |
| Family Child Care for School-Age (6 years) | 81.00 Per Day | 100.00 | 405.00 | | | | | 81.00 Per Day | 100.00 |

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

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|--|--|------------------------------------|------------------------------------|---|--|--|--|---|---|
| Center Care for Infants (6 months) | | | | | | | | | |
| Family Child Care for Infants (6 months) | | | | | | | | | |
| Center Care for Toddlers (18 months) | | | | | | | | | |

| Care Type | Base payment rate (specify unit, e.g., per day, per week, per month) | % of providers receiving Base rate | Full-Time Weekly Base Payment Rate | What is the percentile of the rate? (MRS) | What is the 50th percentile of the rate? (MRS) | What is the 60th percentile of the rate? (MRS) | What is the 75th percentile of the rate? (MRS) | What is the estimated cost of care? (Alternative Methodology) | What percent of the estimated cost of care is the rate? |
|--|--|------------------------------------|------------------------------------|---|--|--|--|---|---|
| Family Child Care for Toddlers (18 months) | | | | | | | | | |
| Center Care for Preschoolers (4 years) | | | | | | | | | |
| Family Child Care for Preschoolers (4 years) | | | | | | | | | |
| Center Care for School-Age (6 years) | | | | | | | | | |
| Family Child Care for School-Age (6 years) | | | | | | | | | |

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

Yes.

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

4.3.3 Tiered rates, differential rates, and add-ons

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

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

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid:

No.

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

Yes.

No. Tiered or differential rates are not implemented.

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

i. Differential rate for non-traditional hours. Describe:

ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe: **Providers may be paid up to twice the Maximum Reimbursable Rate for children with special needs. The special needs rate should be used when it is appropriate, as determined by the local department of social services 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. The rate is paid as part of the regular payment (twice monthly).**

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

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

v. Differential rate for higher quality, as defined by the Lead Agency. Describe:

vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

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

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

Yes. If yes, describe:

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **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% of estimated cost for a medium size center, reflecting the average capacity of licensed and regulated centers in Virginia. Setting rates at 75% 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% of estimated costs.

- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **Payment rates reflect estimated cost using VDOE's alternative methodology. The cost estimation model accounts for key cost drivers associated with meeting health, safety, quality, and staffing requirements under CCDF, depending on provider type and level of regulatory oversight, including group sizes, teacher-child ratios, and professional development requirements.**
- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Payment rates are set at a proportion of estimated cost using VDOE's alternative methodology. 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.**
- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **Rates reflect higher quality expectations for which publicly-funded programs are now accountable under Virginia's new uniform quality measurement and improvement system, VQB5. Beginning in the fall of 2023, all publicly funded programs are now required to participate in VQB5. Virginia's alternative methodology examines the cost of meeting quality expectations in VQB5. Virginia selected two nationally recognized quality standard measurements for VQB5: interactions and curriculum. All publicly-funded programs have the same quality expectations under VQB5. There are no mandatory costs associated with participating in VQB5 or achieving higher levels of quality. For instance, use of curriculum is optional, and programs may choose from an expansive list of vetted and approved curricula. This list includes free/low-cost approved early childhood curriculum options.**

The cost estimation model's core assumption is that being able to attract and retain competent and competitive educators is the primary driver of quality and quality improvement. As such, the model accounts for competitive compensation, benefits, and planning time to facilitate a stable and supported workforce for providers meeting or exceeding quality expectations.

- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that

the Lead Agency considered in determining its payment rates to ensure equal access. **NA**

4.4 Payment Practices to Providers

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

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

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

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

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

Yes. If yes, describe:

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **All vendors in the Child Care Subsidy Program receive payment every two weeks by direct deposit through Conduent, a third-party vendor who acts as the State Provider Management Agent. Each month is divided into two service periods, the 1st through the 15th and the 16th through the 30th or 31st. Payment deposit dates are generally two three weeks following the end of the service period. A Payment Schedule is posted on Virginia's website (www.childcare.virginia.gov). The Agency will make strides toward prospective payment, as required by provision § 98.45(m)(1) to pay providers**

prospectively in the CCDF Final Rule. The Lead Agency requested a legislative and transitional waiver in June 2024 to provide more time for implementation, due to state policy and technology constraints.

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?
- Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child's attendance or the number of absences a child has.
- No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:
- It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: **The Department pays vendors for up to 60 absent days per-child, per-fiscal year (June 1-May 31). This threshold was identified based on a review of data and reflects the number of absence days that is sufficient to cover the vast majority of absence events among children in the CCSP in an effort to move toward a full pay-by-enrollment model. The Agency will make strides toward payment by enrollment, as required by provision § 98.45(m)(2) in the CCDF Final Rule. In June 2024, VDOE requested a waiver to comply with the requirement to pay by enrollment. This will give the agency time to revise its policies, processes, and technology to comply with the requirement while maintaining strong internal controls and review procedures.**

4.4.2 Other payment practices

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

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?
- Yes.
- No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:
- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?
- Yes. If yes, identify the fees the Lead Agency pays for: **The Commonwealth pays one registration fee per child per fiscal year for children authorized with Level II vendors (up to a maximum of \$100).**
- No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **Vendors are paid based on the information included in the Purchase of Services Order (POSO), which includes:**
 - The name of the child care vendor;
 - 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.**
- d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **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.**
- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **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.**
- f. Other. Describe any other payment practices established by the Lead Agency: **NA**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **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 among diverse provider types. Overall, the distribution of children enrolled in subsidy roughly mirrors that of the overall approved capacity, with subsidy enrollment at license-exempt centers (7%) being lower than the share of overall approved capacity (20%). Enrollment in other settings, such as licensed centers (84%), is higher than the share of approved capacity (76%). The share of subsidy-participating children enrolled in licensed (7%) and license-exempt (2%) family day homes is greater than their**

share of approved capacity (3% and 1%, respectively).

Current policies follow generally accepted payment practices, including covering the cost of registration fees, making payments based on a full- and part-day units, and establishing rate differentials for children with special needs. Additionally, Virginia increased the number of paid absence days from 36 to 60 in August 2023, which—according to Virginia data—ensures that the vast majority of absence events for CCSP-participating children are paid for by the state. Additionally, Virginia revised payment practices to further minimize burden for parents and providers in June 2021. The Alternative Payment Process (APP) allows Virginia to meet its current regulatory obligations to pay based on attendance while reducing how often parents are 63 | Page FFY 2025–2027 CCDF State Plan required to use their swipe cards at Point of Service (POS) devices within child care sites. This minimizes the need for manual attendance and delays in payment processing.

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

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

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

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **Virginia intends to offer grants and/or contracts in the next two years and is requesting a waiver for implementation. Virginia is currently funding a contract model with state general funds, and will use lessons learned to determine approaches for scaling to target populations with CCDF.**

If no, skip to question 4.5.2.

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

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

Infants and toddlers. Number of slots allocated through grants or

contracts:

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

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

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

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

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

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

Other populations. If checked, describe:

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

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

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

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

Yes.

No.

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

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe: **The cost for in-home care must not exceed the local MRR and must meet state and federal minimum wage requirements (as required by the Fair Labor Standards Act for Domestic Service). In-home vendors must be paid at a rate not less than the greater of the federal minimum wage or the Virginia minimum wage by the hour, not as a rate per child. The amount paid to the vendor for the number of hours per week for child care needed, cannot exceed the MRR per individual child.**
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe:
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:
- iv. Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:
- v. Restricted to care for children with special needs or a medical condition.

Describe:

- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. Other. Describe: **In-home care meets the definition of a family day home in Virginia, and providers are subject to the same health and safety standards--including provider qualifications--as any other family day home. A family day home meets the definition of in-home care if 1) all children in care reside in the home and 2) the provider is not a resident of the household.**

4.5.3 Shortages in the supply of child care

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

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

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **The Lead Agency's child care licensing team provides monthly data reports on the status of child care programs in the licensing system. These data can be disaggregated by age groups the programs are able to serve, as well as capacity, program type, and locality, allowing the Lead Agency to track potential shortages in the supply of licensed and license-exempt care for infants and toddlers. The Lead Agency uses data reports from the CCSP case management system to track trends in programs' subsidy participation and child enrollment in those programs. Additionally, through an ongoing partnership between VDOE and the University of Virginia to survey Virginia families and child care providers, the Lead Agency is able to use new survey data annually to identify trends in feedback from the field, including shortages in the supply of child care providers that meet parents' needs and preferences.**
 - ii. Method of tracking progress: **Licensure and CCSP enrollment data are reviewed monthly. Survey data are trends examined year-to-year.**
 - iii. What is the plan to address the child care shortages using family child care homes **Increasing CCSP rates (MRR) through the Lead Agency's cost estimation model is a major strategy in addressing child care shortages. Increasing rates for infants and toddlers, was a focus. Family day homes remain a crucial component of Virginia's unified public-private ECCE system. Home-based child care is preferred among many families across the Commonwealth, particularly those with very young children. Ensuring that FDH payment rates are sufficient to support competitive compensation and support successful programs to expand operations is a key strategy in increasing child care supply in response to family demand. To accomplish this goal, VDOE increased family day home payment rates in CCSP to 100% of the modeled cost of care., effective August 2023.**
 - iv. What is the plan to address the child care shortages using child care centers? **Increasing CCSP rates (MRR) through the Lead Agency's cost estimation model is a**

major strategy in addressing child care shortages. Increasing rates for infants and toddlers, was a focus. Center rates are currently set at 75% of the modeled cost.

- b. In different regions of the State or Territory:
- i. Data sources used to identify shortages: **The Lead Agency’s child care licensing team provides monthly data reports on the status of child care programs in the licensing system. These data can be disaggregated by age groups the programs are able to serve, as well as capacity, program type, region and locality, allowing the Lead Agency to track potential shortages in the supply of licensed and license-exempt care in different regions of the State. The Lead Agency uses data reports from the CCSP case management system to track trends in programs’ subsidy participation and child enrollment in those programs. Additionally, through an ongoing partnership between VDOE and the University of Virginia to survey Virginia families and child care providers, the Lead Agency is able to use new survey data annually to identify trends in feedback from the field, including shortages in the supply of child care providers that meet parents’ needs and preferences.**
 - ii. Method of tracking progress: **Licensure and CCSP enrollment data are reviewed monthly. Survey data are trends examined year-to-year.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Lead Agency is piloting an Early Childhood Navigator role in four Ready Regions of the state. These regions were selected based on multiple criteria demonstrating need and include rural child care deserts and dense urban areas with gaps in access to affordable child care. The purpose of this Navigator role is to support the Virginia Department of Education’s activities related to access and enrollment and increasing the supply of publicly-funded ECCE in Virginia by working alongside state partners with child care providers. Navigators have placed an emphasis on supporting family child care, including Local Ordinance Homes (LOH) in the Northern Virginia region. One of the VDOE Navigators is a former family day home owner/operator and a fluent Spanish speaker, which is essential in establishing relationships with many family child care homes in Virginia. The Early Childhood Navigators provide direct support to current and prospective family child care providers in three main ways: 1) Supporting new family day homes to open and participate in the CCSP; 2) Recruiting existing family child care to accept public funds / participate in the CCSP; and 3) Retaining current publicly-funded family child care providers.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Lead Agency is piloting an Early Childhood Navigator role in four Ready Regions of the state: Ready Regions Southwest, West, Central, and Capital Area. These regions were selected based on multiple criteria demonstrating need for support and supply-building activities. The Navigators support the VDOE’s activities related to access and enrollment and increasing the supply of publicly-funded ECCE by providing direct support to current and prospective child care centers in high-need communities. Navigators focus on engaging with centers in three main ways: 1) Supporting new providers to open and participate in the CCSP; 2) Recruiting existing providers to accept public funds / participate in the CCSP; and 3)**

Retaining current publicly-funded providers.

- c. In care for special populations:
 - i. Data sources used to identify shortages: **The Lead Agency’s child care licensing team provides monthly data reports on the status of child care programs in the licensing system. These data can be disaggregated by age groups the programs are able to serve, as well as capacity, program type, region and locality, allowing the Lead Agency to track potential shortages in the supply of licensed and license-exempt care for special populations throughout the State. The Lead Agency uses data reports from the CCSP case management system to track trends in programs’ subsidy participation and child enrollment in those programs. Additionally, through an ongoing partnership between VDOE and the University of Virginia to survey Virginia families and child care providers, the Lead Agency is able to use new survey data annually to identify trends in feedback from the field, including shortages in the supply of child care providers that meet parents’ needs and preferences.**
 - ii. Method of tracking progress: **Licensure and CCSP enrollment data are reviewed monthly. Survey data are trends examined year-to-year.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The CCSP has a special needs rate to help address the child care deserts and shortages for children with documented disabilities or medical needs. Providers may be paid up to twice the Maximum Reimbursable Rate for children with special needs. Additionally, VDOE is convening an internal cross-agency work group to evaluate and investigate strategies to promote inclusive practices among children with disabilities in ECCE settings. This group is focusing on:**
 - 1. Reviewing available data to understand existing need and capacity
 - 2. Identifying gaps in available data
 - 3. Applying lessons learned from existing programs. For example, children with disabilities are eligible for Mixed Delivery in Virginia’s contract model pilot regardless of income.
 - iv. What is the plan to address the child care shortages using child care centers? **The CCSP has a special needs rate, to help address the child care deserts and shortages for children with documented disabilities or medical needs. Providers may be paid up to twice the Maximum Reimbursable Rate for children with special needs. Additionally, VDOE is convening an internal cross-agency work group to evaluate and investigate strategies to promote inclusive practices among children with disabilities in ECCE settings. This group is focusing on:**
 - 1. Reviewing available data to understand existing need and capacity
 - 2. Identifying gaps in available data
 - 3. Applying lessons learned from existing programs. For example, children with disabilities are eligible for Mixed Delivery in Virginia’s contract model pilot regardless of income.

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

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

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

- a. Underserved geographic areas. Describe: **Virginia has made major investments in access and quality through the rollout of VQB5, RecognizeB5, cost modeling for subsidy reimbursement rates, and the Ready Region local governance structure. Alongside these investments, Virginia has built LinkB5, which provides rich data to be able to track the ECCE workforce, access, and quality.**

Gathering data regularly and making data-driven decisions is an essential part of Virginia's strategy. The Lead Agency regularly reviews data reports from LinkB5, child care licensing, and the CCSP case management system, allowing the Lead Agency to track to track enrollment trends and potential shortages in child care supply in different regions of the State. In addition to those internal data reports, the Lead Agency has also engaged in the Building a Stronger Child Care System in Virginia project, a research-policy partnership between the VDOE, the Virginia Department of Social Services, and the University of Virginia (UVA) that aims to identify strategies to increase families' access to affordable child care. Our research partners at UVA gather data from statewide surveys of families and child care providers to explore their experiences with CCSP and identify ways to potentially improve the system.

Recently, UVA has created interactive data snapshot tools that provide a comprehensive look across these areas using a combination of data from surveys and LinkB5. Not only do these snapshots provide statewide results, they also allow for the filtering of results to individual communities and Ready Regions. These data enable the Lead Agency to better identify gaps in the supply and quality of child care services and Virginia has employed several strategies to address gaps in underserved areas, namely: 1) increasing CCSP MRR (reimbursement rates) using a cost estimation model, 2) piloting an Early Childhood Navigator role to provide direct support to current and prospective child care providers in high-need communities, helping new providers to open and supporting providers to participate in the CCSP; and 3) supporting continuous quality improvement for publicly-funded programs through VQB5.

- b. Infants and toddlers. Describe: **Virginia has made major investments in access and quality through the rollout of VQB5, RecognizeB5, cost modeling for subsidy reimbursement rates, and the Ready Region local governance structure. Alongside these investments, Virginia has built LinkB5, which provides rich data to be able to track the ECCE workforce, access, and quality.**

Gathering data regularly and making data-driven decisions is an essential part of Virginia's strategy. The Lead Agency regularly reviews data reports from LinkB5, child care licensing, and the CCSP case management system, allowing the Lead Agency to track to track enrollment trends and potential shortages in child care supply. In addition to those internal data reports, the Lead Agency has also engaged in the Building a Stronger Child

Care System in Virginia project, a research-policy partnership between the VDOE, the Virginia Department of Social Services, and the University of Virginia (UVA) that aims to identify strategies to increase families' access to affordable child care. Our research partners at UVA gather data from statewide surveys of families and child care providers to explore their experiences with CCSP and identify ways to potentially improve the system.

These data enable the Lead Agency to better identify gaps in the supply and quality of child care services and the Lead Agency has employed several strategies to address gaps in infant and toddler care, namely: 1) increasing CCSP MRR (reimbursement rates) using a cost estimation model and aligning reimbursement rates with age-based ratios and group sizes, 2) piloting an Early Childhood Navigator role to provide direct support to current and prospective child care providers in high-need communities, helping new providers to open and supporting providers to participate in the CCSP; and 3) supporting continuous quality improvement for publicly-funded programs through VQB5, including targeted supports for providers serving infants and toddlers through the Infant Toddler Specialist Network.

- c. Children with disabilities. Describe: The Lead Agency has employed several strategies to address gaps in care for children with disabilities, namely: 1) increasing CCSP MRR (reimbursement rates) using a cost estimation model and including a special needs rate of up to 2x the MRR, 2) piloting an Early Childhood Navigator role to provide direct support to current and prospective child care providers in high-need communities, helping new providers to open and supporting providers to participate in the CCSP; and 3) supporting continuous quality improvement for publicly-funded programs through VQB5, which includes curriculum and classroom instruction modifications responsive to the unique needs of children with disabilities.
- d. Children who receive care during non-traditional hours. Describe: VDOE is leveraging data from the most recent family survey² conducted in partnership with UVA² to better understand the demand for non-traditional hour care, including the hours for which care is in highest demand but least available. Current data suggests that family day homes are more likely to offer flexible/nontraditional hours. Supporting family day homes is a priority of the Early Childhood Navigator role in all regions.
In addition to gathering data, VDOE has identified several key gaps in the availability of non-traditional hour care, particularly in rural and underserved areas. These gaps include limited provider availability for overnight care, weekend care, and early morning hours, which disproportionately impacts low-income families and essential workers who rely on such care to maintain employment. To address these gaps, VDOE is implementing the following strategies:
 - Targeted Provider Recruitment and Incentives: VDOE is working to recruit more providers, particularly family day homes and child care centers, to offer non-traditional hours.
 - Provider Training and Capacity Building: VDOE is providing training and professional development for providers focused on the unique challenges of offering non-traditional hour care. This includes guidance on staffing models, safety considerations, and meeting the developmental needs of children during extended hours.
 - Partnerships with Employers: VDOE encourages employers to offer flexible work schedules to complement child care availability.
 - Community-Based Solutions: VDOE is working with local early childhood councils and

community organizations to identify community-based solutions, such as shared services models, that can help providers meet the demand for non-traditional hour care.

Through these strategies, VDOE aims to not only increase the supply of non-traditional hour care but also improve the overall quality and accessibility of this vital service for families across the state.

- e. Other. Specify what population is being focused on to increase supply or improve quality. Describe: **NA**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The Lead Agency is leveraging the Early Childhood Navigator pilot and our Ready Regions structure as two strategies to increase access to high-quality child care and education services for children in high-need communities.**

The Early Childhood Navigators are located in regions with high levels of demonstrated need. The Navigators support the VDOE’s activities related to access and enrollment and increasing the supply of publicly-funded ECCE by providing direct support to current and prospective child care providers.

Ready Regions bring unprecedented levels of coordination, accountability, and family engagement to early education programs in every community in the Commonwealth by leading Family Councils and Coordinated Enrollment efforts.

5 Health and Safety of Child Care Settings

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

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

and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

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

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

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

- a. Identify the center-based provider types subject to child care licensing: **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, and that does not meet an exemption from licensure under § 22.1-289.030 of the Code of Virginia. (§ 22.1-289.02)**

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

Yes. If yes, describe:

No.

- b. Identify the family child care providers subject to licensing: **A 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. 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. (§ 22.1-289.02)**

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

Yes. If yes, describe:

No.

- c. Identify the in-home providers subject to licensing: **In-home providers meet the legal definition of a family day home in Virginia and are subject to the same requirements for licensure. In-home providers serving 5 through 12 children, exclusive of the provider's own children and any children who reside in the home, shall be licensed. In-home providers not subject to licensure may still apply for licensure and vendor approval. (§ 22.1-289.02)**

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

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

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

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

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **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. CCDF-eligible license-exempt center-based programs include:**

Child day centers operated under the auspices of religious institutions pursuant to § 22.1-289.031 of the Code of Virginia.

Certified preschools operated by an accredited private school that complies with the provisions of § 22.1-289.032 of the Code of Virginia.

Programs of recreational activities offered by local governments, staffed by local government employees, and attended by school-age children.

A program offered by a local school division, operated for no more than four hours per day on full instructional days or for more than four hours per day on shortened instructional days or noninstructional days, staffed by local school division employees, and attended by children who are at least three years of age and are enrolled in public school or a preschool program within such school division.

- ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **Religiously exempt child day centers must provide evidence of tax-exempt status as a nonprofit religious institution, must file with the Department prior to beginning operation and annually thereafter, and meet health and safety**

requirements identified in the Code to include fire and health inspections. There are no limitations on the length of day as long as children are in care less than a 24-hour period. The number of children in care and ages of children in care are based on the certificate of occupancy. (§ 22.1-289.031)

Certified preschools must meet certain criteria to qualify for exemption, provide proof of accreditation, file with the Department prior to the beginning of the school year or calendar year and annually thereafter, and meet health and safety requirements identified in the Code. The private school must offer kindergarten or elementary school programs satisfying compulsory school attendance laws, and children below the age of compulsory school attendance also participate in such instructional programs; the number of pupils in the preschool program cannot exceed 12 pupils for each instructional adult, or if operated as a Montessori program with mixed age groups of three-year-old to six-year-old children, the number of pupils in the preschool program cannot exceed 15 pupils for each instructional adult; the school (i) maintains an average enrollment ratio during the current school year of five children age five or above to one four-year-old child, and no child in attendance is under age four, or (ii) does not allow children below the age of eligibility for kindergarten attendance to attend the preschool program for more than five hours per day, of which no more than four hours of instructional classes may be provided per day, and no child in attendance is under age three; the preschool offers instructional classes and does not hold itself out as a child care center or child day program; and children enrolled in the preschool do not attend more than five days per week. (§ 22.1-289.032)

Local government operated child day programs must be staffed by local government employees, and attended by school-age children. There are no limitations on the length of day as long as children are in care less than a 24-hour period, and there are no limitations on the number of children in care. These programs must file with the Department prior to beginning operation and annually thereafter. (§ 22.1-289.030 B6)

Local school division operated child day programs cannot be operated for more than four hours per day on full instructional days, but can operate for more than four hours per day on shortened instructional days or noninstructional days; must be staffed by local school division employees, and attended by children who are at least three years of age and are enrolled in public school or a preschool program within such school division. There are no limitations on the number of children in care. These programs must file with the Department prior to beginning operation and annually thereafter. (§ 22.1-289.030 B7)

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Each of these exempt programs are required to meet CCDBG health and safety requirements in order to participate in the CCSP and receive initial and annual inspections (8VAC20-790). Additional requirements are also identified below:**

Religiously exempt child day centers must meet health and safety requirements identified in the Code to include annual fire and health inspections, staff:child ratios, supervision requirements, staff qualifications and health requirements, background checks, mandated reporting, transportation safety, first aid and CPR training, safe sleep guidelines, hand washing, immunizations, daily health screening and exclusion of sick children, and physical plant safety. (§ 22.1-289.031)

Certified preschools must meet certain criteria, provide proof of accreditation, file with the Department prior to the beginning of the school year or calendar year and annually thereafter, and meet health and safety requirements identified in the Code to include annual health and fire inspections, staff:child ratios, and background check requirements. Accreditation standards are often similar to licensing requirements. (§ 22.1-289.032)

Local government operated child day programs must file with the Department prior to beginning operation and annually thereafter and are subject to safety and supervisory standards established by the local government offering the program. (§ 22.1-289.030 B6)

Local school division operated child day programs must file with the Department prior to beginning operation and annually thereafter and are subject to safety and supervisory standards established by the local school division offering the program. (§ 22.1-289.030 B7)

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **CCDF-eligible family day homes that are exempt from licensure include:**

Family day homes serving four or fewer children, exclusive of the provider's own children and any children who reside in the home. 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. (§22.1-289.02)

A family day home where the children in care are all related to the provider by blood or marriage. (§22.1-289.02)

Voluntarily registered family day homes. (§ 22.1-289.015)

Family day homes that are members of a family day system. (§22.1-289.030 F)

ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **License-exempt family day homes are limited to four or fewer**

children, exclusive of the provider's own children and any children who reside in the home. 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. There are no limitations on the length of day as long as children are in care less than a 24-hour period. (§22.1-289.02)

A family day home where the children in care are all related to the provider by blood or marriage have no limitations on number or ages of children in care, or the length of day as long as children are in care less than a 24-hour period. (§22.1-289.02)

Voluntarily registered family day homes are limited to four or fewer children, exclusive of the provider's own children and any children who reside in the home. There are no limitations on the ages of children in care, or the length of day as long as children are in care less than a 24-hour period. These programs must apply for initial registration biennially thereafter. (§ 22.1-289.015)

Family day homes that are members of a licensed family day system are limited to nine children, including children under six who are related by blood or marriage to the provider. There are no limitations on the ages of children in care, or the length of day as long as children are in care less than a 24-hour period. System homes must apply to the family day system and be approved. (8VAC20-810)

- iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. Each of these exempt programs are required to meet CCDBG health and safety requirements in order to participate in the CCSP and receive initial and annual inspections (8VAC20-790). Additional requirements are also identified below:

Voluntarily registered family day homes must meet health and safety requirements identified in the Code and regulations to include background checks, mandated reporting, staff:child ratios, children's records, physical exams and immunizations, emergency preparedness, physical plant safety, preventing the spread of disease, caregiver qualifications, medication safety, and transportation safety (§ 22.1-289.015 and 8VAC20-850). Additionally, per recently passed legislation effective July 1, 2024, requires that the Department update its Voluntary Registration Health and Safety Checklist to include safe sleep practices. The proposed changes to the checklist include requiring that infants are placed on their backs when sleeping; using a crib or playpen with a firm, flat mattress and only a fitted sheet for each sleeping or resting infant; not putting soft objects, blankets, pillows, stuffed toys, bumper pads or loose bedding in the area an infant is sleeping; not placing infants to sleep on any soft surfaces; and promptly moving an infant who falls asleep in any play space other than his own crib or playpen to his designated sleeping space.

Family day homes that are members of a licensed family day system must comply with health and safety standards to include caregiver qualifications, staff:child ratios, physical plant safety, supervision, health requirements, training, and fire safety. These programs are also monitored quarterly by the family day system. (8VAC20-810)

License-exempt family day homes in certain Northern VA localities (Alexandria, Arlington, and Fairfax) and in Norfolk City are subject to basic health and safety requirements and monitoring under local ordinances in those communities. (§ 15.2-914)

- c. In-home care (care in the child’s own home by a non-relative). Describe by answering the questions below.
- i. Identify the categories of CCDF-eligible in-home care (care in the child’s own home by a non- relative) providers who are exempt from licensing requirements. **In-home child care providers meet the definition of family day home under Virginia law. CCDF-eligible family day homes serving four or fewer children, exclusive of the provider's own children and any children who reside in the home are exempt from licensing requirements. 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. (§22.1-289.02)**
 - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. **License-exempt in-home family day homes are limited to four or fewer children, exclusive of the provider's own children and any children who reside in the home. There are no limitations on the length of day as long as children are in care less than a 24-hour period. (§22.1-289.02)**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **In-home license exempt programs are required to meet CCDBG health and safety requirements in order to participate in the CCSP and receive initial and annual inspections (8VAC20-790).**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

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

- a. Infant. Describe: **Birth to 16 months (8VAC20-780-10; 8VAC20-790-140; 8VAC20-790-490; and 8VAC20-800-10)**

- b. Toddler. Describe: **16 months to two years (8VAC20-780-10; 8VAC20-790-140; 8VAC20-790-490; and 8VAC20-800-10)**
- c. Preschool. Describe: **Two years up to the age of eligibility to attend public school, five years by September 30 (8VAC20-780-10; 8VAC20-790-140; 8VAC20-790-490; and 8VAC20-800-10)**
- d. School-Age. Describe: **Eligible to attend public school, age five or older by September 30 of that same year (8VAC20-780-10; 8VAC20-790-140; 8VAC20-790-490; and 8VAC20-800-10)**

5.2.2 Ratio and group size limits

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

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: **1:4 (8VAC20-780-350)**

Group size: **12**

There is no maximum group size during meals or snacks, the designated rest period, evening and overnight sleep time, outdoor play, transportation and field trips, special group activities, or during the first and last hour of operation when the provider operates more than six hours per day. (8VAC20-780-350)

- ii. Toddler.

Ratio: **1:5 (8VAC20-780-350)**

Group size: **15**

There is no maximum group size during meals or snacks, the designated rest period, evening and overnight sleep time, outdoor play, transportation and field trips, special group activities, or during the first and last hour of operation when the provider operates more than six hours per day. (8VAC20-780-350)

- iii. Preschool.

Ratio: **Two year olds: 1:8**

Three years up to the age of eligibility to attend public school: 1:10 (8VAC20-780-350)

Group size: **Two year olds: 24.**

Three years up 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,

transportation and field trips, special group activities, or during the first and last hour of operation when the provider operates more than six hours per day. (8VAC20-780-350)

iv. School-Age.

Ratio: School age eligible to nine years: 1:18

Nine years through 12 years: 1:20 (8VAC20-780-350)

Group size: Group size requirements do not currently apply to children school age eligible through 12 years of age. (8VAC20-780-350). VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to come into compliance with this requirement while VDOE goes through the regulatory review and implementation process.

v. Mixed-Age Groups (if applicable).

Ratio: When a group of children receiving care includes children from different age groups, the staff-to-children ratio applicable to the youngest child in the group applies to the entire group.

Balanced mixed age groups consisting of a relatively even allocation of children in each of three ages (three to six years) designed to remain together: 1:14, if (i) the center has additional staff who are readily accessible in the event of an emergency to maintain a ratio of one staff member for every 10 children when three-year-olds are included in the balanced mixed-age-group; and (ii) the lead teacher has received at least eight hours of training in classroom management of balanced-mixed age groupings. (8VAC20-780-350)

Group size: When a group of children receiving care includes children from different age groups, the group size applicable to the youngest child in the group applies to the entire group.

Balanced mixed age groups: 28. (8VAC20-780-350)

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

i. Not applicable. There are no differences in ratios and group size requirements.

ii. Infant: The ratio and group size requirements for license-exempt child day centers that are certified preschools, local government operated centers and local school division programs are the same as those of licensed child day centers, but the ratios and group sizes are different for license-exempt centers operated by religious institutions. See below:

Ratio: 1:4

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. (8VAC20-790-670)

iii. **Toddler: Ratio: 1:5**

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. (8VAC20-790-670)

iv. **Preschool: 24 months to 36 months Ratio: 1:8**

36 months to five years Ratio: 1:10

Two years to five years Group Size: 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. (8VAC20-790-670)

v. **School-Age: Five to nine years Ratio: 1:20**

Nine years through 12 years Ratio: 1:25

Five years to six years Group Size: 30

Group size requirements do not currently apply to children six through 12 years of age.

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. (8VAC20-790-670)

VDOE was notified of possible non-compliance with the requirement to have a group size for all age groups for unlicensed CCDF providers on June 28, 2023. Additional time is needed to address compliance with this requirement through the state regulatory process.

- vi. **Mixed-Age Groups: 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.**

When children are in ongoing mixed age groups, the staff-to-children ratio and group size applicable to the youngest child in the group shall apply to the entire group. (8VAC20-790-670)

- c. Licensed CCDF family child care home providers:

- i. Infant (if applicable)

Ratio: The ratio is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.

4 points each (8VAC20-800-570)

Group size: 12 or the licensed capacity, whichever is less (8VAC20-800-10)

- ii. Toddler (if applicable)

Ratio: The ratio is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.

3 points each (8VAC20-800-570)

Group size: 12 or the licensed capacity, whichever is less (8VAC20-800-10)

- iii. Preschool (if applicable)

Ratio: The ratio is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.

2 points each (8VAC20-800-570)

Group size: 12 or the licensed capacity, whichever is less (8VAC20-800-10)

- iv. School-Age (if applicable)

Ratio: The ratio is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.

Five years through nine years: 1 point each

10 years and older: 0 points each (8VAC20-800-570)

Group size: **12 or the licensed capacity, whichever is less (8VAC20-800-10)**

v. **Mixed-Age Groups**

Ratio: The ratio is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.

Birth through 15 months: 4 points each

16 months through 23 months: 3 points each

Two years through four years: 2 points each

Five years through nine years: 1 point each

10 years and older: 0 points each (8VAC20-800-570)

Group size: **12 or the licensed capacity, whichever is less (8VAC20-800-10)**

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

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. The ratio requirements, which is based on a point system, is the same as it is for licensed providers. It is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.

Birth through 15 months: 4 points each

16 months through 23 months: 3 points each

Two years through four years: 2 points each

Five years through nine years: 1 point each

10 years and older: 0 points each (8VAC20-790-300)

The group size for all ages, including mixed ages, is limited to four children, unless it is a family day system approved home, which has a group size of nine children. (§ 22.1-289.02 and 8VAC20-810-40)

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

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

i. **Infant (if applicable)**

Ratio: The ratio is based on the following point system assigned according

to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.

4 points each (8VAC20-800-570)

Group size: **12 or the licensed capacity, whichever is less (8VAC20-800-10)**

ii. Toddler (if applicable)

Ratio: **The ratio is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.**

3 points each (8VAC20-800-570)

Group size: **12 or the licensed capacity, whichever is less (8VAC20-800-10)**

iii. Preschool (if applicable)

Ratio: **The ratio is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.**

2 points each (8VAC20-800-570)

Group size: **12 or the licensed capacity, whichever is less (8VAC20-800-10)**

iv. School-Age (if applicable)

Ratio: **The ratio is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.**

Five years through nine years: 1 point each

10 years and older: 0 points each (8VAC20-800-570)

Group size: **12 or the licensed capacity, whichever is less (8VAC20-800-10)**

v. Mixed-Age Groups (if applicable)

Ratio: **The ratio is based on the following point system assigned according to the age of children, including a caregiver’s own children and resident children under eight years of age. No caregiver can exceed 16 points.**

Birth through 15 months: 4 points each

16 months through 23 months: 3 points each

Two years through four years: 2 points each

Five years through nine years: 1 point each

10 years and older: 0 points each (8VAC20-800-570)

Group size: 12 or the licensed capacity, whichever is less (8VAC20-800-10)

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

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **The ratio requirements, which is based on a point system, is the same as it is for licensed providers. It is based on the following point system assigned according to the age of children, including a caregiver's own children and resident children under eight years of age. No caregiver can exceed 16 points.**

Birth through 15 months: 4 points each

16 months through 23 months: 3 points each

Two years through four years: 2 points each

Five years through nine years: 1 point each

10 years and older: 0 points each (8VAC20-790-300)

The group size for all ages, including mixed ages, is limited to four children. (§ 22.1-289.02)

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

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

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Program leader qualifications do not vary based on the ages of children in care. Program leaders must be at least 18 years of age, have fulfilled a high school program completion or the equivalent, and meet one of the following:**

1. Have one of the program director qualifications (see ii below);

2. Have 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;

3. Have three months of programmatic experience and at least one of the following education backgrounds:

a. a one-year early childhood certificate from a college or university;

b. a child development credential by an organization listed in § 22.1-289.048 of the Code of Virginia; or

c. a teaching diploma from an internationally or nationally recognized Montessori organization; or

4. Have six months of supervised programmatic experience and within six months before being promoted or beginning work or one month after being promoted or beginning work, a minimum of 24 hours of training related to the care of children, including but not limited to: child development, playground safety, health and safety issues, and preventing and reporting child abuse and neglect. (8VAC20-780-210)

Aides must be at least 16 years of age. (8VAC20-780-220)

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 do not vary based on the ages of children in care or the number of staff employed. Program directors must be at least 21 years of age and meet one of the following:**

1. Have 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;

2. Have 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;

3. Have 48 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;

4. Have two years of programmatic experience with one year in a staff supervisory capacity and at least one of the following education backgrounds:

a. a one-year early childhood certificate from a college or university that consists of at least 30 semester hours;

b. a child development credential that requires:

(1) a high school program completion or 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

(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 the training facilitator:

(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 semester 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 supervisor capacity; or

c. a certification of qualification from an internationally or nationally recognized Montessori organization. (8VAC20-780-190)

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **Provider qualifications do not vary based on the ages of children in care. Providers must be 18 years of age or older. Providers licensed after June 30, 2010, shall have:**

1. i) A high school program completion or the equivalent or (ii) evidence of having met the requirements for admission to an accredited college or university;

2. Three months of programmatic experience;

3. Current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current CPR certification issued within the past two years by a community college, a hospital, a rescue squad, or a fire department; and

4. Current certification in first aid from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current first aid certification issued within the past three years by a community college, a hospital, a rescue squad, or a fire department. (8VAC20-800-140)

Providers must also:

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. (8VAC20-800-130)

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Provider qualifications for licensed, regulated, or registered in-home providers do not vary based on the ages of children in care.**

Licensed in-home care providers must be 18 years of age or older. Licensed in-home providers licensed after June 30, 2010, shall have:

1. i) A high school program completion or the equivalent or (ii) evidence of having met the requirements for admission to an accredited college or university;

2. Three months of programmatic experience;

3. Current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current CPR certification issued within the past two years by a community college, a hospital, a rescue squad, or a fire department; and

4. Current certification in first aid from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current first aid certification issued within the past three years by a community college, a hospital, a rescue squad, or a fire department. (8VAC20-800-140)

Licensed providers must also:

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. (8VAC20-800-130)

Regulated or registered in-home providers (vendors) must be at least 18 years of age and 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. (8VAC20-790-70 and 8VAC20-790-240)

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

- a. License-exempt center-based child care. **The vendor must be at least 18 years of age. Staff must be at least 16 years of age. The vendor and any staff 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. (8VAC20-790-590)**
- b. License-exempt home-based child care. **License-exempt home-based providers (vendors) must be at least 18 years of age. Caregivers must be at least 16 years of age. The provider and all caregivers 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. (8VAC20-790-70 and 8VAC20-790-240)**
- c. License-exempt in-home care (care in the child’s own home). **License-exempt in-home care providers (vendors) must be at least 18 years of age. Caregivers must be at least 16 years of age. The provider and all caregivers 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. (8VAC20-790-70 and 8VAC20-790-240)**

5.3 Health and Safety Standards for CCDF Providers

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

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

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

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **A written agreement is required between the center and the parent that (i) the center will notify the parent when the child becomes ill and the parent will arrange to have the child picked up as soon as possible if requested by the center, and (ii) the parent will inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately. (8VAC20-780-90)**

Each child must have a physical examination before the child's attendance or within 30 days after the first day of attendance. (8VAC20-780-140)

Each staff member must submit documentation of a negative tuberculosis screening at the time of employment and prior to coming into contact with children that has been completed within the last 30 calendar days of the date of employment. TB results are due every two years thereafter. (8VAC20-780-160)

When there is evidence that the safety of children may be jeopardized by contact with a staff member because of their physical health, the employee is to be prohibited from engaging in contact with children or participating in the food service program until a physician confirms any risk has been eliminated or can be reduced to an acceptable level by reasonable accommodations. (8VAC20-780-170)

Staff are required to complete the Department's sponsored orientation course (i.e., preservice training) within 90 calendar days of employment, which includes preventing the spread of disease, including immunization requirements; and handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated by body fluid. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses procedures for ill children; and prevention and control of disease. (8VAC20-780-240 and 8VAC20-790-600)

There must always be at least one staff on duty who has obtained instruction within the last three years in performing a daily health observation of children that includes: components of daily health check for children; inclusion and exclusion of a child when the child is exhibiting symptoms that indicate possible illness; description of how diseases are spread and procedures and methods for reducing the spread of disease; information concerning the Department of Health's notification of reportable diseases; and staff occupational health and safety practices in accordance with OSHA. (8VAC20-780-245)

Before issuance of a license and annually thereafter, approval from the local health department is required for meeting requirements of water supply, sewage disposal system, and food service, if applicable. (8VAC20-780-250 and 8VAC20-780-260)

If combs, toothbrushes or other personal articles are used, they must be individually assigned. Disposable products shall be used once and discarded (8VAC20-780-430)

Cribs, cots, rest mats and beds shall be identified for use by a specific child. There is to be at least 12 inches of space between occupied cribs, cots, beds and rest mats to reduce the transfer of airborne diseases. If rest mats are used, they must be sanitized on all sides weekly or before use by another child. (8VAC20-780-440)

Linens are to be assigned for individual use, clean, and washed at least weekly. Crib sheets are to be clean and washed daily. Pillows shall be individually assigned and covered with pillow cases. Mattresses, when used, are to be covered with a waterproof material that can be cleaned and sanitized. (8VAC20-780-450)

If portable wading pools without integral filter systems are used, they must be emptied after the use of each group of children, rinsed, and filled with clean water, or more frequently as necessary. Children who are not potty trained may not use portable wading pools. After each day's use, portable wading pools must be emptied, sanitized and stored to keep them clean and dry. (8VAC20-780-470)

A child is not allowed to attend the center if he has a temperature over 101°F, recurrent vomiting or diarrhea, or a communicable disease. If a child needs to be excluded, arrangements shall be made for the child to leave the center as soon as possible after the signs or symptoms are noticed; and the child shall remain in the designated quiet area until leaving the center. When children at the center have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the center's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-780-490)

Handwashing procedures for children include washing with soap and running water or disposable wipes before and after eating meals or snacks, and with soap and running water after toileting or any contact with blood, feces or urine. Handwashing procedures for staff include washing with soap and running water before and after helping a child use the toilet; before and after a diaper change; after the staff member uses the toilet; after any contact with body fluids; before feeding or helping children with feeding; and before preparing or serving food or beverages. Diapering areas must have a sink with running warm water; soap, disposable towels and single use gloves; a nonabsorbent surface that is only used for diapering or cleaning a child; a leakproof or plastic-lined storage system that is either foot-operated or used in such a way that neither the staff member's hand nor the soiled diaper touches an exterior surface of the storage system during disposal; and a leakproof covered receptacle for soiled linens. When a child's clothing becomes wet or soiled, they shall be cleaned and changed immediately. The diapering surface must be cleaned with soap and at least room temperature water and sanitized after each use. Additionally, toilet chairs must be emptied promptly and cleaned and sanitized after each use. (8VAC20-780-500)

Contaminated or spoiled food shall not be served to children. Tables and highchairs must be sanitized before and after each use for feeding and cleaned at

least daily. (8VAC20-780-560)

Prepared infant formula is to be refrigerated and dated. Prepared baby food not consumed during a feeding by an infant may only be used by the same infant later in the same day if the food is not served out of the baby jar and is dated and stored in the refrigerator. Formula and breast milk shall not remain unrefrigerated for more than two hours and may not be reheated. (8VAC20-780-570)

If perishable food is taken on field trips, the food shall be stored in insulated containers with ice packs to keep the food cold. (8VAC20-780-580)

Animals kept on the premises shall be vaccinated, if applicable. Animals which are, or are suspected of being, ill or infested with external lice, fleas and ticks or internal worms shall be removed from contact with children. If a child is bitten by an animal, the site of the bite shall be washed with soap and water immediately, and the child's physician or local health department shall be contacted as soon as possible for medical advice. Manure shall be removed from barns, stables and corrals at least once a day. (8VAC20-780-600)

During evening care, if bath towels are used, they shall be assigned for individual use. (8VAC20-780-610)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Before the child's first day of attendance, parents are provided in writing certain information that is signed to acknowledge receipt. The information includes the requirement for (i) the home to notify the parent when the child becomes ill and the parent will arrange to have the child picked up as soon as possible if requested by the home, and (ii) the parent will inform the home within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.** (8VAC20-800-70)

Each child must have a physical examination before the child's attendance or within 30 days after the first day of attendance. (8VAC20-800-100)

Each caregiver and each adult household member must submit documentation of a negative tuberculosis screening prior to coming into contact with children that has been completed within the last 30 calendar days. TB results for caregivers and adult household members are due every two years thereafter. (8VAC20-800-170 and 8VAC20-800-180)

If a physician determines that the health, safety or well-being of children in care may be jeopardized by contact with a caregiver or household member because of their physical health, the individual is to be immediately removed from contact with children and food service until the condition is cleared. (8VAC20-800-190)

Caregivers in homes that are CCDF vendors are required to complete the Virginia Preservice Training within 90 calendar days of employment, which includes preventing the spread of disease, including immunization requirements; and handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated by body fluid. Caregivers in homes that are CCDF vendors are also required to complete orientation training prior to working alone with children and within seven days of employment that includes procedures for action in the case of an ill child. (8VAC20-790-250)

If portable wading pools without integral filter systems are used, they must be emptied after the use of each group of children, rinsed, and filled with clean water, or more frequently as necessary. Children who are not potty trained may not use portable wading pools. When not in use, portable wading pools must be emptied, sanitized and stored to keep them clean and dry. (8VAC20-800-260)

Any surface that has been contaminated with body fluids must be cleaned and sanitized. (8VAC20-800-300)

When water is not obtained from a municipal supply, and the house is not connected to a municipal sewer line, the water supply and septic system of the family day home shall be inspected and approved by the local health official or a private laboratory if there are open and obvious symptoms of water or sewage system problems, such as evidence of cloudy, murky, or muddy water, or sewage back up. Homes connected to a municipal water supply and sewer line that have open and obvious symptoms of water or sewage system problems shall have the problems corrected within a time frame established by the local public utility department. (8VAC20-800-350)

Garbage is to be removed on a daily basis from rooms occupied by children and removed from the premises at least once a week or more often if needed. (8VAC20-800-360)

The home shall be kept free from rodents and insect infestation. (8VAC20-800-370)

Family pets are not allowed on any surfaces where food is prepared or served and must be in good health and show no evidence of carrying any disease. Dogs or cats must be vaccinated for rabies and shall be treated for fleas, ticks, or worms as needed. Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals may not be in areas accessible to children during the hours children are in care. Animal litter boxes, toys, food dishes, and water dishes must be inaccessible to children. All animal excrement must be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned. (8VAC20-800-460)

Toys mouthed by children shall be cleaned and sanitized daily. (8VAC20-800-480)

A child is to be provided with an individual crib, cot, rest mat or bed. There is to

be at least 12 inches of space between occupied cribs, cots, beds and rest mats to reduce the transfer of airborne diseases. Rest mats must be cleaned and sanitized on all sides at least weekly or as needed. (8VAC20-800-510)

Linens are to be assigned for individual use, clean, and washed at least weekly or when soiled. Clean linens are to be used each time a child rests on the bed of a family member. Pillows shall be assigned for individual use and covered with pillowcases. Mattresses, when used, are to be covered with a waterproof material that can be cleaned and sanitized. (8VAC20-800-530)

Play pens shall be cleaned and sanitized each day of use or more often as needed. (8VAC20-800-550)

When a child has been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the home's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately. (8VAC20-800-650)

A child is to be excluded from the home if he has both a fever over 101°F (oral) or over 100°F (armpit) and behavior change; diarrhea; recurrent vomiting; or symptoms of a communicable disease. If a child needs to be excluded, arrangements shall be made for the child to leave the home as soon as possible; and the child shall remain in a quiet, designated quiet area until leaving the home. (8VAC20-800-670)

Handwashing procedures for children include washing with liquid soap and running water when their hands are dirty; before eating; after toileting or diapering; after handling or caring for animals; and after contact with body fluids. Handwashing procedures for caregivers include washing with liquid soap and running water when their hands are dirty; after toileting; before preparing and serving food or beverages; before feeding or helping children with feeding; after contact with any body fluids; after handling or caring for animals; after handling raw eggs or meat; and before and after diapering a child or assisting a child with toileting. (8VAC20-800-680 and 8VAC20-790-390)

The diapering surface shall be separate from the kitchen, food preparation areas, or surfaces used for children's activities; nonabsorbent and washable; and cleaned and sanitized after each use. Soiled diapers and wipes must 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. A leakproof storage system is required for cloth diapers. When a child's clothing becomes wet or soiled, they shall be cleaned and changed immediately. Additionally, toilet chairs must be emptied promptly and cleaned and sanitized after each use. (8VAC20-800-690)

The provider must immediately make a report of an outbreak of disease to the

local health department or the Commissioner of the Virginia Department of Health. (8VAC20-800-860)

Tables and highchairs must be cleaned and sanitized daily and before and after each use for feeding. (8VAC20-800-870 and 8VAC20-790-440)

Clean individual drinking cups must be provided daily. Children are not allowed to share common drinking cups. (8VAC20-800-910)

Eating utensils and dishes shall be properly cleaned by prerinsing, washing, and air drying, or using a dishwasher; and shall be stored in a clean dry place and protected from contamination. Disposable utensils and dishes shall be used once and discarded. (8VAC20-800-930)

Temperatures shall be maintained at or below 40°F in refrigerator compartments and at or below 0°F in the freezer compartments. All perishable foods and drinks used for children in care, except when being prepared and served, shall be kept in the refrigerator. (8VAC20-800-940)

All milk and milk products shall be pasteurized. (8VAC20-800-950)

Infant bottles shall be refrigerated and dated and shall be discarded after 48 hours if not used. Prepared baby food shall not be served out of the container, and leftovers shall be dated and stored in the refrigerator. Opened containers shall be discarded if not consumed within 24 hours of storage. Formula or breast milk shall not remain unrefrigerated for more than two hours and may not be reheated. (8VAC20-800-960 and 8VAC20-790-450)

Nighttime care requires that each child have a toothbrush, and a comb or hairbrush assigned for individual use, and that bath towels and washcloths, if used, are assigned for individual use and laundered as needed but at least weekly. (8VAC20-800-1020)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Before the child's first day of attendance, parents are provided in writing certain information that is signed to acknowledge receipt. The information includes the requirement for (i) the home to notify the parent when the child becomes ill and the parent will arrange to have the child picked up as soon as possible if requested by the home, and (ii) the parent will inform the home within 24 hours or the next business day after his child or any member of the immediate household has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.** (8VAC20-800-70)

Each child must have a physical examination before the child's attendance or within 30 days after the first day of attendance. (8VAC20-800-100)

Each caregiver and each adult household member must submit documentation of

a negative tuberculosis screening prior to coming into contact with children that has been completed within the last 30 calendar days. TB results for caregivers and adult household members are due every two years thereafter. (8VAC20-800-170 and 8VAC20-800-180)

If a physician determines that the health, safety or well-being of children in care may be jeopardized by contact with a caregiver or household member because of their physical health, the individual is to be immediately removed from contact with children and food service until the condition is cleared. (8VAC20-800-190)

Caregivers in homes that are CCDF vendors are required to complete the Virginia Preservice Training within 90 calendar days of employment, which includes preventing the spread of disease, including immunization requirements; and handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated by body fluid. Caregivers in homes that are CCDF vendors are also required to complete orientation training prior to working alone with children and within seven days of employment that includes procedures for action in the case of an ill child. (8VAC20-790-250).

If portable wading pools without integral filter systems are used, they must be emptied after the use of each group of children, rinsed, and filled with clean water, or more frequently as necessary. Children who are not potty trained may not use portable wading pools. When not in use, portable wading pools must be emptied, sanitized and stored to keep them clean and dry. (8VAC20-800-260)

Any surface that has been contaminated with body fluids must be cleaned and sanitized. (8VAC20-800-300)

When water is not obtained from a municipal supply, and the house is not connected to a municipal sewer line, the water supply and septic system of the family day home shall be inspected and approved by the local health official or a private laboratory if there are open and obvious symptoms of water or sewage system problems, such as evidence of cloudy, murky, or muddy water, or sewage back up. Homes connected to a municipal water supply and sewer line that have open and obvious symptoms of water or sewage system problems shall have the problems corrected within a time frame established by the local public utility department. (8VAC20-800-350)

Garbage is to be removed on a daily basis from rooms occupied by children and removed from the premises at least once a week or more often if needed. (8VAC20-800-360)

The home shall be kept free from rodents and insect infestation. (8VAC20-800-370)

Family pets are not allowed on any surfaces where food is prepared or served and must be in good health and show no evidence of carrying any disease. Dogs or cats must be vaccinated for rabies and shall be treated for fleas, ticks, or worms as

needed. Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals may not be in areas accessible to children during the hours children are in care. Animal litter boxes, toys, food dishes, and water dishes must be inaccessible to children. All animal excrement must be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned. (8VAC20-800-460)

Toys mouthed by children shall be cleaned and sanitized daily. (8VAC20-800-480)

A child is to be provided with an individual crib, cot, rest mat or bed. There is to be at least 12 inches of space between occupied cribs, cots, beds and rest mats to reduce the transfer of airborne diseases. Rest mats must be cleaned and sanitized on all sides at least weekly or as needed. (8VAC20-800-510)

Linens are to be assigned for individual use, clean, and washed at least weekly or when soiled. Clean linens are to be used each time a child rests on the bed of a family member. Pillows shall be assigned for individual use and covered with pillowcases. Mattresses, when used, are to be covered with a waterproof material that can be cleaned and sanitized. (8VAC20-800-530)

Play pens shall be cleaned and sanitized each day of use or more often as needed. (8VAC20-800-550)

When a child has been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the home's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately. (8VAC20-800-650)

A child is to be excluded from the home if he has both a fever over 101°F (oral) or over 100°F (armpit) and behavior change; diarrhea; recurrent vomiting; or symptoms of a communicable disease. If a child needs to be excluded, arrangements shall be made for the child to leave the home as soon as possible; and the child shall remain in a quiet, designated quiet area until leaving the home. (8VAC20-800-670)

Handwashing procedures for children include washing with liquid soap and running water when their hands are dirty; before eating; after toileting or diapering; after handling or caring for animals; and after contact with body fluids. Handwashing procedures for caregivers include washing with liquid soap and running water when their hands are dirty; after toileting; before preparing and serving food or beverages; before feeding or helping children with feeding; after contact with any body fluids; after handling or caring for animals; after handling raw eggs or meat; and before and after diapering a child or assisting a child with toileting. (8VAC20-800-680 and 8VAC20-790-390)

The diapering surface shall be separate from the kitchen, food preparation areas, or surfaces used for children's activities; nonabsorbent and washable; and cleaned

and sanitized after each use. Soiled diapers and wipes must be disposed of in a leak-proof or plastic-line 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. A leakproof storage system is required for cloth diapers. When a child's clothing becomes wet or soiled, they shall be cleaned and changed immediately. Additionally, toilet chairs must be emptied promptly and cleaned and sanitized after each use. (8VAC20-800-690)

The provider must immediately make a report of an outbreak of disease to the local health department or the Commissioner of the Virginia Department of Health. (8VAC20-800-860)

Tables and highchairs must be cleaned and sanitized daily and before and after each use for feeding. (8VAC20-800-870 and 8VAC20-790-440)

Clean individual drinking cups must be provided daily. Children are not allowed to share common drinking cups. (8VAC20-800-910)

Eating utensils and dishes shall be properly cleaned by prerinsing, washing, and air drying, or using a dishwasher; and shall be stored in a clean dry place and protected from contamination. Disposable utensils and dishes shall be used once and discarded. (8VAC20-800-930)

Temperatures shall be maintained at or below 40°F in refrigerator compartments and at or below 0°F in the freezer compartments. All perishable foods and drinks used for children in care, except when being prepared and served, shall be kept in the refrigerator. (8VAC20-800-940)

All milk and milk products shall be pasteurized. (8VAC20-800-950)

Infant bottles shall be refrigerated and dated and shall be discarded after 48 hours if not used. Prepared baby food shall not be served out of the container, and leftovers shall be dated and stored in the refrigerator. Opened containers shall be discarded if not consumed within 24 hours of storage. Formula or breast milk shall not remain unrefrigerated for more than two hours and may not be reheated. (8VAC20-800-960 and 8VAC20-790-450)

Nighttime care requires that each child have a toothbrush, and a comb or hairbrush assigned for individual use, and that bath towels and washcloths, if used, are assigned for individual use and laundered as needed but at least weekly. (8VAC20-800-1020)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **A written statement is required that the vendor will notify the parent when the child becomes ill, and the parent will arrange to have the child picked up as soon as**

possible if requested by the vendor. (8VAC20-790-540)

Each staff member must submit documentation of a negative tuberculosis screening at the time of employment and prior to coming into contact with children that has been completed within the last 30 calendar days of the date of employment. TB results are due every two years thereafter. (8VAC20-790-560)

Staff are required to complete the Virginia Preservice Training within 90 calendar days of employment, which includes preventing the spread of disease, including immunization requirements; and handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated by body fluid. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses procedures for ill children. Additionally, there must always be at least one staff on duty who has obtained instruction within the last three years in performing a daily health observation of children that includes: components of daily health check for children; inclusion and exclusion of a child when the child is exhibiting symptoms that indicate possible illness; description of how diseases are spread and procedures and methods for reducing the spread of disease; information concerning the Department of Health's notification of reportable diseases; and staff occupational health and safety practices in accordance with OSHA. (8VAC20-790-600)

Before approval of a vendor agreement and annually thereafter, approval from the local health department is required for meeting requirements of water supply, sewage disposal system, and food service, if applicable. (8VAC20-790-610 and 8VAC20-790-620)

When children at the center have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the center's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-790-720)

If combs, toothbrushes or other personal articles are used, they must be individually assigned. There is to be at least 12 inches of space between occupied cribs, cots, beds and rest mats to reduce the transfer of airborne diseases. Disposable products shall be used once and discarded. (8VAC20-790-730)

Linens are to be assigned for individual use. Pillows shall be individually assigned and covered with pillowcases. Mattresses, when used, are to be covered with a waterproof material that can be cleaned and sanitized. (8VAC20-790-740)

A child is not allowed to attend the center if he has a temperature over 101°F, recurrent vomiting or diarrhea, or symptoms a communicable disease. If a child needs to be excluded, arrangements shall be made for the child to leave the

center as soon as possible after the signs or symptoms are noticed; and the child shall remain in a designated quiet area until leaving the center. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-790-750)

Handwashing procedures for children include washing with soap and running water or disposable wipes before and after eating meals or snacks, and with soap and running water after toileting or any contact with blood, feces or urine. Handwashing procedures for staff include washing with soap and running water before and after helping a child use the toilet or changing a diaper; after the staff member uses the toilet; after any contact with body fluids; before feeding or helping children with feeding; and before preparing or serving food or beverages. Diapering areas must have a sink with running warm water; soap, disposable towels and single use gloves; a nonabsorbent surface that is only used for diapering or cleaning a child; a leakproof or plastic-lined storage system that is either foot-operated or used in such a way that neither the staff member's hand nor the soiled diaper touches an exterior surface of the storage system during disposal; and a leakproof covered receptacle for soiled linens. When a child's clothing becomes wet or soiled, they shall be cleaned and changed immediately. The diapering surface must be cleaned with soap and at least room temperature water and sanitized after each use. Additionally, toilet chairs must be emptied promptly and cleaned and sanitized after each use. (8VAC20-790-760)

Tables and highchairs must be sanitized before and after each use for feeding and cleaned at least daily. (8VAC20-790-810)

Prepared infant formula is to be refrigerated and dated. Prepared baby food not consumed during a feeding by an infant may only be used by the same infant later in the same day if the food is not served out of the baby jar and is dated and stored in the refrigerator. Formula and breast milk shall not remain unrefrigerated for more than two hours and may not be reheated. (8VAC20-790-820)

Animals kept on the premises shall be vaccinated, if applicable. (8VAC20-790-840)

During evening and overnight care, if bath towels are used, they shall be assigned for individual use. (8VAC20-790-850)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Before the child's first day of attendance, parents are provided a written statement that the vendor will notify the parent when the child becomes ill, and the parent will arrange to have the child picked up as soon as possible if requested by the vendor. (8VAC20-790-190) **

Each caregiver must submit documentation of a negative tuberculosis screening prior to coming into contact with children that has been completed within the last 30 calendar days. TB results for caregivers are due every two years thereafter. If a

physician determines that the health, safety or well-being of children in care may be jeopardized by contact with a caregiver or household member because of their physical health, the individual is to be immediately removed from contact with children and food service until the condition is cleared. (8VAC20-790-210)

Caregivers in homes that are CCDF vendors are required to complete the Virginia Preservice Training within 90 calendar days of employment, which includes preventing the spread of disease, including immunization requirements; and handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated by body fluid. Caregivers in homes that are CCDF vendors are also required to complete orientation training prior to working alone with children and within seven days of employment that includes procedures for action in the case of an ill child. (8VAC20-790-250).

If portable wading pools without integral filter systems are used, they must be emptied after the use of each group of children, rinsed, and filled with clean water, or more frequently as necessary. Children who are not potty trained may not use portable wading pools. When not in use, portable wading pools must be emptied, sanitized and stored to keep them clean and dry. (8VAC20-790-310)

When a child has been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the vendor's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately. (8VAC20-790-350)

If combs, toothbrushes, or other personal articles are used, they shall be individually assigned. Disposable products are used once and discarded. There is to be at least 12 inches of space between occupied cribs, cots, beds and rest mats to reduce the transfer of airborne diseases. (8VAC20-790-360)

Linens are to be assigned for individual use. Pillows shall be assigned for individual use and covered with pillowcases. Mattresses, when used, are to be covered with a waterproof material that can be cleaned and sanitized. (8VAC20-790-370)

A child is to be excluded from the home if he has a fever over 101°F; recurrent vomiting or diarrhea; or symptoms of a communicable disease. If a child needs to be excluded, arrangements shall be made for the child to leave the home as soon as possible; and the child shall remain in a quiet, designated quiet area until leaving the home. Any surface that has been contaminated with body fluids must be cleaned and sanitized. (8VAC20-790-380)

Handwashing procedures for children include washing with liquid soap and running water or disposable wipes before and after eating; and with soap and running water after toileting and any contact with blood, feces or urine. Handwashing procedures for caregivers include washing with soap and running water before and after helping a child use the toilet or changing a diaper, after using the toilet, after any contact with body fluids, before feeding or helping

children with feeding, and before preparing or serving food or beverages. The diapering surface shall be separate from the kitchen, food preparation areas, or surfaces used for children's activities; nonabsorbent and washable; and cleaned and sanitized after each use. Soiled diapers and wipes must 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. A leakproof storage system is required for cloth diapers. When a child's clothing becomes wet or soiled, they shall be cleaned and changed immediately. Additionally, toilet chairs must be emptied promptly and cleaned and sanitized after each use. (8VAC20-790-390)

Tables and highchairs must be cleaned and sanitized daily and before and after each use for feeding. (8VAC20-790-440)

Prepared infant formula shall be refrigerated and dated. Prepared baby food not consumed during that feeding by an infant may be used by that same infant later in the same day, provided that the food is not served out of the baby food jar and is labeled with the child's name, dated, and stored in the refrigerator; otherwise, it shall be discarded or returned to the parent at the end of the day. Formula or breast milk shall not remain unrefrigerated for more than two hours and may not be reheated. (8VAC20-790-450)

Animals are not allowed on any surfaces where food is prepared or served and must be in good health and show no evidence of carrying any disease. Dogs or cats must be vaccinated for rabies and shall be treated for fleas, ticks, or worms as needed. Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals may not be in areas accessible to children during the hours children are in care. Animal litter boxes, toys, food dishes, and water dishes must be inaccessible to children. (8VAC20-790-470)

Evening and nighttime care requires that bath towels, if used, are assigned for individual use. (8VAC20-790-480)

For voluntarily registered family day home vendors, each adult household member must also obtain initial TB results and updated results every two years thereafter. (8VAC20-850-30)

For voluntarily registered family day home vendors, each child must have a physical examination before the child's attendance or within 30 days after the first day of attendance. Voluntarily registered family day home vendors must also ensure their home is free from insect and rodent infestation. (8VAC20-850-110)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Before the child's first day of attendance, parents are provided a written statement that the vendor will notify the parent when the child becomes ill, and the parent will arrange to have the child picked up as soon as possible if requested by the vendor.**

(8VAC20-790-190)

Each caregiver must submit documentation of a negative tuberculosis screening prior to coming into contact with children that has been completed within the last 30 calendar days. TB results for caregivers are due every two years thereafter. If a physician determines that the health, safety or well-being of children in care may be jeopardized by contact with a caregiver or household member because of their physical health, the individual is to be immediately removed from contact with children and food service until the condition is cleared. (8VAC20-790-210)

Caregivers in homes that are CCDF vendors are required to complete the Virginia Preservice Training within 90 calendar days of employment, which includes preventing the spread of disease, including immunization requirements; and handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated by body fluid. Caregivers in homes that are CCDF vendors are also required to complete orientation training prior to working alone with children and within seven days of employment that includes procedures for action in the case of an ill child. (8VAC20-790-250).

If portable wading pools without integral filter systems are used, they must be emptied after the use of each group of children, rinsed, and filled with clean water, or more frequently as necessary. Children who are not potty trained may not use portable wading pools. When not in use, portable wading pools must be emptied, sanitized and stored to keep them clean and dry. (8VAC20-790-310)

When a child has been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the vendor's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately. (8VAC20-790-350)

If combs, toothbrushes, or other personal articles are used, they shall be individually assigned. Disposable products are used once and discarded. There is to be at least 12 inches of space between occupied cribs, cots, beds and rest mats to reduce the transfer of airborne diseases. (8VAC20-790-360)

Linens are to be assigned for individual use. Pillows shall be assigned for individual use and covered with pillowcases. Mattresses, when used, are to be covered with a waterproof material that can be cleaned and sanitized. (8VAC20-790-370)

A child is to be excluded from the home if he has a fever over 101°F; recurrent vomiting or diarrhea; or symptoms of a communicable disease. If a child needs to be excluded, arrangements shall be made for the child to leave the home as soon as possible; and the child shall remain in a quiet, designated quiet area until leaving the home. Any surface that has been contaminated with body fluids must be cleaned and sanitized. (8VAC20-790-380)

Handwashing procedures for children include washing with liquid soap and

running water or disposable wipes before and after eating; and with soap and running water after toileting and any contact with blood, feces or urine. Handwashing procedures for caregivers include washing with soap and running water before and after helping a child use the toilet or changing a diaper, after using the toilet, after any contact with body fluids, before feeding or helping children with feeding, and before preparing or serving food or beverages. The diapering surface shall be separate from the kitchen, food preparation areas, or surfaces used for children's activities; nonabsorbent and washable; and cleaned and sanitized after each use. Soiled diapers and wipes must 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. A leakproof storage system is required for cloth diapers. When a child's clothing becomes wet or soiled, they shall be cleaned and changed immediately. Additionally, toilet chairs must be emptied promptly and cleaned and sanitized after each use. (8VAC20-790-390)

Tables and highchairs must be cleaned and sanitized daily and before and after each use for feeding. (8VAC20-790-440)

Prepared infant formula shall be refrigerated and dated. Prepared baby food not consumed during that feeding by an infant may be used by that same infant later in the same day, provided that the food is not served out of the baby food jar and is labeled with the child's name, dated, and stored in the refrigerator; otherwise, it shall be discarded or returned to the parent at the end of the day. Formula or breast milk shall not remain unrefrigerated for more than two hours and may not be reheated. (8VAC20-790-450)

Animals are not allowed on any surfaces where food is prepared or served and must be in good health and show no evidence of carrying any disease. Dogs or cats must be vaccinated for rabies and shall be treated for fleas, ticks, or worms as needed. Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals may not be in areas accessible to children during the hours children are in care. Animal litter boxes, toys, food dishes, and water dishes must be inaccessible to children. (8VAC20-790-470)

Evening and nighttime care requires that bath towels, if used, are assigned for individual use. (8VAC20-790-480)

For voluntarily registered in-home vendors, each adult household member must also obtain initial TB results and updated results every two years thereafter. (8VAC20-850-30)

For voluntarily registered in-home vendors, each child must have a physical examination before the child's attendance or within 30 days after the first day of attendance. Voluntarily registered family day home vendors must also ensure their home is free from insect and rodent infestation. (8VAC20-850-110)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.1.a.i.**

CCDF eligible out-of-school programs that are license exempt must meet the following standards:

A written statement is required that the vendor will notify the parent when the child becomes ill, and the parent will arrange to have the child picked up as soon as possible if requested by the vendor. (8VAC20-790-540)

Each staff member must submit documentation of a negative tuberculosis screening at the time of employment and prior to coming into contact with children that has been completed within the last 30 calendar days of the date of employment. TB results are due every two years thereafter. (8VAC20-790-560)

Staff are required to complete the Virginia Preservice Training within 90 calendar days of employment, which includes preventing the spread of disease, including immunization requirements; and handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated by body fluid. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses procedures for ill children. Additionally, there must always be at least one staff on duty who has obtained instruction within the last three years in performing a daily health observation of children that includes: components of daily health check for children; inclusion and exclusion of a child when the child is exhibiting symptoms that indicate possible illness; description of how diseases are spread and procedures and methods for reducing the spread of disease; information concerning the Department of Health's notification of reportable diseases; and staff occupational health and safety practices in accordance with OSHA. (8VAC20-790-600)

Before approval of a vendor agreement and annually thereafter, approval from the local health department is required for meeting requirements of water supply, sewage disposal system, and food service, if applicable. (8VAC20-790-610 and 8VAC20-790-620)

When children at the center have been exposed to a communicable disease listed in the Department of Health's current communicable disease chart, the parents shall be notified within 24 hours or the next business day of the center's having been informed unless forbidden by law, except for life threatening diseases, which must be reported to parents immediately. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-790-720)

If combs, toothbrushes or other personal articles are used, they must be individually assigned. There is to be at least 12 inches of space between occupied cribs, cots, beds and rest mats to reduce the transfer of airborne diseases.

Disposable products shall be used once and discarded. (8VAC20-790-730)

Linens are to be assigned for individual use. Pillows shall be individually assigned and covered with pillowcases. Mattresses, when used, are to be covered with a waterproof material that can be cleaned and sanitized. (8VAC20-790-740)

A child is not allowed to attend the center if he has a temperature over 101°F, recurrent vomiting or diarrhea, or symptoms a communicable disease. If a child needs to be excluded, arrangements shall be made for the child to leave the center as soon as possible after the signs or symptoms are noticed; and the child shall remain in a designated quiet area until leaving the center. When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-790-750)

Handwashing procedures for children include washing with soap and running water or disposable wipes before and after eating meals or snacks, and with soap and running water after toileting or any contact with blood, feces or urine. Handwashing procedures for staff include washing with soap and running water before and after helping a child use the toilet or changing a diaper; after the staff member uses the toilet; after any contact with body fluids; before feeding or helping children with feeding; and before preparing or serving food or beverages. Diapering areas must have a sink with running warm water; soap, disposable towels and single use gloves; a nonabsorbent surface that is only used for diapering or cleaning a child; a leakproof or plastic-lined storage system that is either foot-operated or used in such a way that neither the staff member's hand nor the soiled diaper touches an exterior surface of the storage system during disposal; and a leakproof covered receptacle for soiled linens. When a child's clothing becomes wet or soiled, they shall be cleaned and changed immediately. The diapering surface must be cleaned with soap and at least room temperature water and sanitized after each use. Additionally, toilet chairs must be emptied promptly and cleaned and sanitized after each use. (8VAC20-790-760)

Tables and highchairs must be sanitized before and after each use for feeding and cleaned at least daily. (8VAC20-790-810)

Prepared infant formula is to be refrigerated and dated. Prepared baby food not consumed during a feeding by an infant may only be used by the same infant later in the same day if the food is not served out of the baby jar and is dated and stored in the refrigerator. Formula and breast milk shall not remain unrefrigerated for more than two hours and may not be reheated. (8VAC20-790-820)

Animals kept on the premises shall be vaccinated, if applicable. (8VAC20-790-840)

During evening and overnight care, if bath towels are used, they shall be assigned for individual use. (8VAC20-790-850)

- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **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, for the hepatitis B vaccine only, to 180 days 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, and once between each child's fourth and sixth birthdays is required. Pursuant to subsection C of § 22.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose: 1. Parent submits an affidavit to the center on the current form approved by the Virginia Department of Health stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices; or 2. Physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization. (8VAC20-780-130)**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Documentation that each child has received the immunizations required by the State Board of Health before the child can attend the center is required. Pursuant to subsection C of § 22.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose: 1. Parent submits an affidavit to the home on the current form approved by the Virginia Department of Health stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices; or 2. Physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization. Documentation of additional immunizations once every six months for children under the age of two years, and once between each child's fourth and sixth birthdays is required. (8VAC20-800-90)**

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, for the hepatitis B

vaccine only, to 180 days 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. (8VAC20-790-230)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Documentation that each child has received the immunizations required by the State Board of Health before the child can attend the center is required. Pursuant to subsection C of § 22.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose: 1. Parent submits an affidavit to the home on the current form approved by the Virginia Department of Health stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices; or 2. Physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization. Documentation of additional immunizations once every six months for children under the age of two years, and once between each child's fourth and sixth birthdays is required. (8VAC20-800-90)**

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, for the hepatitis B vaccine only, to 180 days 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. (8VAC20-790-230)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **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, for the hepatitis B vaccine only, to 180 days 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. Pursuant to subsection C of § 22.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose: 1. Parent submits an affidavit to the vendor on the form entitled "Certification of Religious Exemption," stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices, or 2. A physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization. (8VAC20-790-580)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: 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, for the hepatitis B vaccine only, to 180 days 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. Pursuant to subsection C of § 22.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose: 1. Parent submits an affidavit to the vendor on the current form approved by the Virginia Department of Health stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices; or 2. Physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization. (8VAC20-790-230)
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: 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, for the hepatitis B vaccine only, to 180 days 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. Pursuant to

subsection C of § 22.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose: 1. Parent submits an affidavit to the vendor on the current form approved by the Virginia Department of Health stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices; or 2. Physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization. (8VAC20-790-230)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.1.b.i.**

CCDF eligible out-of-school programs that are license exempt must meet the following standards:

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, for the hepatitis B vaccine only, to 180 days 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. Pursuant to subsection C of § 22.1-271.2 of the Code of Virginia, documentation of immunizations is not required for any child whose: 1. Parent submits an affidavit to the vendor on the form entitled "Certification of Religious Exemption," stating that the administration of immunizing agents conflicts with the parent's or child's religious tenets or practices, or 2. A physician or a local health department states on a Department of Health-approved form that one or more of the required immunizations may be detrimental to the child's health, indicating the specific nature and probable duration of the medical condition or circumstance that contraindicates immunization. (8VAC20-790-580)

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **The center shall**

develop written procedures for safe sleep practices, and sudden infant death syndrome awareness. (8VAC20-780-40)

Staff are required to complete the Department's sponsored orientation course (i.e. Preservice training) within 90 calendar days of employment, which includes prevention of sudden infant death syndrome and safe sleep practices. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses prevention of sudden infant death syndrome and safe sleep practices. (8VAC20-780-240)

Smoking and the use of electronic smoking devices are prohibited in the interior of a center, in vehicles when children are transported, and if permitted outside, it is prohibited in the presence of children. (8VAC20-780-280 and 8VAC20-790-640)

Sight and sound supervision is required for children in care. (8VAC20-780-340)

Infants shall be placed on their backs in a supine position when placed in a crib, allowing an infant who is able to easily turn over in the crib to adopt whatever position she/he prefers. Resting or sleeping infants must be individually checked every 15-20 minutes. Infants who cannot turn themselves over and are awake are to be placed on their stomachs a total of 30 minutes each day to facilitate upper body strength. (8VAC20-780-370)

Play yards may not be used for the designated sleeping area and cannot be occupied by more than one child at a time. (8VAC20-780-430)

Cribs cannot be occupied by more than one child at a time, and double decker cribs are not permitted. Cribs must be used for children under 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or mat. Cribs must meet the Consumer Product Safety Commission standards at the time they were manufactured; shall not have been recalled; shall have no more than six centimeters or 2-3/8 inches of space between slats; shall not have more than one inch between the mattress and the crib; and end panel cut outs in cribs shall be a size not to cause head entrapment. Cribs shall be placed where objects outside the crib such as cords from blinds or curtains are not within reach of infants or toddlers. Crib sides must be up and the fastenings secured when the child is in the crib. Pillows and filled comforters may not be used by children less than two years, and the use of crib bumper pads is prohibited. Toys or objects hung over an infant in a crib and crib gyms that are strung across a crib may not be used by infants over five months of age or infants who are able to push up on their hands and knees. (8VAC-20-780-440)

Bottles shall not be propped or used while the child is in his designated sleeping location. (8VAC20-780-570)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard:

Caregivers in CCDF licensed family day homes are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of sudden infant death syndrome and safe sleep practices. Caregivers must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses prevention of sudden infant death syndrome and safe sleep practices. (8VAC20-790-250)

Items tied across the top or corner of a crib or playpen or toys hung from the sides with strings or cords shall be removed when the child begins to push up on hands and knees or is five months of age, whichever comes first. (8VAC20-800-250)

Smoking and the use of electronic smoking devices are prohibited indoors while children are in care, in a vehicle when children are transported, or outdoors in areas occupied by children. (8VAC20-800-470 and 8VAC20-790-270)

A child shall be provided an individual crib for resting or napping. (8VAC20-800-510)

Cribs must be used for children 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 mat. Cribs must meet the Consumer Product Safety Commission standards at the time they were manufactured; shall not have been recalled; shall have no more than six centimeters or 2-3/8 inches of space between slats; shall have mattresses that fit snugly next to the crib so that no more than two fingers can be inserted between the mattress and the crib; shall not have end panel cutouts of a size to cause head entrapment; and shall not have mesh sides. Double-deck cribs are prohibited. Crib sides must be up and the fastenings secured when the child is in the crib. The use of crib bumper pads is prohibited. (8VAC-20-800-520)

Cribs when used by infants shall have a tight-fitting bottom cover. No soft bedding of any kind shall be used under or around infants including, but not limited to, pillows, quilts, comforters, sheepskins, or stuffed toys. (8VAC20-800-530)

Play pens may not be used for the designated sleeping area, cannot be occupied by more than one child at a time, and shall not contain any pillows or filled comforters. (8VAC20-800-550)

A caregiver must be physically present on site and provide direct care and supervision at all times, to include awareness of and responsibility for each child in care, including being near enough to intervene if needed; and monitoring of each sleeping infant in one of the following ways: a. By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver; b. By in-person observation of each sleeping infant at least once every 15 minutes; or c. By using a baby monitor. (8VAC20-800-560)

Infants shall be placed on their backs when sleeping or napping. An infant, toddler, or preschool child who falls asleep in a play space other than his own crib,

cot, mat, or bed shall be moved promptly to his designated sleeping space if the safety or comfort of the infant, toddler, or preschool child is in question. (8VAC20-800-590)

Bottles shall not be propped or used while the child is in his designated sleeping location. (8VAC20-800-960 and 8VAC20-790-450)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Caregivers in CCDF licensed family day homes are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of sudden infant death syndrome and safe sleep practices. Caregivers must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses prevention of sudden infant death syndrome and safe sleep practices. (8VAC20-790-250)**

Items tied across the top or corner of a crib or playpen or toys hung from the sides with strings or cords shall be removed when the child begins to push up on hands and knees or is five months of age, whichever comes first. (8VAC20-800-250)

Smoking and the use of electronic smoking devices are prohibited indoors while children are in care, in a vehicle when children are transported, or outdoors in areas occupied by children. (8VAC20-800-470 and 8VAC20-790-270)

A child shall be provided an individual crib for resting or napping. (8VAC20-800-510)

Cribs may not be occupied by more than one child at a time and must be used for children 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 mat. Cribs must meet the Consumer Product Safety Commission standards at the time they were manufactured; shall not have been recalled; shall have no more than six centimeters or 2-3/8 inches of space between slats; shall have mattresses that fit snugly next to the crib so that no more than two fingers can be inserted between the mattress and the crib; shall not have end panel cutouts of a size to cause head entrapment; and shall not have mesh sides. Double-deck cribs are prohibited.

Crib sides must be up and the fastenings secured when the child is in the crib. The use of crib bumper pads is prohibited. (8VAC-20-800-520 and 8VAC20-790-360)

Cribs when used by infants shall have a tight-fitting bottom cover. Pillows and filled comforters cannot be used by children less than two years of age while sleeping or resting, including quilts, sheepskins, or stuffed toys. (8VAC20-800-530 and 8VAC20-790-360)

Play pens may not be used for the designated sleeping area, cannot be occupied by more than one child at a time, and shall not contain any pillows or filled comforters. (8VAC20-800-550)

A caregiver must be physically present on site and provide direct care and supervision at all times, to include awareness of and responsibility for each child in care, including being near enough to intervene if needed; and monitoring of each sleeping infant in one of the following ways: a. By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver; b. By in-person observation of each sleeping infant at least once every 15 minutes; or c.

By using a baby monitor. (8VAC20-800-560)

Infants shall be placed on their backs when sleeping or napping. An infant, toddler, or preschool child who falls asleep in a play space other than his own crib, cot, mat, or bed shall be moved promptly to his designated sleeping space if the safety or comfort of the infant, toddler, or preschool child is in question. (8VAC20-800-590)

Bottles shall not be propped or used while the child is in his designated sleeping location. (8VAC20-800-960 and 8VAC20-790-450)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of sudden infant death syndrome and safe sleep practices. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses prevention of sudden infant death syndrome and safe sleep practices. (8VAC20-790-600)**

Smoking and the use of electronic smoking devices are prohibited in the interior of a center, in vehicles when children are transported, and if permitted outside, it is prohibited in the presence of children. (8VAC20-790-640)

Sight and sound supervision is required for children in care. (8VAC20-790-680)

Infants are to be placed on their backs in a supine position when placed in a crib, allowing an infant who is able to easily turn over in the crib to adopt whatever position she/he prefers. Resting or sleeping infants must be individually checked every 15-20 minutes. Infants who cannot turn themselves over and are awake are to be placed on their stomachs a total of 30 minutes each day to facilitate upper body strength. (8VAC20-790-690)

Play yards and portable cribs where used shall meet the Juvenile Products Manufacturers Association and the American Society for Testing and Materials requirements and cannot be used after recall. Cribs cannot be occupied by more than one child at a time. Cribs must be used for children under 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or mat. Cribs must meet the Consumer Product Safety Commission standards and have mattresses that fit snugly next to the crib so no more than two fingers can be inserted between the mattress and crib. Cribs shall be placed where objects outside the crib such as electrical cords or cords from blinds or curtains are not within reach of infants or toddlers. Crib sides must be up and the fastenings secured when the child is in the crib. Pillows and filled comforters may not be used by children less than 12 months of age while sleeping or resting including quilts, sheepskins or stuffed toys. The use of crib bumper pads is prohibited. Toys or objects hung over an infant in a crib and crib gyms that are strung across a crib may not be used by infants over five months of age or infants who are able to push up on their hands and knees. Double decker cribs are not

permitted. (8VAC-20-790-730)

Bottles shall not be propped or used while the child is in his designated sleeping location. (8VAC20-790-820)

Religiously exempt child day centers must be in compliance with all safe sleep guidelines recommended by the American Academy of Pediatrics. (§ 22.1-289.031)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of sudden infant death syndrome and safe sleep practices. Caregivers must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses prevention of sudden infant death syndrome and safe sleep practices. (8VAC20-790-250)

Smoking and the use of electronic smoking devices are prohibited indoors while children are in care, in a vehicle when children are transported, or outdoors in areas occupied by children. (8VAC20-790-270)

A caregiver must be physically present on site and provide direct care and supervision at all times, to include awareness of and responsibility for each child in care, including being near enough to intervene if needed; and monitoring of each sleeping infant in one of the following ways: a. By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver; b. By in-person observation of each sleeping infant at least once every 15 minutes; or c. By using a baby monitor. (8VAC20-790-300)

Infants shall be placed on their backs when sleeping or napping. An infant, toddler, or preschool child who falls asleep in a play space other than his own crib, cot, mat, or bed shall be moved promptly to his designated sleeping space if the safety or comfort of the infant, toddler, or preschool child is in question. (8VAC20-790-320)

If play yards, portable cribs, or mesh-sided cribs are used for sleeping or napping, they shall meet Consumer Product Safety Commission Standards and have mattresses that fit snugly so that no more than two fingers can be inserted between the mattress and side of the play yard, portable crib, or mesh-sided crib. Cribs shall not be occupied by more than one child at a time and must be used for children 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 mat. Cribs must meet the Consumer Product Safety Commission standards and have mattresses that fit snugly next to the crib so that no more than two fingers can be inserted between the mattress and the crib. Pillows and filled comforters cannot be used by children less than two years of age while sleeping or resting, including quilts, sheepskins, or stuffed toys. Double-deck cribs are prohibited. Crib sides must be up and the

fastenings secured when the child is in the crib. The use of crib bumper pads is prohibited. Cribs shall be placed where objects outside the crib such as electrical cords or cords from blinds, curtains, etc. are not within reach of infants or toddlers. Toys or objects hung over an infant in a crib and crib gyms that are strung across the crib may not be used for infants older than five months of age or infants who are able to push up on their hands and knees. (8VAC20-790-360)

Bottles shall not be propped or used while the child is in his designated sleeping location. (8VAC20-790-450)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of sudden infant death syndrome and safe sleep practices. Caregivers must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses prevention of sudden infant death syndrome and safe sleep practices. (8VAC20-790-250)

Smoking and the use of electronic smoking devices are prohibited indoors while children are in care, in a vehicle when children are transported, or outdoors in areas occupied by children. (8VAC20-790-270)

A caregiver must be physically present on site and provide direct care and supervision at all times, to include awareness of and responsibility for each child in care, including being near enough to intervene if needed; and monitoring of each sleeping infant in one of the following ways: a. By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver; b. By in-person observation of each sleeping infant at least once every 15 minutes; or c. By using a baby monitor. (8VAC20-790-300)

Infants shall be placed on their backs when sleeping or napping. An infant, toddler, or preschool child who falls asleep in a play space other than his own crib, cot, mat, or bed shall be moved promptly to his designated sleeping space if the safety or comfort of the infant, toddler, or preschool child is in question. (8VAC20-790-320)

If play yards, portable cribs, or mesh-sided cribs are used for sleeping or napping, they shall meet Consumer Product Safety Commission Standards and have mattresses that fit snugly so that no more than two fingers can be inserted between the mattress and side of the play yard, portable crib, or mesh-sided crib. Cribs shall not be occupied by more than one child at a time and must be used for children 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 mat. Cribs must meet the Consumer Product Safety Commission standards and have mattresses that fit snugly next to the crib so that no more than two fingers can be inserted between the mattress and the crib. Pillows and filled comforters cannot be used by children less than two years of age while sleeping or resting, including quilts, sheepskins,

or stuffed toys. Double-deck cribs are prohibited. Crib sides must be up and the fastenings secured when the child is in the crib. The use of crib bumper pads is prohibited. Cribs shall be placed where objects outside the crib such as electrical cords or cords from blinds, curtains, etc. are not within reach of infants or toddlers. Toys or objects hung over an infant in a crib and crib gyms that are strung across the crib may not be used for infants older than five months of age or infants who are able to push up on their hands and knees. (8VAC20-790-360)

Bottles shall not be propped or used while the child is in his designated sleeping location. (8VAC20-790-450)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.2.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of sudden infant death syndrome and safe sleep practices. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses prevention of sudden infant death syndrome and safe sleep practices. (8VAC20-790-600)

Smoking and the use of electronic smoking devices are prohibited in the interior of a center, in vehicles when children are transported, and if permitted outside, it is prohibited in the presence of children. (8VAC20-790-640)

Sight and sound supervision is required for children in care. (8VAC20-790-680)

Infants are to be allowed to sleep as needed and shall be placed on their backs in a supine position when placed in a crib, allowing an infant who is able to easily turn over in the crib to adopt whatever position she/he prefers. Resting or sleeping infants must be individually checked every 15-20 minutes. Infant who cannot turn themselves over and are awake are to be placed on their stomachs at total of 30 minutes each day to facilitate upper body strength. (8VAC20-790-690)

Play yards and portable cribs where used shall meet the Juvenile Products Manufacturers Association and the American Society for Testing and Materials requirements and cannot be used after recall. Cribs cannot be occupied by more than one child at a time. Cribs must be used for children under 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or mat. Cribs must meet the Consumer Product Safety Commission standards and have mattresses that fit snugly next to the crib so no more than two fingers can be inserted between the mattress and crib. Cribs shall be placed where objects outside the crib such as electrical cords or cords from blinds or

curtains are not within reach of infants or toddlers. Crib sides must be up and the fastenings secured when the child is in the crib. Pillows and filled comforters may not be used by children less than 12 months of age while sleeping or resting including quilts, sheepskins or stuffed toys. The use of crib bumper pads is prohibited. Toys or objects hung over an infant in a crib and crib gyms that are strung across a crib may not be used by infants over five months of age or infants who are able to push up on their hands and knees. Double decker cribs are not permitted. (8VAC-20-790-730)

Bottles shall not be propped or used while the child is in his designated sleeping location. (8VAC20-790-820)

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Staff are required to complete the Department’s sponsored orientation (i.e. Virginia Preservice training) within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the center’s policies and procedures on the administration of medication. (8VAC20-780-240 and 8VAC20-790-600)**

To administer prescription and nonprescription medication, 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. Staff required to have the training must complete the training every three years. A child who has prescribed emergency medications must always be in the care of a staff or independent contractor who has completed medication administration training. (8VAC20-780-245)

Before the child’s first day of attending, parents must be provided in writing the center’s policy regarding any medication that will be given and the center’s policy regarding the application of sunscreen, diaper ointment and insect repellent. (8VAC20-780-420)

Medication administration for prescription and nonprescription medications is performed according to the written medication policies, which must include general restrictions of the center; that nonprescription medications are administered in accordance with the manufacturer's instructions, for age,

duration and dosage; that the duration of a parent’s authorization expires or must be renewed after 10 working days unless written authorization from the child’s physician is also provided; and methods of preventing the use of outdated medication. Medication can only be administered by a staff who is 18 years of age or older and who has completed medication administration training. Medication shall be labeled with the child's name, the name of the medication, the dosage amount, and the time or times to be given. Nonprescription medication shall be in the original container with the direction label attached. Prescription medication must be in the original container with the child's name and the manufacturer's label must be attached, and the center may only administer the medication to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration. Documentation of administration must be completed and maintained that includes the child to whom medication was administered; amount and type of medication administered to the child; the day and time the medication was administered to the child; the staff member administering the medication; any adverse reactions; and any medication error. Staff shall inform parents immediately of any adverse reactions to medication administered and any medication error. Medication must be kept in a locked place and shall be refrigerated as needed. When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization. Medications that are not picked up by the parent within 14 days shall be disposed of. (8VAC20-780-510)

All nonprescription drugs and over-the-counter skin products must be used in accordance with the manufacturer's recommendations. Nonprescription drugs and over-the-counter skin products shall not be kept or used beyond the expiration date of the product. If sunscreen is used, it must be in the original container and labeled with the child's name; it shall be inaccessible to children under five years of age; it may be self administered by children nine and older if supervised; and if provided by the center, must be hypo-allergenic and have a minimum SPF of 15. If diaper ointment is used, it must be in the original container and labeled with the child's name; it must be inaccessible to children; and a record shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions. If insect repellent is used, it must be in the original container and labeled with the child's name; it must be inaccessible to children; the manufacturer's instructions for age, duration and dosage shall be followed; and a record shall be kept that includes the child's name, date of use, frequency of application and any adverse reactions. Staff members without medication administration training may apply sunscreen, diaper ointment and insect repellent, unless it is prescription, in which case the storing and application of the skin product must meet medication-related requirements. (8VAC20-780-520)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Before the child’s first day of attending, parents must be provided in writing the home’s policies for the administration of medications.** (8VAC20-800-70)

Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the vendor's policies and procedures on the administration of medication. (8VAC20-790-250)

To administer prescription and nonprescription medication, a caregiver 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. Caregivers required to have the training must complete the training every three years. (8VAC20-800-220)

Medication administration for prescription and nonprescription medications is performed according to the written medication policies. Parent's written authorization for medication expires or must be renewed after 10 working days unless written authorization from the child's physician is also provided. When an authorization expires, the parent shall be notified that the medication must be picked up in 14 days or the parent must renew the authorizations. Medications that are not picked up within 14 days shall be taken to a pharmacy for proper disposal. (8VAC20-800-700)

Prescription medication may only be given by a caregiver trained in medication administration, must be in the original, labeled container, and only administered to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration. (8VAC20-800-710)

Nonprescription medication may only be administered by a caregiver that is 18 years of age or older and trained in medication administration. The medication must not be used beyond the date of expiration of the product, must be labeled with the child's name, and given only at the dose, duration and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication. (8VAC20-800-720)

Medications for children must be stored separately from medications of household members and caregivers and shall be kept in a locked place. (8VAC20-800-730)

Documentation of administration must be completed and maintained that includes the child to whom medication was administered; amount and type of medication administered to the child; the day and time the medication was administered to the child; the caregiver administering the medication; any adverse reactions; and any medication error. (8VAC20-800-740)

Topical skin products such as sunscreen, diaper ointment, oral teething medicine, and insect repellent shall not be used beyond the expiration date of the product. Such products shall be in the original container and labeled with the child's name; and shall be inaccessible to children; applied according to manufacturer's instructions. Parents must be informed immediately of any adverse reaction. If sunscreen is provided by the vendor, it must have a minimum SPF of 15. Caregivers without medication administration training may apply the product, unless it is prescription medication, in which case the storing and application of the skin product must meet medication-related requirements. (8VAC20-800-750)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Before the child's first day of attending, parents must be provided in writing the home's policies for the administration of medications.** (8VAC20-800-70)

Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the vendor's policies and procedures on the administration of medication. (8VAC20-790-250)

To administer prescription and nonprescription medication, a caregiver 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. Caregivers required to have the training must complete the training every three years. (8VAC20-800-220)

Medication administration for prescription and nonprescription medications is performed according to the written medication policies. Parent's written authorization for medication expires or must be renewed after 10 working days unless written authorization from the child's physician is also provided. When an authorization expires, the parent shall be notified that the medication must be picked up in 14 days or the parent must renew the authorizations. Medications that are not picked up within 14 days shall be taken to a pharmacy for proper disposal. (8VAC20-800-700)

Prescription medication may only be given by a caregiver trained in medication administration, must be in the original, labeled container, and only administered to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration. (8VAC20-800-710)

Nonprescription medication may only be administered by a caregiver that is 18

years of age or older and trained in medication administration. The medication must not be used beyond the date of expiration of the product, must be labeled with the child's name, and given only at the dose, duration and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication. (8VAC20-800-720)

Medications for children must be stored separately from medications of household members and caregivers and shall be kept in a locked place. (8VAC20-800-730)

Documentation of administration must be completed and maintained that includes the child to whom medication was administered; amount and type of medication administered to the child; the day and time the medication was administered to the child; the caregiver administering the medication; any adverse reactions; and any medication error. (8VAC20-800-740)

Topical skin products such as sunscreen, diaper ointment, oral teething medicine, and insect repellent shall not be used beyond the expiration date of the product. Such products shall be in the original container and labeled with the child's name; and shall be inaccessible to children; applied according to manufacturer's instructions. Parents must be informed immediately of any adverse reaction. If sunscreen is provided by the vendor, it must have a minimum SPF of 15. Caregivers without medication administration training may apply the product, unless it is prescription medication, in which case the storing and application of the skin product must meet medication-related requirements. (8VAC20-800-750)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the center's policies and procedures on the administration of medication. To administer prescription medication, a staff member 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. Staff required to have the training must complete the training every three years. (8VAC20-790-600)**

The vendor may administer prescription medication to a child if the medication is administered by a staff trained in medication administration; the staff administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and the staff administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions

pertaining to dosage, frequency, and manner of administration. The vendor may administer over-the-counter or nonprescription medication to a child if the medication is administered by a staff 18 years of age or older; labeled with the child's name; in the original container with the manufacturer's direction label attached; and given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication. Medication shall be refrigerated as needed and shall be kept in a locked place. Written record of prescription and nonprescription medication given to children must be completed and maintained including the name of the child to whom medication was administered; the amount and name of medication administered to the child; the day and time the medication was administered to the child; the name of staff administering the medication; any adverse reaction; and any medication error. (8VAC20-790-770)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the vendor's policies and procedures on the administration of medication. To administer prescription medication, a caregiver 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. Caregivers required to have the training must complete the training every three years. (8VAC20-790-250)

Prescription and nonprescription medications shall be given to a child according to the home's written medication policies. The vendor may administer prescription medication that would normally be administered by a parent or guardian to a child provided the medication is administered by a caregiver trained in medication administration; the caregiver administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and the caregiver administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration. The vendor may administer nonprescription medication provided the medication is administered by a caregiver 18 years of age or older; labeled with the child's name; in the original container with the manufacturer's direction label attached; and given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication. Nonprescription medication shall not be used beyond the expiration date of the product. Medications for children in care shall be stored separately from medications for household members and caregivers. Medication must be stored in a locked place, and when needed, medication shall be refrigerated. The vendor shall keep a record of prescription

and nonprescription medication given children, which shall include the following the name of the child to whom medication was administered; the amount and type of medication administered to the child; the day and time the medication was administered to the child; the name of the caregiver administering the medication; any adverse reactions; and any medication error. (8VAC20-790-400)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the vendor's policies and procedures on the administration of medication. To administer prescription medication, a caregiver 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. Caregivers required to have the training must complete the training every three years. (8VAC20-790-250)**

Prescription and nonprescription medications shall be given to a child according to the home's written medication policies. The vendor may administer prescription medication that would normally be administered by a parent or guardian to a child provided the medication is administered by a caregiver trained in medication administration; the caregiver administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and the caregiver administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration. The vendor may administer nonprescription medication provided the medication is administered by a caregiver 18 years of age or older; labeled with the child's name; in the original container with the manufacturer's direction label attached; and given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication. Nonprescription medication shall not be used beyond the expiration date of the product. Medications for children in care shall be stored separately from medications for household members and caregivers. Medication must be stored in a locked place, and when needed, medication shall be refrigerated. The vendor shall keep a record of prescription and nonprescription medication given children, which shall include the following the name of the child to whom medication was administered; the amount and type of medication administered to the child; the day and time the medication was administered to the child; the name of the caregiver administering the medication; any adverse reactions; and any medication error. (8VAC20-790-400)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school**

programs must meet all standards identified previously in 5.3.3.a.i.

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the center's policies and procedures on the administration of medication. To administer prescription medication, a staff member 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. Staff required to have the training must complete the training every three years. (8VAC20-790-600)

The vendor may administer prescription medication to a child if the medication is administered by a staff trained in medication administration; the staff administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and the staff administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration. The vendor may administer over-the-counter or nonprescription medication to a child if the medication is administered by a staff 18 years of age or older; labeled with the child's name; in the original container with the manufacturer's direction label attached; and given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication. Medication shall be refrigerated as needed and shall be kept in a locked place. Written record of prescription and nonprescription medication given to children must be completed and maintained including the name of the child to whom medication was administered; the amount and name of medication administered to the child; the day and time the medication was administered to the child; the name of staff administering the medication; any adverse reaction; and any medication error. (8VAC20-790-770)

- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Staff are required to complete the Department's sponsored orientation (i.e. Virginia Preservice training) within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the**

center's policies and procedures on the administration of medication. (8VAC20-780-240 and 8VAC20-790-600)

Medication administration for prescription and nonprescription medications is only permitted with written authorization from the parent. Parent's written authorization is only good for 10 work days unless written authorization from the child's physician is also obtained for long term use. The medication authorization must be available to staff during the entire time it is effective. When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization. (8VAC20-780-510)

Written parent authorization noting any known adverse reactions is required for the center to administer sunscreen, diaper ointment, and insect repellent. (8VAC20-780-520)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Caregivers must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the medication administration procedures. (8VAC20-790-250)

Medication administration for prescription and nonprescription medications is only permitted with written authorization from the parent. Parent's written authorization is only good for 10 work days unless written authorization from the child's physician is also obtained for long term use. When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization. (8VAC20-800-700)

Written parent authorization noting any known adverse reactions is required to administer sunscreen, diaper ointment, oral teething medicine, and insect repellent. The authorization is required annually. (8VAC20-800-750)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Caregivers must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the medication administration procedures. (8VAC20-790-250)

Medication administration for prescription and nonprescription medications is only permitted with written authorization from the parent. Parent's written authorization is only good for 10 work days unless written authorization from the

child's physician is also obtained for long term use. When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization. (8VAC20-800-700)

Written parent authorization noting any known adverse reactions is required to administer sunscreen, diaper ointment, oral teething medicine, and insect repellent. The authorization is required annually. (8VAC20-800-750)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the center's policies and procedures on the administration of medication. (8VAC20-790-600)**

Medication administration for prescription and nonprescription medication is only permitted with written authorization from the parent. (8VAC20-790-770)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Caregivers must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the medication administration procedures. (8VAC20-790-250)**

Medication administration for prescription and nonprescription medication is only permitted with written authorization from the parent. (8VAC20-790-400)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Caregivers must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the medication administration procedures. (8VAC20-790-250)**

Medication administration for prescription and nonprescription medication is only permitted with written authorization from the parent. (8VAC20-790-400)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school**

programs must meet all standards identified previously in 5.3.3.b.i.

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes administration of medication, consistent with standards of parental consent. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes the center's policies and procedures on the administration of medication. (8VAC20-790-600)

Medication administration for prescription and nonprescription medication is only permitted with written authorization from the parent. (8VAC20-790-770)

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **The center shall inform all staff who work with children of children’s allergies, sensitivities, and dietary restrictions. A current list of allergies, sensitivities and dietary restrictions must be dated, accessible to all staff who work with children, and kept confidential in each room or area where children are present. (8VAC20-780-40)**

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. (8VAC20-780-60 and 8VAC20-790-540)

Staff are required to complete the Department sponsored orientation (i.e. Virginia Preservice training) within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-780-240 and 8VAC20-790-600)

Any center provided sunscreen shall be hypo-allergenic. (8VAC20-780-520)

The emergency preparedness plan for evaluation and sheltering-in-place shall include securing information on allergies or food intolerances. (8VAC20-780-550)

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. A child with a diagnosed food allergy shall not be served any food identified in the written care plan. (8VAC20-780-560)

Children's allergy care plans and information on allergies and intolerances to medication or any other substances and actions to take in an emergency situation must be in transportation vehicles. (8VAC20-780-580)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The vendor shall inform all caregivers who work with children of children's allergies, sensitivities, and dietary restrictions. A current list of allergies, sensitivities and dietary restrictions must be dated, accessible to all caregivers, and kept confidential.** (8VAC20-790-170)

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. (8VAC20-800-60 and 8VAC20-790-190)

Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Caregivers who work with children with food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-250)

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. A child with a diagnosed food allergy shall not be served any food identified in the written care plan. (8VAC20-790-440)

Children's allergy care plans must be available during transportation. (8VAC20-790-460)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **The vendor shall inform all caregivers who work with children of children's allergies, sensitivities,**

and dietary restrictions. A current list of allergies, sensitivities and dietary restrictions must be dated, accessible to all caregivers, and kept confidential. (8VAC20-790-170)

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. (8VAC20-800-60 and 8VAC20-790-190)

Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Caregivers who work with children with food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-250)

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. A child with a diagnosed food allergy shall not be served any food identified in the written care plan. (8VAC20-790-440)

Children's allergy care plans must be available during transportation. (8VAC20-790-460)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **The vendor shall inform all staff who work with children of children's allergies, sensitivities, and dietary restrictions. A current list of allergies, sensitivities and dietary restrictions must be dated, accessible to all staff who work with children, and kept confidential in each room or area where children are present. (8VAC20-790-520)**

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. (8VAC20-790-540)

Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Staff who work with children that have food

allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-600)

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. A child with a diagnosed food allergy shall not be served any food identified in the written care plan. (8VAC20-790-810)

Children's allergy care plans must be available during transportation. (8VAC20-790-830)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The vendor shall inform all caregivers of children's allergies, sensitivities, and dietary restrictions. A current list of allergies, sensitivities and dietary restrictions must be dated, accessible to all caregivers, and kept confidential in each room or area where children are present. (8VAC20-790-170)**

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. (8VAC20-790-190)

Caregivers are required to complete Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Caregivers who work with children with food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-250)

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. A child with a diagnosed food allergy shall not be served any food identified in the written care plan. (8VAC20-790-440)

Children's allergy care plans must be accessible during transportation. (8VAC20-790-460)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The vendor shall inform all caregivers of children’s allergies, sensitivities, and dietary restrictions. A current list of allergies, sensitivities and dietary restrictions must be dated, accessible to all caregivers, and kept confidential in each room or area where children are present. (8VAC20-790-170)**

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. (8VAC20-790-190)

Caregivers are required to complete Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Caregivers who work with children with food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-250)

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. A child with a diagnosed food allergy shall not be served any food identified in the written care plan. (8VAC20-790-440)

Children’s allergy care plans must be accessible during transportation. (8VAC20-790-460)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.4.a.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

The vendor shall inform all staff who work with children of children’s allergies, sensitivities, and dietary restrictions. A current list of allergies, sensitivities and dietary restrictions must be dated, accessible to all staff who work with children, and kept confidential in each room or area where children are present. (8VAC20-790-520)

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. (8VAC20-790-540)

Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Staff who work with children that have food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-600)

Parents shall be informed immediately of any confirmed or suspected allergic reaction and ingestion of or contact with food identified in the written care plan, even if a reaction did not occur. (8VAC20-790-720)

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. A child with a diagnosed food allergy shall not be served any food identified in the written care plan. (8VAC20-790-810)

Children's allergy care plans must be available during transportation. (8VAC20-790-830)

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

- i. All CCDF-eligible licensed center care. Provide the standard: **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. (8VAC20-780-60 and 8VAC20-790-540)**

Staff are required to complete the Department sponsored orientation (i.e. Virginia Preservice training) within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction;

responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-800-240 and 8VAC20-790-600)

Parents shall be informed immediately of any confirmed or suspected allergic reaction and ingestion of or contact with food identified in the written care plan, even if a reaction did not occur. (8VAC20-780-550)

Children's allergy care plans and information on allergies and intolerances to medication or any other substances and actions to take in an emergency situation must be in transportation vehicles. (8VAC20-780-580)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **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.** (8VAC20-800-60 and 8VAC20-790-190)

Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Caregivers who work with children with food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-250)

Parents shall be informed immediately of any confirmed or suspected allergic reaction and ingestion of or contact with food identified in the written care plan, even if a reaction did not occur. (8VAC20-790-350)

Children's allergy care plans must be available during transportation. (8VAC20-790-460)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **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.** (8VAC20-800-60 and 8VAC20-790-190)

Caregivers are required to complete the Virginia Preservice training within 90

calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Caregivers who work with children with food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-250)

Parents shall be informed immediately of any confirmed or suspected allergic reaction and ingestion of or contact with food identified in the written care plan, even if a reaction did not occur. (8VAC20-790-350)

Children's allergy care plans must be available during transportation. (8VAC20-790-460)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **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. (8VAC20-790-540)**

Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Staff who work with children that have food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-600)

Parents shall be informed immediately of any confirmed or suspected allergic reaction and ingestion of or contact with food identified in the written care plan, even if a reaction did not occur. (8VAC20-790-720)

Children's allergy care plans must be available during transportation. (8VAC20-790-830)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **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. (8VAC20-790-190)

Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Caregivers who work with children with food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-250)

Parents shall be informed immediately of any confirmed or suspected allergic reaction and ingestion of or contact with food identified in the written care plan, even if a reaction did not occur. (8VAC20-790-350)

Children's allergy care plans must be available during transportation. (8VAC20-790-460)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **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. (8VAC20-790-190)**

Caregivers are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Caregivers who work with children with food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-250)

Parents shall be informed immediately of any confirmed or suspected allergic reaction and ingestion of or contact with food identified in the written care plan, even if a reaction did not occur. (8VAC20-790-350)

Children’s allergy care plans must be available during transportation. (8VAC20-790-460)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.4.b.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

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. (8VAC20-790-540)

Staff are required to complete the Virginia Preservice training within 90 calendar days of employment, which includes prevention of and response to emergencies due to food and allergic reactions. Staff who work with children that have food allergies must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that includes prevention of and response to emergencies due to food and other allergic reactions including: recognizing the symptoms of an allergic reaction; responding to allergic reactions; preventing exposure to the specific food and other substances to which the child is allergic; and preventing cross contamination. (8VAC20-790-600)

Parents shall be informed immediately of any confirmed or suspected allergic reaction and ingestion of or contact with food identified in the written care plan, even if a reaction did not occur. (8VAC20-790-720)

Children’s allergy care plans must be available during transportation. (8VAC20-790-830)

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Staff must complete the Department’s sponsored orientation (i.e., Virginia Preservice Training) within 90 days of beginning employment, that includes building and physical premises safety. Additionally, staff must complete facility specific orientation prior to working alone with children and within seven days of beginning employment that**

includes the center's playground safety procedures. (8VAC20-780-240 and 8VAC20-790-600)

Prior to licensure, written documentation is required indicating that the building meets building and fire codes. The only exception is for any building currently approved for school occupancy that houses a public or private school during the school year when housing a center serving children two and a half years of age or older because schools already have to meet building and fire codes. Centers must also receive approval from the local health department, or an approved plan of correction for meeting requirements for water, sewage disposal, and food service, if applicable. Additionally, centers built before 1978 must submit results of an asbestos inspection and if asbestos is found, a management plan is also required, and the center must post a notice regarding the presence and location of the asbestos. (8VAC20-780-250)

Annual fire and health inspections are required after initial approval, and notices related to the presence and location of asbestos must remain posted. (8VAC20-780-260)

Areas and equipment of the center, inside and outside, must be maintained in a clean, safe, and operable condition. Heat must be supplied from an approved heating system in accordance with the Uniform Statewide Building Code (USBC). Inside areas must be maintained no lower than 68°F, and if the temperature exceeds 80°F, fans or other cooling systems are required. Outside lighting is required at entrances and exits used by children before sunrise and after sundown. (8VAC20-780-270)

No center shall be located where conditions exist that would be hazardous to the health and safety of children. (8VAC20-780-280)

Areas used by children of preschool age or younger must have covered electrical outlets, guardrails and handrails that meet USBC requirements, and if fans are used, they must be out of reach of children and cords must be secured. (8VAC20-780-290)

There must be 35 square feet of indoor space per child available, which does not include spaces not routinely used by children. There must be 75 square feet of space per child in outdoor play areas. Centers licensed for the care of infants and toddlers shall provide a separate playground area for these children that has at least 25 square feet of unpaved surface per infant/toddler on the outdoor area at any one time. A separate space must be designated for children who are ill or injured. (8VAC20-780-310)

Centers must have at least two toilets and two sinks, and there must be at least one toilet and one sink per 20 preschool children and at least one standard size toilet and one sink per 30 school age children. The toilets must be flushable, and restrooms must have sinks near toilets that are supplied with running warm water that does not exceed 120°F. (8VAC20-780-320)

Playgrounds shall be located and designed to protect children from hazards. Where playground equipment is provided, resilient surfacing shall comply with minimum safety standards when tested in accordance with the procedures described in the American Society for Testing and Materials standard F1292-99 and shall be under equipment with moving parts or climbing apparatus to create a fall zone free of hazardous obstacles. Ground supports shall be covered with materials that protect children from injury. Sandboxes with bottoms which prevent drainage shall be covered when not in use. A shady area shall be provided on playgrounds during the months of June, July, and August. Exceptions include that child day programs providing care for school-age children at a location that is currently approved by the Department of Education or recognized as a private school by the State Board of Education for school occupancy and that houses a public or private school during the school year from permitting school-age children may use outdoor play equipment and areas approved for use by students of the school during school hours. (8VAC20-780-330)

Furnishings, equipment, and materials shall be of an appropriate size for the child using it. Play equipment used by children shall ensure that openings above the ground or floor which allow a 3-1/2 inch by 6-1/4 inch rectangle to fit through shall also allow a nine-inch circle to fit through, S-hooks where provided may not be open more than the thickness of a penny, and the equipment shall have no protrusions, sharp points, shearing points, or pinch points. Unenclosed climbing portion of slides and climbing equipment used by toddlers and preschool children shall not be more than seven feet high and must be located over resilient surfacing where outdoors and shall not be more than five feet high where indoors. Centers may not install any slide or climbing equipment to be used by preschoolers or toddlers when the climbing portion of the equipment is more than six feet in height. The climbing portions of indoor slides and climbing equipment over 18 inches shall not be over bare flooring, and the climbing portions of indoor slides and climbing equipment 36 inches or more shall be located over a resilient surface. Trampolines may not be used. (8VAC20-780-430)

Licensed centers are required to develop and implement a plan to test potable water and submit the results of each test to the Virginia Department of Health (VDH). If the results of any test indicate a level of lead in the potable water at or above 15 parts per billion, the program shall remediate the level of lead in the water and submit the retesting results to VDH. In lieu of developing a plan and testing, centers may use bottled water for human consumption, and notify the VDH and parents of this choice. (§ 22.1-289.057)

Licensed centers must be equipped with at least one carbon monoxide detector in each building built before 2015. (§ 22.1-289.058)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard:
Caregivers must complete the Virginia Preservice Training within 90 days of beginning employment, that includes building and physical premises safety.

Additionally, caregivers must complete facility specific orientation prior to working alone with children and within seven days of beginning employment that includes the facility's playground safety procedures. (8VAC20-790-250)

Areas, furnishings and equipment of the home, inside and outside, must be maintained in a clean, safe, and operable condition. No equipment, materials or furnishings shall be used if recalled or identified by the Consumer Product Safety Commission as being hazardous. (8VAC20-800-240 and 8VAC20-790-260)

Firearms must be stored unloaded in a locked container, compartment or cabinet and apart from ammunition. Ammunition must be stored in a locked container, compartment or cabinet. (8VAC20-800-270)

Sharp kitchen utensils and other sharp objects are inaccessible to children unless being used by a caregiver or with children under supervision. (8VAC20-800-290)

Machinery in operation must be inaccessible to children in care. (8VAC20-800-310)

Small electrical appliances shall be unplugged unless being used by the caregiver or with children under close supervision. Unused electrical outlets and surge protectors accessible to children under five years of age must be covered. Electrical cords and electrical appliances and equipment with cords that are frayed and have exposed wires shall not be used. Radiators, oil and wood burning stoves, floor furnaces, fireplaces, portable electric heaters, and similar heating devices located in areas accessible to children shall have barriers or screens and be located at least three feet from combustible materials. Unvented fuel burning heaters shall not be used when children are in care. Wood burning stoves and fireplaces and associated chimneys shall be inspected annually by a knowledgeable inspector to verify that the devices are properly installed, maintained, and cleaned as needed. All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children.

Providers must comply with the requirements or recommendations made by fire prevention or building officials to eliminate fire hazards. (8VAC20-800-320)

Homes shall have an indoor bathroom with a working toilet and sink. (8VAC20-800-340)

Homes shall have indoor running water. Hot water at taps available to children must be maintained within a range of 105°F to 120°F. When water is not obtained from a municipal supply, and the house is not connected to a municipal sewer line, the water supply and septic system of the family day home shall be inspected and approved by the local health official or a private laboratory if there are open and obvious symptoms of water or sewage system problems, such as evidence of cloudy, murky, or muddy water, or sewage back up. (8VAC20-800-350)

Garbage must be removed daily from rooms occupied by children and removed from the premises at least once a week or more often as needed. (8VAC20-800-360)

The home shall be kept free from rodents and insect infestation. No home shall maintain any receptacle or pool, whether natural or artificial, containing water in such condition that insects breeding therein may become a menace to public health. (8VAC20-370)

Inside areas must be maintained no lower than 65°F, and if the temperature exceeds 80°F, fans or other cooling systems are required. (8VAC20-800-400)

Rooms, halls, and stairways used by children in care shall be lighted with natural or electric lighting for the children's safety and comfort. Entrance and exit ways shall be unobstructed and be lighted with natural or electric lighting. (8VAC20-800-420)

Accordion expansion gates and pressure mounted gates shall not be used as protective barriers at stair openings. Protective barriers or guardrails are required for stairs with three or more risers that children have access to. Protective barriers or guardrails on sides of stairs shall be constructed to prevent a child from climbing over, crawling or falling through, or becoming entrapped. (8VAC20-800-430)

Children shall not have access to decks, porches, lofts, or balconies that do not have protective barriers or guardrails, and the barriers or guardrails shall be constructed to prevent a child from climbing over, crawling or falling through, or becoming entrapped. (8VAC20-800-440)

Windows and doors used for ventilation shall be securely screened. (8VAC20-800-450)

The climbing portions of indoor slides and climbing equipment over 18 inches high shall not be over bare floor. (8VAC20-800-490)

Stationary outdoor playground equipment shall not be installed over concrete, asphalt, or any other hard surface; shall be placed at least six feet from the perimeter of other play structures or obstacles; and shall be firmly anchored with ground supports that are covered with materials to protect children from injury. The highest climbing rung or platform on outdoor climbing equipment or top of a slide shall not exceed six feet for school age children and four feet for preschool children. "S" hooks must be tightly closed; swings must have flexible seats of rubber, canvas, or nylon; and nonflexible-molded seats shall be used only when a caregiver stays within arm's length of any hard-molded swing in use and is positioned to see and protect other children who might walk into the path of the swing. Openings above the ground that are closed on all sides shall be smaller than 3-1/2 inches or larger than nine inches to prevent head entrapment hazards;

ropes, loops, or any hanging apparatus that might entrap, close, or tighten upon a child shall not be used; equipment with moving parts that might pinch or crush children's hands or fingers shall not be used unless they have guards or covers; and equipment with platforms and ramps over 30 inches high shall have been designed with guardrails or barriers to prevent falls. Sandboxes shall be covered when not in use. Trampolines shall not be used during the hours children are in care. (8VAC20-800-500)

Licensed homes are required to develop and implement a plan to test potable water and submit the results of each test to the Virginia Department of Health (VDH). If the results of any test indicate a level of lead in the potable water at or above 15 parts per billion, the program shall remediate the level of lead in the water and submit the retesting results to VDH. In lieu of developing a plan and testing, homes may use bottled water for human consumption, and notify the VDH and parents of this choice. (§ 22.1-289.057)

Licensed homes must be equipped with at least one carbon monoxide detector in each building built before 2015. (§ 22.1-289.058)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Caregivers must complete the Virginia Preservice Training within 90 days of beginning employment, that includes building and physical premises safety. Additionally, caregivers must complete facility specific orientation prior to working alone with children and within seven days of beginning employment that includes the facility's playground safety procedures. (8VAC20-790-250)**

Areas, furnishings and equipment of the home, inside and outside, must be maintained in a clean, safe, and operable condition. No equipment, materials or furnishings shall be used if recalled or identified by the Consumer Product Safety Commission as being hazardous. (8VAC20-800-240 and 8VAC20-790-260)

Firearms must be stored unloaded in a locked container, compartment or cabinet and apart from ammunition. Ammunition must be stored in a locked container, compartment or cabinet. (8VAC20-800-270)

Sharp kitchen utensils and other sharp objects are inaccessible to children unless being used by a caregiver or with children under supervision. (8VAC20-800-290)

Machinery in operation must be inaccessible to children in care. (8VAC20-800-310)

Small electrical appliances shall be unplugged unless being used by the caregiver or with children under close supervision. Unused electrical outlets and surge protectors accessible to children under five years of age must be covered. Electrical cords and electrical appliances and equipment with cords that are frayed and have exposed wires shall not be used. Radiators, oil and wood burning stoves, floor furnaces, fireplaces, portable electric heaters, and similar heating devices located in areas accessible to children shall have barriers or screens and

be located at least three feet from combustible materials. Unvented fuel burning heaters shall not be used when children are in care. Wood burning stoves and fireplaces and associated chimneys shall be inspected annually by a knowledgeable inspector to verify that the devices are properly installed, maintained, and cleaned as needed. All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children.

Providers must comply with the requirements or recommendations made by fire prevention or building officials to eliminate fire hazards. (8VAC20-800-320)

Homes shall have an indoor bathroom with a working toilet and sink. (8VAC20-800-340)

Homes shall have indoor running water. Hot water at taps available to children must be maintained within a range of 105°F to 120°F. When water is not obtained from a municipal supply, and the house is not connected to a municipal sewer line, the water supply and septic system of the family day home shall be inspected and approved by the local health official or a private laboratory if there are open and obvious symptoms of water or sewage system problems, such as evidence of cloudy, murky, or muddy water, or sewage back up. (8VAC20-800-350)

Garbage must be removed daily from rooms occupied by children and removed from the premises at least once a week or more often as needed. (8VAC20-800-360)

The home shall be kept free from rodents and insect infestation. No home shall maintain any receptacle or pool, whether natural or artificial, containing water in such condition that insects breeding therein may become a menace to public health. (8VAC20-370)

Inside areas must be maintained no lower than 65°F, and if the temperature exceeds 80°F, fans or other cooling systems are required. (8VAC20-800-400)

Rooms, halls, and stairways used by children in care shall be lighted with natural or electric lighting for the children's safety and comfort. Entrance and exit ways shall be unobstructed and be lighted with natural or electric lighting. (8VAC20-800-420)

Accordion expansion gates and pressure mounted gates shall not be used as protective barriers at stair openings. Protective barriers or guardrails are required for stairs with three or more risers that children have access to. Protective barriers or guardrails on sides of stairs shall be constructed to prevent a child from climbing over, crawling or falling through, or becoming entrapped. (8VAC20-800-430)

Children shall not have access to decks, porches, lofts, or balconies that do not

have protective barriers or guardrails, and the barriers or guardrails shall be constructed to prevent a child from climbing over, crawling or falling through, or becoming entrapped. (8VAC20-800-440)

Windows and doors used for ventilation shall be securely screened. (8VAC20-800-450)

The climbing portions of indoor slides and climbing equipment over 18 inches high shall not be over bare floor. (8VAC20-800-490)

Stationary outdoor playground equipment shall not be installed over concrete, asphalt, or any other hard surface; shall be placed at least six feet from the perimeter of other play structures or obstacles; and shall be firmly anchored with ground supports that are covered with materials to protect children from injury. The highest climbing rung or platform on outdoor climbing equipment or top of a slide shall not exceed six feet for school age children and four feet for preschool children. "S" hooks must be tightly closed; swings must have flexible seats of rubber, canvas, or nylon; and nonflexible-molded seats shall be used only when a caregiver stays within arm's length of any hard-molded swing in use and is positioned to see and protect other children who might walk into the path of the swing. Openings above the ground that are closed on all sides shall be smaller than 3-1/2 inches or larger than nine inches to prevent head entrapment hazards; ropes, loops, or any hanging apparatus that might entrap, close, or tighten upon a child shall not be used; equipment with moving parts that might pinch or crush children's hands or fingers shall not be used unless they have guards or covers; and equipment with platforms and ramps over 30 inches high shall have been designed with guardrails or barriers to prevent falls. Sandboxes shall be covered when not in use. Trampolines shall not be used during the hours children are in care. (8VAC20-800-500)

Licensed homes are required to develop and implement a plan to test potable water and submit the results of each test to the Virginia Department of Health (VDH). If the results of any test indicate a level of lead in the potable water at or above 15 parts per billion, the program shall remediate the level of lead in the water and submit the retesting results to VDH. In lieu of developing a plan and testing, homes may use bottled water for human consumption, and notify the VDH and parents of this choice. (§ 22.1-289.057)

Licensed homes must be equipped with at least one carbon monoxide detector in each building built before 2015. (§ 22.1-289.058)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Staff must complete the Virginia Preservice Training within 90 days of beginning employment, that includes building and physical premises safety. Additionally, staff must complete facility specific orientation prior to working alone with children and within seven days of beginning employment that includes the**

center's playground safety procedures. (8VAC20-790-600)

Prior to licensure, written documentation is required indicating that the building meets building and fire codes. The only exception is for any building currently approved for school occupancy that houses a public or private school during the school year when housing a center serving children two and a half years of age or older because schools already have to meet building and fire codes. Centers must also receive approval from the local health department, or an approved plan of correction for meeting requirements for water, sewage disposal, and food service, if applicable. (8VAC20-790-610)

Annual fire and health inspections are required after initial approval. (8VAC20-790-620)

Areas and equipment of the center, inside and outside, must be maintained in a clean, safe, and operable condition. Inside areas must be maintained no lower than 68°F, and if the temperature exceeds 80°F, fans or other cooling systems are required. (8VAC20-790-630)

Centers must have at least two toilets and two sinks, and there must be at least one toilet and one sink for every 30 children. The toilets must be flushable, and restrooms must have sinks near toilets that are supplied with running warm water that does not exceed 120°F. (8VAC20-790-650)

All areas of the premises that are accessible to children shall be free of obvious injury hazards, including providing and maintaining sand or other cushioning material under playground equipment. Exceptions include that child day programs providing care for school-age children at a location that is currently approved by the Department of Education or recognized as a private school by the State Board of Education for school occupancy and that houses a public or private school during the school year from permitting school-age children may use outdoor play equipment and areas approved for use by students of the school during school hours. (8VAC20-790-660)

Furnishings, materials and equipment shall be age and stage appropriate size for the children. (8VAC20-730)

Religious exempt child day centers and certified preschools serving preschool age children are required to develop and implement a plan to test potable water and submit the results of each test to the Virginia Department of Health (VDH). If the results of any test indicate a level of lead in the potable water at or above 15 parts per billion, the program shall remediate the level of lead in the water and submit the retesting results to VDH. In lieu of developing a plan and testing, centers may use bottled water for human consumption, and notify the VDH and parents of this choice. (§ 22.1-289.057)

Religious exempt child day centers and certified preschools serving preschool age children must be equipped with at least one carbon monoxide detector in each

building built before 2015. (§ 22.1-289.058)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Caregivers must complete the Virginia Preservice Training within 90 days of beginning employment, that includes building and physical premises safety. Additionally, caregivers must complete facility specific orientation prior to working alone with children and within seven days of beginning employment that includes the facility’s playground safety procedures. (8VAC20-790-250)**

Areas and equipment of the home, inside and outside, must be maintained in a clean, safe, and operable condition. No equipment, materials or furnishings shall be used if recalled or identified by the Consumer Product Safety Commission as being hazardous. Inside areas must be maintained no lower than 65°F, and if the temperature exceeds 80°F, fans or other cooling systems are required. Unused electrical outlets accessible to preschool age or younger children must be covered. Sharp kitchen utensils and other sharp objects are inaccessible to children unless being used by a caregiver or with children under supervision. Radiators, oil and wood burning stoves, floor furnaces, fireplaces, portable electric heaters, and similar heating devices located in areas accessible to children shall have barriers or screens and be located at least three feet from combustible materials. Unvented fuel burning heaters shall not be used when children are in care. Wood burning stoves and fireplaces and associated chimneys shall be inspected annually by a knowledgeable inspector to verify that the devices are properly installed, maintained, and cleaned as needed. All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children. Protective barriers or guardrails are required for stairs with three or more risers that children have access to. Windows and doors used for ventilation shall be securely screened. Machinery in operation must be inaccessible to children in care. (8VAC20-790-260)

Homes shall have an indoor bathroom with a working toilet and sink with running water that does not exceed 120°F. (8VAC20790-280)

All areas on the premises accessible to children are free of obvious injury. Stationary outdoor playground equipment shall not be installed over concrete, asphalt, or any other hard surface. Trampolines shall not be used during the hours children are in care. (8VAC20-790-290)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Caregivers must complete the Virginia Preservice Training within 90 days of beginning employment, that includes building and physical premises safety. Additionally, caregivers must complete facility specific orientation prior to working alone with children and within seven days of beginning employment that includes the facility’s playground safety procedures. (8VAC20-790-250)**

Areas and equipment of the home, inside and outside, must be maintained in a

clean, safe, and operable condition. No equipment, materials or furnishings shall be used if recalled or identified by the Consumer Product Safety Commission as being hazardous. Inside areas must be maintained no lower than 65°F, and if the temperature exceeds 80°F, fans or other cooling systems are required. Unused electrical outlets accessible to preschool age or younger children must be covered. Sharp kitchen utensils and other sharp objects are inaccessible to children unless being used by a caregiver or with children under supervision. Radiators, oil and wood burning stoves, floor furnaces, fireplaces, portable electric heaters, and similar heating devices located in areas accessible to children shall have barriers or screens and be located at least three feet from combustible materials. Unvented fuel burning heaters shall not be used when children are in care. Wood burning stoves and fireplaces and associated chimneys shall be inspected annually by a knowledgeable inspector to verify that the devices are properly installed, maintained, and cleaned as needed. All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children. Protective barriers or guardrails are required for stairs with three or more risers that children have access to. Windows and doors used for ventilation shall be securely screened. Machinery in operation must be inaccessible to children in care. (8VAC20-790-260)

Homes shall have an indoor bathroom with a working toilet and sink with running water that does not exceed 120°F. (8VAC20790-280)

All areas on the premises accessible to children are free of obvious injury. Stationary outdoor playground equipment shall not be installed over concrete, asphalt, or any other hard surface. Trampolines shall not be used during the hours children are in care. (8VAC20-790-290)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.5.a.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

Staff must complete the Virginia Preservice Training within 90 days of beginning employment, that includes building and physical premises safety. Additionally, staff must complete facility specific orientation prior to working alone with children and within seven days of beginning employment that includes the center's playground safety procedures. (8VAC20-790-600)

Prior to licensure, written documentation is required indicating that the building meets building and fire codes. The only exception is for any building currently approved for school occupancy that houses a public or private school during the school year when housing a center serving children two and a half years of age or

older because schools already have to meet building and fire codes. Centers must also receive approval from the local health department, or an approved plan of correction for meeting requirements for water, sewage disposal, and food service, if applicable. (8VAC20-790-610)

Annual fire and health inspections are required after initial approval. (8VAC20-790-620)

Areas and equipment of the center, inside and outside, must be maintained in a clean, safe, and operable condition. Inside areas must be maintained no lower than 68°F, and if the temperature exceeds 80°F, fans or other cooling systems are required. (8VAC20-790-630)

Centers must have at least two toilets and two sinks, and there must be at least one toilet and one sink for every 30 children. The toilets must be flushable, and restrooms must have sinks near toilets that are supplied with running warm water that does not exceed 120°F. (8VAC20-790-650)

All areas of the premises that are accessible to children shall be free of obvious injury hazards, including providing and maintaining sand or other cushioning material under playground equipment. Exceptions include that child day programs providing care for school-age children at a location that is currently approved by the Department of Education or recognized as a private school by the State Board of Education for school occupancy and that houses a public or private school during the school year from permitting school-age children may use outdoor play equipment and areas approved for use by students of the school during school hours. (8VAC20-790-660)

Furnishings, materials and equipment shall be age and stage appropriate size for the children. (8VAC20-730)

Religious exempt child day centers and certified preschools serving preschool age children are required to develop and implement a plan to test potable water and submit the results of each test to the Virginia Department of Health (VDH). If the results of any test indicate a level of lead in the potable water at or above 15 parts per billion, the program shall remediate the level of lead in the water and submit the retesting results to VDH. In lieu of developing a plan and testing, centers may use bottled water for human consumption, and notify the VDH and parents of this choice. (§ 22.1-289.057)

Religious exempt child day centers and certified preschools serving preschool age children must be equipped with at least one carbon monoxide detector in each building built before 2015. (§ 22.1-289.058)

- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **When permanent swimming or wading pools are located on the premises of the center, the manufacturer's specifications for operating the pool shall be followed as well as any local ordinances and any Department of Health requirements for swimming pools; pools constructed, renovated, or remodeled after April 1, 1986, shall have a statement in writing of their inspection and approval from the local building official when such approval is required; outdoor swimming pools shall be enclosed by safety fences and gates which are in compliance with the applicable edition of the Virginia USBC and shall be kept locked when the pool is not in use; and entrances to indoor swimming pools shall be locked when the pool is not in use. If children are allowed to swim in a lake or other place other than a pool, safe swimming areas shall be clearly marked and there shall be appropriate water safety equipment. Piers, floats, and platforms shall be in good repair and where used for diving, the minimum water depth shall be stated on the deck or planking.** (8VAC20-780-470)

Notwithstanding the staff-to-children ratios, at no time shall there be fewer than two staff members supervising swimming or wading activity. If a pool, lake, or other swimming area has a water depth of more than two feet, a certified lifeguard holding a current certificate shall be on duty supervising the children participating in swimming or wading activities at all times when one or more children are in the water, and the lifeguard cannot be counted in the staff-to-children ratios. (8VAC20-780-460)

The center shall have emergency procedures and written safety rules for swimming or wading or follow the posted rules of public pools that are posted in the swimming area when the pool is located on the premises of the center; and explained to children participating in swimming or wading activities. Underwater and deck lighting is required if outdoor swimming activities take place outside of daylight hours. (8VAC20-780-480)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Access to the water in aboveground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to children. A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of drowning hazards such as, but not limited to, inground swimming or wading pools, ponds, or fountains not enclosed by safety fences. When not in use during the family day home's hours of operation, portable wading pools shall be emptied, sanitized, and stored in a position to keep them clean and dry. Bathtubs, buckets, and other containers of liquid accessible to children shall be emptied immediately after use. Hot tubs, spas, and whirlpools shall not be used by children in care, and covered with safety covers while children are in care.** (8VAC20-800-260)

The point system (i.e., staff-to-child ratio) shall be maintained while the children are participating in swimming or wading activities. Outdoor swimming activities

shall occur only during daylight hours. When one or more children are in water that is more than two feet deep in a pool, lake, or other swimming area on or off the premises of the family day home, a minimum of least two caregivers shall be present and able to supervise the children; and an individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading activities at all times. (8VAC20-800-660)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Access to the water in aboveground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to children. A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of drowning hazards such as, but not limited to, inground swimming or wading pools, ponds, or fountains not enclosed by safety fences. When not in use during the family day home's hours of operation, portable wading pools shall be emptied, sanitized, and stored in a position to keep them clean and dry. Bathtubs, buckets, and other containers of liquid accessible to children shall be emptied immediately after use. Hot tubs, spas, and whirlpools shall not be used by children in care, and covered with safety covers while children are in care. (8VAC20-800-260)**

The point system (i.e., staff-to-child ratio) shall be maintained while the children are participating in swimming or wading activities. Outdoor swimming activities shall occur only during daylight hours. When one or more children are in water that is more than two feet deep in a pool, lake, or other swimming area on or off the premises of the family day home, a minimum of least two caregivers shall be present and able to supervise the children; and an individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading activities at all times. (8VAC20-800-660)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Indoor swimming pools on the center premises shall be kept locked when the pool is not in use. Outdoor swimming pools located on the center premises shall be enclosed by safety fences and gates that are in compliance with the applicable edition of the Virginia Uniform Statewide Building Code and shall be kept locked when the pool is not in use. Notwithstanding the staff-to-children ratios already indicated, at no time shall there be fewer than two staff members supervising the activity. If a pool, lake, or other swimming area has a water depth of more than two feet, a certified lifeguard holding a current certificate shall be on duty supervising the children participating in swimming or wading activities at all times when one or more children are in the water, and the lifeguard may not be counted in the staff-to-children ratio. The vendor shall have emergency procedures and written safety rules for swimming or wading or follow the posted rules of public pools that are posted in the swimming area when the pool is located on the premises of the**

center; and explained to children participating in swimming or wading activities. (8VAC20-790-680)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Access to the water in aboveground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to children. A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of drowning hazards such as, but not limited to, inground swimming or wading pools, ponds, or fountains not enclosed by safety fences. When not in use during the family day home's hours of operation, portable wading pools shall be emptied, sanitized, and stored in a position to keep them clean and dry. Hot tubs, spas, and whirlpools shall not be used by children in care, and covered with safety covers while children are in care. The point system (i.e., staff-to-child ratio) shall be maintained while the children are participating in swimming or wading activities. Outdoor swimming activities shall occur only during daylight hours. When one or more children are in water that is more than two feet deep in a pool, lake, or other swimming area on or off the premises of the family day home, a minimum of least two caregivers shall be present and able to supervise the children; and an individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading activities at all times. (8VAC20-790-310)**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Access to the water in aboveground swimming pools shall be prevented by locking and securing the ladder in place or storing the ladder in a place inaccessible to children. A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of drowning hazards such as, but not limited to, inground swimming or wading pools, ponds, or fountains not enclosed by safety fences. When not in use during the family day home's hours of operation, portable wading pools shall be emptied, sanitized, and stored in a position to keep them clean and dry. Hot tubs, spas, and whirlpools shall not be used by children in care, and covered with safety covers while children are in care. The point system (i.e., staff-to-child ratio) shall be maintained while the children are participating in swimming or wading activities. Outdoor swimming activities shall occur only during daylight hours. When one or more children are in water that is more than two feet deep in a pool, lake, or other swimming area on or off the premises of the family day home, a minimum of least two caregivers shall be present and able to supervise the children; and an individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading activities at all times. (8VAC20-790-310)**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.5.b.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the

following standards:

Indoor swimming pools on the center premises shall be kept locked when the pool is not in use. Outdoor swimming pools located on the center premises shall be enclosed by safety fences and gates that are in compliance with the applicable edition of the Virginia Uniform Statewide Building Code and shall be kept locked when the pool is not in use. Notwithstanding the staff-to-children ratios already indicated, at no time shall there be fewer than two staff members supervising the activity. If a pool, lake, or other swimming area has a water depth of more than two feet, a certified lifeguard holding a current certificate shall be on duty supervising the children participating in swimming or wading activities at all times when one or more children are in the water, and the lifeguard may not be counted in the staff-to-children ratio. The vendor shall have emergency procedures and written safety rules for swimming or wading or follow the posted rules of public pools that are posted in the swimming area when the pool is located on the premises of the center; and explained to children participating in swimming or wading activities. (8VAC20-790-680)

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

i. All CCDF-eligible licensed center care. Provide the standard: **During transportation, the center shall ensure that doors are closed properly and locked. 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. (8VAC20-780-580)**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of hazards such as, but not limited to, streets with speed limits in excess of 25 miles per hour or with heavy traffic, or railroad tracks. (8VAC20-800-500)**

During transportation, the provider shall ensure that doors are closed properly and locked, and that each child boards and leaves the vehicle from the curb side of the vehicle or in a protected parking area or driveway. (8VAC20-800-1010 and 8VAC20-790-460)

iii. All CCDF-eligible licensed in-home care. Provide the standard: **A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of hazards such as, but not limited to, streets with speed limits in excess of 25 miles per hour or with heavy traffic, or railroad tracks. (8VAC20-800-500)**

During transportation, the provider shall ensure that doors are closed properly and locked, and that each child boards and leaves the vehicle from the curb side of the vehicle or in a protected parking area or driveway. (8VAC20-800-1010 and

8VAC20-790-460)

[] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **During transportation, the vendor shall ensure that doors are closed properly and locked. 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. (8VAC20-790-830)**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of hazards such as, but not limited to, streets with speed limits in excess of 25 miles per hour or with heavy traffic. (8VAC20-790-290)**

During transportation, the provider shall ensure that doors are closed properly and locked, and that each child boards and leaves the vehicle from the curb side of the vehicle or in a protected parking area or driveway. (8VAC20-790-460)

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **A non-climbable barrier at least four feet high such as, but not limited to, a fence or impenetrable hedge shall surround outdoor play areas located within 30 feet of hazards such as, but not limited to, streets with speed limits in excess of 25 miles per hour or with heavy traffic. (8VAC20-790-290)**

During transportation, the provider shall ensure that doors are closed properly and locked, and that each child boards and leaves the vehicle from the curb side of the vehicle or in a protected parking area or driveway. (8VAC20-790-460)

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All CCDF eligible out-of-school programs, licensed and license-exempt, must meet the same standards:**

During transportation, the vendor shall ensure that doors are closed properly and locked. 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. (8VAC20-790-830)

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate

the age of children it applies to for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **"Shaken Baby Syndrome" or "Abusive Head Trauma" is defined in the standards as 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. (8VAC20-780-10)**

The center shall develop written procedures for prevention of shaken baby syndrome or abusive head trauma, including copying with crying babies. (8VAC20-780-40)

Staff are required to complete the Department's sponsored orientation (i.e. Virginia Preservice Training) within 90 days of employment, which includes prevention of shaken baby syndrome and abusive head trauma. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment to include prevention of shaken baby syndrome and abusive head trauma, including procedures to cope with crying babies or distraught children. (8VAC20-780-240 and 8VAC20-790-600)

When supervising children, staff must always ensure children's care, protection and guidance. (8VAC20-780-340)

Physical punishment, or threats thereof, are forbidden. Physical punishment of a child includes striking a child, roughly handling a child, or shaking a child. (8VAC20-780-410)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **"Shaken Baby Syndrome" or "Abusive Head Trauma" is defined in the standards as 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. (8VAC20-790-140)**

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes prevention of shaken baby syndrome and abusive head trauma. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment to include prevention of shaken baby syndrome and abusive head trauma, including procedures to cope with crying babies or distraught children. (8VAC20-790-250)

Physical punishment, or threats thereof, are forbidden. Physical punishment of a child includes striking a child, roughly handling a child, or shaking a child. (8VAC20-790-340)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **"Shaken Baby**

Syndrome" or "Abusive Head Trauma" is defined in the standards as 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. (8VAC20-790-140)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes prevention of shaken baby syndrome and abusive head trauma. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment to include prevention of shaken baby syndrome and abusive head trauma, including procedures to cope with crying babies or distraught children. (8VAC20-790-250)

Physical punishment, or threats thereof, are forbidden. Physical punishment of a child includes striking a child, roughly handling a child, or shaking a child. (8VAC20-790-340)

[] Not applicable.

- iv. **All CCDF-eligible license-exempt center care. Provide the standard: "Shaken Baby Syndrome" or "Abusive Head Trauma" is defined in the standards as 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. (8VAC20-790-490)**

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes prevention of shaken baby syndrome and abusive head trauma. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment to include prevention of shaken baby syndrome and abusive head trauma, including procedures to cope with crying babies or distraught children. (8VAC20-790-600)

Physical punishment, or threats thereof, are forbidden. Physical punishment of a child includes striking a child, roughly handling a child, or shaking a child. (8VAC20-790-710)

- v. **All CCDF-eligible license-exempt family child care homes. Provide the standard: "Shaken Baby Syndrome" or "Abusive Head Trauma" is defined in the standards as 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. (8VAC20-790-140)**

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes prevention of shaken baby syndrome and abusive head trauma. Staff must also complete facility specific orientation prior

to working alone with children and within seven days of employment to include prevention of shaken baby syndrome and abusive head trauma, including procedures to cope with crying babies or distraught children. (8VAC20-790-250)

Physical punishment, or threats thereof, are forbidden. Physical punishment of a child includes striking a child, roughly handling a child, or shaking a child. (8VAC20-790-340)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: "**Shaken Baby Syndrome**" or "**Abusive Head Trauma**" is defined in the standards as 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. (8VAC20-790-140)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes prevention of shaken baby syndrome and abusive head trauma. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment to include prevention of shaken baby syndrome and abusive head trauma, including procedures to cope with crying babies or distraught children. (8VAC20-790-250)

Physical punishment, or threats thereof, are forbidden. Physical punishment of a child includes striking a child, roughly handling a child, or shaking a child. (8VAC20-790-340)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.6.a.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

"Shaken Baby Syndrome" or "Abusive Head Trauma" is defined in the standards as 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. (8VAC20-790-490)

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes prevention of shaken baby syndrome and abusive head trauma. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment to include prevention of shaken baby syndrome and abusive head trauma, including procedures to cope with crying babies or distraught children. (8VAC20-790-600)

Physical punishment, or threats thereof, are forbidden. Physical punishment of a child includes striking a child, roughly handling a child, or shaking a child. (8VAC20-

790-710)

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

i. All CCDF-eligible licensed center care. Provide the standard: **Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia. (8VAC20-780-80 and 8VAC20-790-570)**

Staff are required to complete the Department’s sponsored orientation (i.e. Virginia Preservice Training) within 90 days of employment, which includes recognizing and reporting child abuse and neglect. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment to include recognizing and reporting child abuse and neglect. (8VAC20-780-240 and 8VAC20-790-600)

Staff who do not work with a group of children are required to complete annual training on child abuse and neglect. (8VAC20-780-245)

When supervising children, staff must always ensure children’s care, protection and guidance. (8VAC20-780-340)

When time out is used as a behavior guidance technique: 1. It shall be used sparingly and shall not exceed one minute for each year of the child's age; 2. It shall be appropriate to the child's developmental level and individual needs; 3. It shall not be used with infants or toddlers; 4. The child shall be in a safe, lighted, well-ventilated place, and within actual sight and sound of a staff member; and 5. The child shall not be left alone inside or outside the center. (8VAC20-780-400)

The following actions or threats thereof are forbidden: 1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment; 2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool age or younger for their intended purpose; 3. Punishment by another child; 4. Separation from the group so that the child is away from the hearing and vision of a staff member; 5. Withholding or forcing of food, water or rest; 6. Verbal remarks which are demeaning to the child; 7. Punishment for toileting accidents; and 8. Punishment by applying unpleasant or harmful substances. (8VAC20-780-410 and 8VAC20-790-710)

Before the child’s first day of attending, parents must be provided in writing, the center’s policy for reporting suspected child abuse. (8VAC20-780-420)

The center must obtain eligible background checks for each staff to include a Virginia Child Abuse and Neglect Registry search and interstate child abuse and

neglect registry search from any state that an individual has lived in within the last five years. (§ 22.1-289.035)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Before the child's first day of attendance, parents must be provided in writing, the requirement for paid caregivers to report suspected child abuse or neglect. (8VAC20-800-70)**

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing and reporting child abuse and neglect. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment to include recognizing and reporting child abuse and neglect. (8VAC20-800-200 and 8VAC20-790-250)

When time out is used as a discipline technique: 1. It shall be used sparingly and shall not exceed one minute for each year of the child's age; 2. It shall be appropriate to the child's developmental level and circumstances; 3. It shall not be used with infants or toddlers; 4. The child shall be in a safe, lighted, well-ventilated place, and within actual sight and sound of a staff member; and 5. The child shall not be left alone inside or outside the home. (8VAC20-800-630)

The following actions or threats thereof are forbidden: 1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment; 2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool age or younger for their intended purpose; 3. Punishment by another child; 4. Withholding or forcing of food, water or rest; 5. Verbal remarks which are demeaning to the child; 6 Punishment for toileting accidents; and 7. Punishment by applying unpleasant or harmful substances. (8VAC20-800-640)

Caregivers shall immediately report any suspected incident of child abuse or neglect by any person. (8VAC20-800-860)

The home must obtain eligible background checks for each staff and adult household member to include a Virginia Child Abuse and Neglect Registry search and interstate child abuse and neglect registry search from any state that an individual has lived in within the last five years. (§§ 22.1-289.035 and 22.1289.036)

The home must obtain an eligible Virginia Child Abuse and Neglect Registry search for each household member 14 years of age and older. (8VAC20-770-40)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Before the child's first day of attendance, parents must be provided in writing, the requirement for**

paid caregivers to report suspected child abuse or neglect. (8VAC20-800-70)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing and reporting child abuse and neglect. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment to include recognizing and reporting child abuse and neglect. (8VAC20-800-200 and 8VAC20-790-250)

When time out is used as a discipline technique: 1. It shall be used sparingly and shall not exceed one minute for each year of the child's age; 2. It shall be appropriate to the child's developmental level and circumstances; 3. It shall not be used with infants or toddlers; 4. The child shall be in a safe, lighted, well-ventilated place, and within actual sight and sound of a staff member; and 5. The child shall not be left alone inside or outside the home. (8VAC20-800-630)

The following actions or threats thereof are forbidden: 1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment; 2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool age or younger for their intended purpose; 3. Punishment by another child; 4. Withholding or forcing of food, water or rest; 5. Verbal remarks which are demeaning to the child; 6 Punishment for toileting accidents; and 7. Punishment by applying unpleasant or harmful substances. (8VAC20-800-640)

Caregivers shall immediately report any suspected incident of child abuse or neglect by any person. (8VAC20-800-860)

The home must obtain eligible background checks for each staff and adult household member to include a Virginia Child Abuse and Neglect Registry search and interstate child abuse and neglect registry search from any state that an individual has lived in within the last five years. (§§ 22.1-289.035 and 22.1289.036)

The home must obtain an eligible Virginia Child Abuse and Neglect Registry search for each household member 14 years of age and older. (8VAC20-770-40)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia. (8VAC20-790-570)**

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing and reporting child abuse and neglect. Staff must also complete facility specific orientation prior to working alone with

children and within seven days of employment to include recognizing and reporting child abuse and neglect. (8VAC20-790-600)

If time out is used as a discipline technique: 1. It shall be used sparingly and shall not exceed one minute for each year of the child's age; 2. It shall not be used with infants or toddlers; 3. The child shall be in a safe, lighted, well-ventilated place, and within actual sight and sound of a staff member; and 4. The child shall not be left alone inside or outside the center. (8VAC20-790-700)

The following actions or threats thereof are forbidden: 1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment; 2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool age or younger for their intended purpose; 3. Punishment by another child; 4. Withholding or forcing of food, water or rest; 5. Verbal remarks which are demeaning to the child; 6. Punishment for toileting accidents; and 7. Punishment by applying unpleasant or harmful substances. (8VAC20-790-710)

The center must obtain eligible background checks for each staff to include a Virginia Child Abuse and Neglect Registry search and interstate child abuse and neglect registry search from any state that an individual has lived in within the last five years. (§ 22.1-289.035)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: The vendor shall immediately report any suspected incident of child abuse or neglect. (8VAC20-790-220)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing and reporting child abuse and neglect. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment to include reporting child abuse and neglect. (8VAC20-790-250)

If time out is used as a discipline technique: 1. It shall be used sparingly and shall not exceed one minute for each year of the child's age; 2. It shall not be used with infants or toddlers; 3. The child shall be in a safe, lighted, well-ventilated place, and within actual sight and sound of a staff member; and 4. The child shall not be left alone inside or outside the home. (8VAC20-790-330)

The following actions or threats thereof are forbidden: 1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment; 2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children

preschool age or younger for their intended purpose; 3. Punishment by another child; 4. Withholding or forcing of food, water or rest; 5. Verbal remarks which are demeaning to the child; 6 Punishment for toileting accidents; and 7. Punishment by applying unpleasant or harmful substances. (8VAC20-790-340)

The home must obtain eligible background checks for each staff and adult household member to include a Virginia Child Abuse and Neglect Registry search and interstate child abuse and neglect registry search from any state that an individual has lived in within the last five years. (§§ 22.1-289.035 and 22.1289.036)

Voluntarily registered family day homes exempt from licensure must obtain an eligible Virginia Child Abuse and Neglect Registry search for each household member 14 years of age and older. (8VAC20-770-40)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The vendor shall immediately report any suspected incident of child abuse or neglect.** (8VAC20-790-220)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing and reporting child abuse and neglect. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment to include reporting child abuse and neglect. (8VAC20-790-250)

If time out is used as a discipline technique: 1. It shall be used sparingly and shall not exceed one minute for each year of the child's age; 2. It shall not be used with infants or toddlers; 3. The child shall be in a safe, lighted, well-ventilated place, and within actual sight and sound of a staff member; and 4. The child shall not be left alone inside or outside the home. (8VAC20-790-330)

The following actions or threats thereof are forbidden: 1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment; 2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool age or younger for their intended purpose; 3. Punishment by another child; 4. Withholding or forcing of food, water or rest; 5. Verbal remarks which are demeaning to the child; 6 Punishment for toileting accidents; and 7. Punishment by applying unpleasant or harmful substances. (8VAC20-790-340)

The home must obtain eligible background checks for each staff and adult household member to include a Virginia Child Abuse and Neglect Registry search and interstate child abuse and neglect registry search from any state that an individual has lived in within the last five years. (§§ 22.1-289.035 and

22.1289.036)

Voluntarily registered family day homes exempt from licensure must obtain an eligible Virginia Child Abuse and Neglect Registry search for each household member 14 years of age and older. (8VAC20-770-40)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.6.b.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia. (8VAC20-790-570)

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing and reporting child abuse and neglect. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment to include recognizing and reporting child abuse and neglect. (8VAC20-790-600)

If time out is used as a discipline technique: 1. It shall be used sparingly and shall not exceed one minute for each year of the child's age; 2. It shall not be used with infants or toddlers; 3. The child shall be in a safe, lighted, well-ventilated place, and within actual sight and sound of a staff member; and 4. The child shall not be left alone inside or outside the center. (8VAC20-790-700)

The following actions or threats thereof are forbidden: 1. Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment; 2. Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high chairs, and safety gates when used with children preschool age or younger for their intended purpose; 3. Punishment by another child; 4. Withholding or forcing of food, water or rest; 5. Verbal remarks which are demeaning to the child; 6 Punishment for toileting accidents; and 7. Punishment by applying unpleasant or harmful substances. (8VAC20-790-710)

The center must obtain eligible background checks for each staff to include a Virginia Child Abuse and Neglect Registry search and interstate child abuse and neglect registry search from any state that an individual has lived in within the last five years. (§ 22.1-289.035)

5.3.7 Emergency preparedness and response planning standard

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

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place
- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions
- xi. If any of the above are not checked, describe: **VDOE was notified of possible non-compliance with the requirement to have all of the above areas covered in emergency preparedness and response planning standards on June 28, 2023. Virginia’s health and safety standards for family day homes do not include procedures for volunteer emergency preparedness training and practice drills. In addition, requirements for Child Day Centers do not include procedures for volunteer practice drills. Additional time is needed to address compliance with this requirement through the state regulatory process.**

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Staff are required to complete the Department’s sponsored orientation (i.e., Virginia Preservice Training) within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. (8VAC20-780-240 and 8VAC20-790-600)**

Hazardous substances such as cleaning materials, insecticides, and pesticides must be kept 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. Pesticides or 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, utensils or single-service articles and shall be stored in areas physically separate from food. Cleaning materials and insecticides/pesticides shall be stored in areas physically separate from each other. Hazardous substances shall be stored in the original container unless this container is of such a large size that its use would be impractical, and if hazardous substances are not kept in original containers, the substitute containers shall clearly indicate their contents and shall not resemble food or beverage containers. Cosmetics, medications, or other harmful agents shall not be stored in areas, purses or pockets that are accessible to children. Hazardous art and craft materials shall not be used with children. Additionally, smoking and the use of electronic smoking devices is prohibited in the interior of the center, in vehicles when children are being transported, and if permitted outside, is prohibited in the presence of children. (8VAC20-780-280 and 8VAC20-790-640)

Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and staff's personal medication, shall be kept in a locked place. When medication is stored in a refrigerator used for food, the medication shall be stored together in a container or in a clearly defined area away from food. (8VAC20-780-510)

Sunscreen must be inaccessible to children under five years of age, and diaper ointment and insect repellent must be inaccessible to children. (8VAC20-780-520)

First aid kits shall be inaccessible to children. (8VAC20-780-540)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. (8VAC20-790-250)

Firearms shall be stored unloaded in a locked container, compartment, or cabinet, and apart from ammunition. Ammunition shall be stored in a locked container, compartment, or cabinet during the family day home's hours of operation. (8VAC20-270)

Potentially poisonous substances, materials and supplies such as cleaning agents, disinfectants, deodorizers, plant care chemicals, pesticides, and petroleum distillates shall be stored away from food in areas inaccessible to children.

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. (8VAC20-800-280 and 8VAC20-790-270)

All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children. (8VAC20-800-320)

Children shall not be allowed access to garbage storage areas. (8VAC20-800-360)

Animal litter boxes, toys, food dishes, and water dishes shall be inaccessible to children. (8VAC20-800-460)

Smoking is prohibited indoors when children are in care, in a vehicle when children are transported, and outdoors in an area occupied by children. (8VAC20-800-470)

Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and medications for caregivers and household members, shall be kept in a locked place. When medication is stored in a refrigerator used for food, the medication shall be stored together in a container or in a clearly defined area away from food. (8VAC20-800-730)

Topical skin products such as sunscreen, diaper ointment, oral teething medicine, and insect repellent must be inaccessible to children. (8VAC20-800-750)

First aid kits shall be inaccessible to children. (8VAC20-800-760)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. (8VAC20-790-250)

Firearms shall be stored unloaded in a locked container, compartment, or cabinet, and apart from ammunition. Ammunition shall be stored in a locked container, compartment, or cabinet during the family day home's hours of operation. (8VAC20-800-270)

Potentially poisonous substances, materials and supplies such as cleaning agents, disinfectants, deodorizers, plant care chemicals, pesticides, and petroleum distillates shall be stored away from food in areas inaccessible to children. 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. (8VAC20-800-280 and 8VAC20-790-

270)

All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children. (8VAC20-800-320)

Children shall not be allowed access to garbage storage areas. (8VAC20-800-360)

Animal litter boxes, toys, food dishes, and water dishes shall be inaccessible to children. (8VAC20-800-460)

Smoking or use of an electronic smoking device is prohibited indoors when children are in care, in a vehicle when children are transported, and outdoors in an area occupied by children. (8VAC20-800-470 and 8VAC20-790-270)

Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and medications for caregivers and household members, shall be kept in a locked place. When medication is stored in a refrigerator used for food, the medication shall be stored together in a container or in a clearly defined area away from food. (8VAC20-800-730)

Topical skin products such as sunscreen, diaper ointment, oral teething medicine, and insect repellent must be inaccessible to children. (8VAC20-800-750)

First aid kits shall be inaccessible to children. (8VAC20-800-760)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids.** (8VAC20-790-600)

Hazardous substances such as cleaning materials, insecticides, and pesticides must be kept 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. Pesticides or 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, utensils or single-service articles and shall be stored in areas physically separate from food. If hazardous substances are not kept in original containers, the substitute containers shall clearly indicate their contents. Additionally, smoking and the use of electronic smoking devices is prohibited in the interior of the center, in vehicles when children are being transported, and if permitted outside, is prohibited in the presence of children. (8VAC20-790-640)

Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and staff's personal medication, shall be kept in a locked place. (8VAC20-790-770)

First aid kits shall be inaccessible to children. (8VAC20-790-780)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids.** (8VAC20-790-250)

All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children. (8VAC20-790-260)

Potentially poisonous substances, materials and supplies such as cleaning agents, disinfectants, deodorizers, plant care chemicals, pesticides, and petroleum distillates shall be stored away from food in areas inaccessible to children. 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. Smoking or use of an electronic smoking device is prohibited indoors when children are in care, in a vehicle when children are transported, and outdoors in an area occupied by children. (8VAC20-790-270)

Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and medications for caregivers and household members, shall be kept in a locked place. When medication is stored in a refrigerator used for food, the medication shall be stored together in a container or in a clearly defined area away from food. (8VAC20-790-400)

Animal litter boxes, toys, food dishes, and water dishes shall be inaccessible to children. (8VAC20-790-470)

Voluntarily registered family day homes that are exempt from licensure are required to store firearms unloaded in a locked container, compartment, or cabinet, and apart from ammunition. Ammunition shall be stored in a locked container, compartment, or cabinet during the family day home's hours of operation. (§ 22.1-289.056)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids.**

(8VAC20-790-250)

All flammable and combustible materials such as, but not limited to, matches, lighters, lighter fluid, kerosene, turpentine, oil and grease products, aerosol cans, and alcohol shall be stored in an area inaccessible to children. (8VAC20-790-260)

Potentially poisonous substances, materials and supplies such as cleaning agents, disinfectants, deodorizers, plant care chemicals, pesticides, and petroleum distillates shall be stored away from food in areas inaccessible to children. 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. Smoking or use of an electronic smoking device is prohibited indoors when children are in care, in a vehicle when children are transported, and outdoors in an area occupied by children. (8VAC20-790-270)

Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and medications for caregivers and household members, shall be kept in a locked place. When medication is stored in a refrigerator used for food, the medication shall be stored together in a container or in a clearly defined area away from food. (8VAC20-790-400)

Animal litter boxes, toys, food dishes, and water dishes shall be inaccessible to children. (8VAC20-790-470)

Voluntarily registered in-home programs that are exempt from licensure are required to store firearms unloaded in a locked container, compartment, or cabinet, and apart from ammunition. Ammunition shall be stored in a locked container, compartment, or cabinet during the family day home's hours of operation. (§ 22.1-289.056)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.8.a.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. (8VAC20-790-600)

Hazardous substances such as cleaning materials, insecticides, and pesticides must be kept 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. Pesticides or 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, utensils or single-service articles and shall be stored in areas physically separate from food. If hazardous substances are not kept in original containers, the substitute containers shall clearly indicate their contents. Additionally, smoking and the use of electronic smoking devices is prohibited in the interior of the center, in vehicles when children are being transported, and if permitted outside, is prohibited in the presence of children. (8VAC20-790-640)

Medication, except for those prescriptions designated otherwise by written physician's order, including refrigerated medication and staff's personal medication, shall be kept in a locked place. (8VAC20-790-770)

First aid kits shall be inaccessible to children. (8VAC20-790-780)

- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Staff are required to complete the Department's sponsored orientation (i.e., Virginia Preservice Training) within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. Staff must also complete orientation training on facility specific topics prior to the staff working alone with children and within seven days of employment that addresses prevention and control of disease. (8VAC20-780-240 and 8VAC20-790-600)**

There must always be at least one staff on duty who has obtained instruction within the last three years in performing a daily health observation of children that includes staff occupational health and safety practices in accordance with OSHA bloodborne pathogens regulation. (8VAC20-780-245 and 8VAC20-790-600)

When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-780-490)

Disposable diapers 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 touches the exterior surface of the storage system during disposal. When cloth diapers are used, a separate leak-proof storage system shall be used. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use. Additionally, children's hands must be washed with soap and running water after contact with any blood, feces or urine, and staff must wash their hands with soap and running water after contact with any body fluids. (8VAC20-780-500)

Manure shall be removed from barns, stables and corrals at least once a day and

stored and disposed of in a manner to prevent the breeding of flies. (8VAC20-780-600)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. (8VAC20-790-250)**

When any surface has been contaminated with body fluids, it shall be cleaned and sanitized.(8VAC20-800-300)

Garbage shall be removed on a daily basis from rooms occupied by children and removed from the premises at least once weekly or more often as needed. (8VAC20-800-360)

All animal excrement shall be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned. (8VAC20-800-460)

Children’s and caregiver’s hands are washed with liquid soap and running water after contact with any body fluids and after handling or caring for animals. Additionally, caregiver’s hands are washed after handling raw eggs or meat. (8VAC20-800-680)

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. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use. (8VAC20-800-690)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. (8VAC20-790-250)**

When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-800-300)

Garbage shall be removed on a daily basis from rooms occupied by children and removed from the premises at least once weekly or more often as needed. (8VAC20-800-360)

All animal excrement shall be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned. (8VAC20-800-460)

Children’s and caregiver’s hands are washed with liquid soap and running water after contact with any body fluids and after handling or caring for animals. Additionally, caregiver’s hands are washed after handling raw eggs or meat. (8VAC20-800-680)

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. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use. (8VAC20-800-690)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. Additionally, there must always be at least one staff on duty who has obtained instruction within the last three years in performing a daily health observation of children that includes staff occupational health and safety practices in accordance with OSHA bloodborne pathogens regulation. (8VAC20-790-600)**

When any surface has been contaminated with body fluids, it shall be cleaned and sanitized.(8VAC20-790-750)

Disposable diapers 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 touches the exterior surface of the storage system during disposal. When cloth diapers are used, a separate leak-proof storage system shall be used. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use. Additionally, children’s hands must be washed with soap and running water after contact with any blood, feces or urine, and staff must wash their hands with soap and running water after contact with any body fluids. (8VAC20-790-760)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. (8VAC20-790-250)**

When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-790-380)

Children’s hands are washed with soap and running water after any contact with blood, feces or urine, and caregiver’s hands are washed with liquid soap and

running water after contact with any body fluids. (8VAC20-790-390)

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. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use. (8VAC20-790-390)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids.** (8VAC20-790-250)

When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-790-380)

Children's hands are washed with soap and running water after any contact with blood, feces or urine, and caregiver's hands are washed with liquid soap and running water after contact with any body fluids. (8VAC20-790-390)

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. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use. (8VAC20-790-390)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.8.b.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes handling and storage of hazardous materials and appropriate disposal of diapers and other items contaminated with body fluids. Additionally, there must always be at least one staff on duty who has obtained instruction within the last three years in performing a daily health observation of children that includes staff occupational health and safety practices in accordance with OSHA bloodborne pathogens regulation. (8VAC20-790-600)

When any surface has been contaminated with body fluids, it shall be cleaned and sanitized. (8VAC20-790-750)

Disposable diapers 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 touches the exterior surface of the storage system during disposal. When cloth diapers are used, a separate leak-proof storage system shall be used. Toilet chairs shall be emptied promptly and cleaned and sanitized after each use. Additionally, children's hands must be washed with soap and running water after contact with any blood, feces or urine, and staff must wash their hands with soap and running water after contact with any body fluids. (8VAC20-790-760)

5.3.9 Precautions in transporting children health and safety standard

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

- i. All CCDF-eligible licensed center care. Provide the standard: **Staff records must contain documentation to demonstrate that the individual possesses the education, certification and experience required of the position, which would include a valid driver's license for drivers.** (8VAC20-780-70)

Staff who transport children shall disclose all moving traffic violations that occurred five years prior to or during employment or assignment as a driver. (8VAC20-780-180)

Staff are required to complete the Department's sponsored orientation (i.e., Virginia Preservice Training) within 90 days of employment, which includes transportation. Staff must also complete facility specific orientation on and be provided in writing information prior to working alone with children and within seven days of employment that covers precautions in transporting children. (8VAC20-780-240 and 8VAC20-790-600)

Before the child's first day of attending, parents must be provided in writing, information on the center's transportation policy. (8VAC20-780-420)

At least one staff in each area where children are present, including during transportation, shall have current first aid and CPR certification. (8VAC20-780-530)

First aid supplies must be available on field trips, in vehicles used to transport children, and wherever children are in care. (8VAC20-780-540 and 8VAC20-790-780)

The center must keep a document in vehicles used to transport children that contains local emergency contact information, potential shelters, hospitals, evacuation routes that pertain to each site frequently visited or of routes frequently driven by center staff for business, field trips or to pick up and drop off children. (8VAC20-780-550)

Centers are responsible from the time the child boards a vehicle until returned to a parent or designee. Staff who transport children must be at least 18 years of age and possess a valid driver's license to operate the vehicle being driven. Safety belts and child restraints as required by the Code of Virginia must be followed; the stated maximum number of passengers in a vehicle cannot be exceeded. Children shall remain seated with arms, legs and head remaining in the vehicle. Doors must be properly closed and locked, 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, as well as emergency numbers and the center's contact information. Vehicles used by the center for the transportation of children must be manufactured for the purpose of transporting people seated in an enclosed area; have seats that are attached to the floor; be insured with at least the minimum limits established by Virginia state statutes; meet the safety standards set by the Department of Motor Vehicles; and be kept in satisfactory condition to assure the safety of children. If volunteers supply personal vehicles, the center is responsible for ensuring that vehicle requirements are met. Children are required to enter and leave the vehicle from the curb side of the vehicle or in a protected parking area or driveway. One staff or adult in addition to driver is needed when 16 or more preschool or younger children are being transported. There shall be a communication plan between the center staff and staff who are transporting children. Children are removed from the vehicle at the conclusion of any trip. Parents must give written permission to transport children. (8VAC20-780-580 and 8VAC20-790-830)

Therapeutic child day programs and special needs child day programs providing transportation have additional transportation requirements. They must ensure that non ambulatory children are transported in a vehicle which is equipped with a ramp or hydraulic lift to allow entry and exit. Arrangements of wheelchairs in a vehicle shall not impede access to exits, and wheelchairs shall be equipped with restraining devices and shall be securely fastened to the floor when used to seat children in a vehicle. The center shall develop a plan based on the needs of the children in care to assure their safe supervision during on-loading, off-loading and transporting. When 16 or more children are being transported, there shall be at least one center aide or adult besides the driver, for each group of 16. If a child has a known seizure disorder or neurological, genetic or physiological disability causing increased medical risk and that child is being transported, one center aide or adult who is not the driver and who is trained in CPR shall be present in the vehicle. (8VAC20-780-590)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes transportation. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment that covers transportation. (8VAC20-790-250)

Caregivers, including providers, substitute providers, and assistants left alone with children must have current certification in first aid and CPR. (8VAC20-800-140 and

8VAC20-800-150)

Smoking and the use of electronic smoking devices are prohibited in vehicles when children are being transported. No caregiver can be under the effects of medication that impairs functioning, alcohol or illegal drugs. (8VAC20-800-470 and 8VAC20-790-270)

First aid supplies must be available on field trips, in vehicles used to transport children, and wherever children are in care. (8VAC20-800-760)

Parents must give written permission to transport children. (8VAC20-800-980)

Drivers must be at least 18 years of age and possess a valid driver's license to operate the vehicle being driven. They must ensure during transportation that they have the contact information of the home, a copy of the parent's permission to transport, a copy of each child's emergency contact information, emergency first aid supplies, and a mechanism for making telephone calls to emergency responders and parents. (8VAC20-800-990 and 8VAC20-790-460)

Vehicles used for the transportation of children must meet the safety standards set by the Department of Motor Vehicles; be kept in satisfactory condition to assure the safety of children; is insured according to state law; be manufactured for the purpose of transporting people seated in an enclosed area; and have seats that are attached to the floor. (8VAC20-800-1000)

During transportation, safety belts and child restraints as required by the Code of Virginia must be followed; children remain seated and their arms, legs and head must remain in the vehicle; and doors must be properly closed and locked. Additionally, children may not be left unattended inside or outside of a vehicle, and children must board and leave from the curbside of the street. (8VAC20-800-1010 and 8VAC20-790-460)

Vendors are responsible from the time the child boards a vehicle until returned to a parent or designee. If volunteers supply personal vehicles, the center is responsible for ensuring that vehicle requirements are met. Caregivers shall have a list of the children being transported and any allergy care plans. (8VAC20-790-460)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes transportation. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment that covers transportation. (8VAC20-790-250)**

Caregivers, including providers, substitute providers, and assistants left alone with children must have current certification in first aid and CPR. (8VAC20-800-140 and 8VAC20-800-150)

Smoking and the use of electronic smoking devices are prohibited in vehicles when children are being transported. No caregiver can be under the effects of medication that impairs functioning, alcohol or illegal drugs. (8VAC20-800-470 and 8VAC20-790-270)

First aid supplies must be available on field trips, in vehicles used to transport children, and wherever children are in care. (8VAC20-800-760)

Parents must give written permission to transport children. (8VAC20-800-980)

Drivers must be at least 18 years of age and possess a valid driver's license to operate the vehicle being driven. They must ensure during transportation that they have the contact information of the home, a copy of the parent's permission to transport, a copy of each child's emergency contact information, emergency first aid supplies, and a mechanism for making telephone calls to emergency responders and parents. (8VAC20-800-990 and 8VAC20-790-460)

Vehicles used for the transportation of children must meet the safety standards set by the Department of Motor Vehicles; be kept in satisfactory condition to assure the safety of children; is insured according to state law; be manufactured for the purpose of transporting people seated in an enclosed area; and have seats that are attached to the floor. (8VAC20-800-1000)

During transportation, safety belts and child restraints as required by the Code of Virginia must be followed; children remain seated and their arms, legs and head must remain in the vehicle; and doors must be properly closed and locked. Additionally, children may not be left unattended inside or outside of a vehicle, and children must board and leave from the curbside of the street. (8VAC20-800-1010 and 8VAC20-790-460)

Vendors are responsible from the time the child boards a vehicle until returned to a parent or designee. If volunteers supply personal vehicles, the center is responsible for ensuring that vehicle requirements are met. Caregivers shall have a list of the children being transported and any allergy care plans. (8VAC20-790-460)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Children's records must contain parents written permission to transport the child if transportation is provided.** (8VAC20-790-540)

Staff records must contain documentation of certifications required by the responsibilities held by the staff member, which would include a valid driver's license for drivers. (8VAC20-790-550)

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes transportation. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes transportation. Additionally, staff who work directly with children must have current first aid and CPR certification within 90 days of employment. (8VAC20-790-600)

Smoking and the use of electronic smoking devices are prohibited in vehicles when children are being transported. (8VAC20-790-640)

First aid supplies must be available on field trips, in vehicles used for transportation, and wherever children are in care. (8VAC20-790-780)

Vendors are responsible from the time the child boards a vehicle until returned to a parent or designee. Staff who transport children must be at least 18 years of age and possess a valid driver's license to operate the vehicle being driven. Safety belts and child restraints as required by the Code of Virginia must be followed; the stated maximum number of passengers in a vehicle cannot be exceeded. Children shall remain seated with arms, legs and head remaining in the vehicle. Doors must be properly closed and locked, 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. Vehicles used by the center for the transportation of children must be manufactured for the purpose of transporting people seated in an enclosed area; have seats that are attached to the floor; be insured with at least the minimum limits established by Virginia state statutes; meet the safety standards set by the Department of Motor Vehicles; and be kept in satisfactory condition to assure the safety of children. If volunteers supply personal vehicles, the center is responsible for ensuring that vehicle requirements are met. Children are required to enter and leave the vehicle from the curb side of the vehicle or in a protected parking area or driveway. Children are removed from the vehicle at the conclusion of any trip. (8VAC20-790-830)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: Parents written permission to transport children must be on file. (8VAC20-790-190)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes transportation. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment that covers transportation. All caregivers must have current certification in first aid and CPR within 90 days of employment. (8VAC20-790-250)

Smoking and the use of electronic smoking devices are prohibited in vehicles when children are being transported. No caregiver can be under the effects of medication that impairs functioning, alcohol or illegal drugs. (8VAC20-790-270)

First aid supplies must be available on field trips, in vehicles used to transport children, and wherever children are in care. (8VAC20-790-410)

Vendors are responsible from the time the child boards a vehicle until returned to a parent or designee. Drivers must be at least 18 years of age and possess a valid driver's license to operate the vehicle being driven. They must ensure during transportation that safety belts and child restraints as required by the Code of Virginia must be followed; the stated maximum number of passengers in a given vehicle is not exceeded; children remain seated and their arms, legs and head must remain in the vehicle; doors must be properly closed and locked; and at least one caregiver or the driver always remains in the vehicle when children are present. They must also have a list of the children being transported, a copy of each child's emergency contact information, and any allergy care plans. Vehicles used for the transportation of children must meet the safety standards set by the Department of Motor Vehicles; be kept in satisfactory condition to assure the safety of children; is insured according to state law; be manufactured for the purpose of transporting people seated in an enclosed area; and have seats that are attached to the floor. Additionally, children must enter and leave the vehicle from the curb side of the vehicle or in a protected parking area or driveway. Caregivers shall verify all children have been removed from the vehicle at the conclusion of any trip. (8VAC20-790-460)

- vi. **All CCDF-eligible license-exempt in-home care. Provide the standard: Parents written permission to transport children must be on file. (8VAC20-790-190)**

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes transportation. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment that covers transportation. All caregivers must have current certification in first aid and CPR within 90 days of employment. (8VAC20-790-250)

Smoking and the use of electronic smoking devices are prohibited in vehicles when children are being transported. No caregiver can be under the effects of medication that impairs functioning, alcohol or illegal drugs. (8VAC20-790-270)

First aid supplies must be available on field trips, in vehicles used to transport children, and wherever children are in care. (8VAC20-790-410)

Vendors are responsible from the time the child boards a vehicle until returned to a parent or designee. Drivers must be at least 18 years of age and possess a valid driver's license to operate the vehicle being driven. They must ensure during transportation that safety belts and child restraints as required by the Code of Virginia must be followed; the stated maximum number of passengers in a given vehicle is not exceeded; children remain seated and their arms, legs and head

must remain in the vehicle; doors must be properly closed and locked; and at least one caregiver or the driver always remains in the vehicle when children are present. They must also have a list of the children being transported, a copy of each child's emergency contact information, and any allergy care plans. Vehicles used for the transportation of children must meet the safety standards set by the Department of Motor Vehicles; be kept in satisfactory condition to assure the safety of children; is insured according to state law; be manufactured for the purpose of transporting people seated in an enclosed area; and have seats that are attached to the floor. Additionally, children must enter and leave the vehicle from the curb side of the vehicle or in a protected parking area or driveway. Caregivers shall verify all children have been removed from the vehicle at the conclusion of any trip. (8VAC20-790-460)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.9.a.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

Children's records must contain parents written permission to transport the child if transportation is provided. (8VAC20-790-540)

Staff records must contain documentation of certifications required by the responsibilities held by the staff member, which would include a valid driver's license for drivers. (8VAC20-790-550)

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes transportation. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes transportation. Additionally, staff who work directly with children must have current first aid and CPR certification within 90 days of employment. (8VAC20-790-600)

Smoking and the use of electronic smoking devices are prohibited in vehicles when children are being transported. (8VAC20-790-640)

First aid supplies must be available on field trips, in vehicles used for transportation, and wherever children are in care. (8VAC20-790-780)

Vendors are responsible from the time the child boards a vehicle until returned to a parent or designee. Staff who transport children must be at least 18 years of age and possess a valid driver's license to operate the vehicle being driven. Safety belts and child restraints as required by the Code of Virginia must be followed; the stated maximum number of passengers in a vehicle cannot be exceeded. Children shall remain seated with arms, legs and head remaining in the vehicle. Doors must be properly closed and locked, 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. Vehicles used by the center for the transportation of children must be manufactured for the purpose of transporting people seated in an enclosed area; have seats that are attached to the floor; be insured with at least the minimum limits established by Virginia state statutes; meet the safety standards set by the Department of Motor Vehicles; and be kept in satisfactory condition to assure the safety of children. If volunteers supply personal vehicles, the center is responsible for ensuring that vehicle requirements are met. Children are required to enter and leave the vehicle from the curb side of the vehicle or in a protected parking area or driveway. Children are removed from the vehicle at the conclusion of any trip. (8VAC20-790-830)

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

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Within 30 days of the first day of employment, staff must complete orientation training in first aid, as appropriate to the age of the children in care. Staff must also receive information in writing prior to working alone with children and within seven days of employment regarding procedures for injured children and medical emergencies. (8VAC20-780-240)**

At least one staff in each classroom or area where children are present shall have current certification in first aid. There must always be at least two staff members with current certification in first aid present on the premises during the center's hours of operation, on field trips, and wherever children are in care. Primitive camps shall have a staff member on the premises during the hours of operation who has at least current certification in first responder training. (8VAC20-780-530)

A first aid kit and ice pack or cooling agent are required on each floor of each building used by children, accessible to outdoor play areas, on field trips, in vehicles used for transportation, and wherever children are in care. (8VAC20-780-540 and 8VAC20-790-780)

All staff who work directly with children shall have within 90 days of employment or 90 days from subsidy vendor approval, current certification in first aid appropriate to the ages of children in care. However, a staff 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. (8VAC20-790-600)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Providers, substitute providers, and any assistants left alone with children in care**

must maintain current certification in first aid. 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. (8VAC20-800-140 and 8VAC20-800-150)

Caregivers must receive orientation by the end of their first week of assuming job responsibilities, to include the location of the first aid kit and emergency supplies. (8VAC20-800-200)

The provider shall notify a parent the same day whenever first aid is administered to a child. (8VAC20-800-650)

A first aid kit and ice pack or cooling agent are required in the family day home, accessible to outside play areas, on field trips, in vehicles used for transportation and wherever children are in care. (8VAC20-800-760)

The provider shall record in each child's record an injury or accident sustained by a child while at the family day home that requires first aid. (8VAC20-800-840)

All caregivers shall have within 90 days of employment or 90 days from vendor approval, current certification in first aid. (8VAC20-790-250)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Providers, substitute providers, and any assistants left alone with children in care must maintain current certification in first aid. 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. (8VAC20-800-140 and 8VAC20-800-150)**

Caregivers must receive orientation by the end of their first week of assuming job responsibilities, to include the location of the first aid kit and emergency supplies. (8VAC20-800-200)

The provider shall notify a parent the same day whenever first aid is administered to a child. (8VAC20-800-650)

A first aid kit and ice pack or cooling agent are required in the family day home, accessible to outside play areas, on field trips, in vehicles used for transportation and wherever children are in care. (8VAC20-800-760)

The provider shall record in each child's record an injury or accident sustained by a child while at the family day home that requires first aid. (8VAC20-800-840)

All caregivers shall have within 90 days of employment or 90 days from vendor approval, current certification in first aid. (8VAC20-790-250)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **All staff who work directly with children shall have within 90 days of employment or 90 days from subsidy vendor approval, current certification in first aid appropriate to the ages of children in care. However, a staff 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 staff with current first aid training present during operating hours of the center. (8VAC20-790-600)**

A first aid kit and ice pack or cooling agent are required on each floor of each building used by children, accessible to outdoor play areas, on field trips, in vehicles used for transportation, and wherever children are in care. (8VAC20-790-780)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All caregivers shall have within 90 days of employment or 90 days from vendor approval, current certification in first aid. However, a staff 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 first aid training present during operating hours of the family day home. (8VAC20-790-250)**

A first aid kit and ice pack or cooling agent are required in the family day home, accessible to outside play areas, on field trips, in vehicles used for transportation and wherever children are in care. (8VAC20-790-410)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All caregivers shall have within 90 days of employment or 90 days from vendor approval, current certification in first aid. However, a staff 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 first aid training present during operating hours of the family day home. (8VAC20-790-250)**

A first aid kit and ice pack or cooling agent are required in the family day home, accessible to outside play areas, on field trips, in vehicles used for transportation and wherever children are in care. (8VAC20-790-410)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.10.a.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

All staff who work directly with children shall have within 90 days of employment

or 90 days from subsidy vendor approval, current certification in first aid appropriate to the ages of children in care. However, a staff 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 staff with current first aid training present during operating hours of the center. (8VAC20-790-600)

A first aid kit and ice pack or cooling agent are required on each floor of each building used by children, accessible to outdoor play areas, on field trips, in vehicles used for transportation, and wherever children are in care. (8VAC20-790-780)

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Within 30 days of the first day of employment, staff must complete orientation training in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care. Staff must also receive information in writing prior to working alone with children and within seven days of employment regarding procedures for injured children and medical emergencies.** (8VAC20-780-240)

At least one staff in each classroom or area where children are present shall have current certification in CPR. There must always be at least two staff members present with current CPR certification on the premises during the center's hours of operation, on field trips, and wherever children are in care. Primitive camps shall have a staff member on the premises during the hours of operation who has at least current certification in first responder training. (8VAC20-780-530)

All staff who work directly with children shall have within 90 days of employment or 90 days from subsidy vendor approval, current certification in CPR appropriate to the ages of children in care. The training shall include an in-person competency demonstration. (8VAC20-790-600)

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Providers, substitute providers, and any assistants left alone with children in care must maintain current certification in cardiopulmonary resuscitation (CPR).** (8VAC20-800-140 and 8VAC20-800-150)

All caregivers shall have within 90 days of employment or 90 days from vendor approval, current certification in CPR appropriate to the ages of children in care. (8VAC20-790-250)

iii. All CCDF-eligible licensed in-home care. Provide the standard: **Providers, substitute providers, and any assistants left alone with children in care must maintain current certification in cardiopulmonary resuscitation (CPR).** (8VAC20-

800-140 and 8VAC20-800-150)

All caregivers shall have within 90 days of employment or 90 days from vendor approval, current certification in CPR appropriate to the ages of children in care. (8VAC20-790-250)

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **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. During the 90-day period, there must always be at least one staff with current CPR present during operating hours of the center. (8VAC20-790-600)**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All caregivers shall have within 90 days of employment or 90 days from vendor approval, current certification in cardiopulmonary resuscitation (CPR) appropriate to the ages of children in care. During the 90-day period, there must always be at least one caregiver with current CPR training present during operating hours of the family day home. (8VAC20-790-250)**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All caregivers shall have within 90 days of employment or 90 days from vendor approval, current certification in cardiopulmonary resuscitation (CPR) appropriate to the ages of children in care. During the 90-day period, there must always be at least one caregiver with current CPR training present during operating hours of the family day home. (8VAC20-790-250)**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.10.b.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

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. During the 90-day period, there must always be at least one staff with current CPR present during operating hours of the center. (8VAC20-790-600)

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

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

- i. All CCDF-eligible licensed center care. Provide the standard: **Staff are required to complete the Department’s sponsored orientation (i.e., Virginia Preservice Training) within 90 days of employment, which includes recognizing child abuse and neglect. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes recognizing child abuse and neglect. (8VAC20-780-240 and 8VAC20-790-600)**

Staff who do not work in a group of children at the center shall be required to complete annual training on child abuse and neglect. (8VAC20-780-245)

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing child abuse and neglect. (8VAC20-790-250)**

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing child abuse and neglect. (8VAC20-790-250)**

[] Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing child abuse and neglect. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes recognizing child abuse and neglect. (8VAC20-790-600)**

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing child abuse and neglect. (8VAC20-790-250)**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing child abuse and neglect. (8VAC20-790-250)**

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.11.a.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes recognizing child abuse and neglect. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes recognizing child abuse and

neglect. (8VAC20-790-600)

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

i. All CCDF-eligible licensed center care. Provide the standard: **In the state of Virginia, all teachers and other persons employed by a public or private school or child day program, any person providing full-time or part-time child care for pay on a regularly planned basis, and any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children, are "mandated reporters," and are required by law to report suspected child abuse and neglect. (§ 63.2-1509 A)**

Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia. (8VAC20-780-80 and 8VAC20-790-570)

Staff are required to complete the Department's sponsored orientation (i.e., Virginia Preservice Training) within 90 days of employment, which includes reporting child abuse and neglect. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes the legal requirements for reporting suspected child abuse and neglect as required by the Code of Virginia. (8VAC20-780-240 and 8VAC20-790-600)

Staff who do not work in a group of children at the center shall be required to complete annual training on being a mandated reporter. (8VAC20-780-245)

Before the child's first day of attendance, parents shall be provided in writing with information on the center's policy for reporting suspected child abuse as required by the Code of Virginia. (8VAC20-780-420)

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **In the state of Virginia, all teachers and other persons employed by a public or private school or child day program, any person providing full-time or part-time child care for pay on a regularly planned basis, and any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children, are "mandated reporters," and are required by law to report suspected child abuse and neglect. (§ 63.2-1509 A)**

Before the child's first day of attendance, parents shall be provided in writing that paid caregivers are required to report suspected child abuse and neglect as required by the Code of Virginia. (8VAC20-800-70)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes reporting child abuse and neglect. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes reporting suspected

child abuse and neglect. (8VAC20-800-200 and 8VAC20-790-250)

Caregivers shall immediately call the local department of social services or the child abuse and neglect hotline whenever there is reason to suspect child abuse or neglect. (8VAC20-800-860)

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **In the state of Virginia, all teachers and other persons employed by a public or private school or child day program, any person providing full-time or part-time child care for pay on a regularly planned basis, and any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children, are "mandated reporters," and are required by law to report suspected child abuse and neglect. (§ 63.2-1509 A)**

Before the child's first day of attendance, parents shall be provided in writing that paid caregivers are required to report suspected child abuse and neglect as required by the Code of Virginia. (8VAC20-800-70)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes reporting child abuse and neglect. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes reporting suspected child abuse and neglect. (8VAC20-800-200 and 8VAC20-790-250)

Caregivers shall immediately call the local department of social services or the child abuse and neglect hotline whenever there is reason to suspect child abuse or neglect. (8VAC20-800-860)

Not applicable.

- iv. All CCDF-eligible license-exempt center care. Provide the standard: **In the state of Virginia, all teachers and other persons employed by a public or private school or child day program, any person providing full-time or part-time child care for pay on a regularly planned basis, and any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children, are "mandated reporters," and are required by law to report suspected child abuse and neglect. (§ 63.2-1509 A)**

Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia. (8VAC20-790-570)

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes reporting child abuse and neglect. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes the legal requirements for reporting suspected child abuse and neglect as required by the Code of Virginia.

(8VAC20-790-600)

- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **In the state of Virginia, all teachers and other persons employed by a public or private school or child day program, any person providing full-time or part-time child care for pay on a regularly planned basis, and any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children, are "mandated reporters," and are required by law to report suspected child abuse and neglect. (§ 63.2-1509 A)**

Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia. (8VAC20-790-220)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes reporting child abuse and neglect. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes reporting suspected child abuse and neglect. (8VAC20-790-250)

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **In the state of Virginia, all teachers and other persons employed by a public or private school or child day program, any person providing full-time or part-time child care for pay on a regularly planned basis, and any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children, are "mandated reporters," and are required by law to report suspected child abuse and neglect. (§ 63.2-1509 A)**

Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia. (8VAC20-790-220)

Caregivers are required to complete the Virginia Preservice Training within 90 days of employment, which includes reporting child abuse and neglect. Caregivers must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes reporting suspected child abuse and neglect. (8VAC20-790-250)

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Licensed CCDF eligible out-of-school programs must meet all standards identified previously in 5.3.11.b.i.**

CCDF eligible out-of-school programs exempt from licensure must meet the following standards:

In the state of Virginia, all teachers and other persons employed by a public or private school or child day program, any person providing full-time or part-time

child care for pay on a regularly planned basis, and any person 18 years of age or older associated with or employed by any public or private organization responsible for the care, custody or control of children, are "mandated reporters," and are required by law to report suspected child abuse and neglect. (§ 63.2-1509 A)

Any suspected incident of child abuse or neglect shall be reported in accordance with § 63.2-1509 of the Code of Virginia. (8VAC20-790-570)

Staff are required to complete the Virginia Preservice Training within 90 days of employment, which includes reporting child abuse and neglect. Staff must also complete facility specific orientation prior to working alone with children and within seven days of employment that includes the legal requirements for reporting suspected child abuse and neglect as required by the Code of Virginia. (8VAC20-790-600)

- c. Confirm if child care providers must comply with the [Lead Agency's](#) procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

Yes, confirmed.

No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe: **Home-based and center-based vendors must ensure drinking water is accessible to all children. Vendors providing meals or snacks shall serve a variety of nutritious foods and sufficient portions. When food is brought from home, a subsidy vendor shall ensure the food container is labeled to identify the owner, and 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. Food shall be prepared, stored, transported and served in a clean and sanitary manner. When food is prepared to which a child in care is allergic, staff shall take**

steps to avoid cross contamination in order to prevent an allergic reaction. 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. (8VAC20-790-440 and 8VAC20-790-810)

In home-based and center-based programs, highchairs, infant carrier seats, or feeding tables shall be used for children less than 12 months who are not held while being fed. Bottle fed infants who cannot hold their own bottles shall be held when fed. Bottles shall not be propped or used while the child is in his designated sleeping location. Infants shall be fed on demand or in accordance with parental instructions. Prepared infant formula shall be refrigerated, dated, and labeled with the child's name if more than one infant is in care. Heated formula and baby food shall be stirred or shaken and tested for temperature before serving to children. Milk, formula, or breast milk shall not be heated or warmed directly in a microwave. Formula or breast milk shall not remain unrefrigerated for more than two hours and may not be reheated. Prepared baby food not consumed during that feeding by an infant may be used by that same infant later in the same day, provided that the food is not served out of the baby jar and is labeled with the child's name, dated, and stored in the refrigerator; otherwise, it shall be discarded or returned to the parent at the end of the day. (8VAC20-790-450 and 8VAC20-790-820)

Home-based vendors shall require that caregivers feed semisolid food with a spoon unless written instructions from a physician or physician's designee state differently. (8VAC20-790-450)

Home-based and center-based caregivers and staff who work with children that have food allergies shall receive training in preventing exposure to foods to which the child is allergic, preventing cross contamination, and recognizing and responding to any allergic reactions. (8VAC20-790-250 and 8VAC20-790-600)

Home-based and center-based vendors shall ensure children’s hands are washed with soap and running water or disposable wipes before and after eating, and staff must wash their hands before preparing or serving food or beverages and before feeding or helping children with feeding. (8VAC20-790-390 and 8VAC20-790-760)

Center based vendors who serve food must receive an initial inspection from the local health department for food service, and annual inspections thereafter. (8VAC20-790-610 and 8VAC20-790-620)

Home-based and center-based vendors may not withhold food or water from children. (8VAC20-790-340 and 8VAC20-790-710)

- ii. Access to physical activity. Describe: Home-based and center-based vendors must ensure caregivers and staff complete orientation prior to working alone with children and within seven days of employment that includes playground safety procedures. (8VAC20-790-250 and 8VAC20-790-600)

Center-based vendors must provide a variety of daily activities that are age and stage appropriate and provide opportunities for outdoor activities. Infants are provided frequent opportunities to creep, crawl, toddle and walk. Infants who cannot turn themselves over and are awake shall be placed on their stomachs for at least 30 minutes each day to facilitate upper body strength. (8VAC20-790-690)

Home-based vendors must ensure infants and toddlers have opportunities to reach, grasp, pull up, creep, crawl, and walk to develop motor skills. (8VAC20-790-320)

Licensed homes must provide daily age-appropriate activities that include opportunities for vigorous outdoor play, depending on the weather, ages,

and the health of the children. (8VAC20-800-580)

Licensed centers must provide outdoor time if weather and air quality allow for infants, toddlers, preschoolers and school age children. Toddlers and preschools must receive outdoor activity for at least 15 minutes if the center operates up to three hours a day, 30 minutes if the center operates between three and five hours a day, and one hour if the center operates more than five hours per day. On non-school days, school age children must receive the same amount of outdoor time as toddlers and preschool children, and on school days and non-school days, school age children shall have an opportunity for large motor activities at least 25% of the time. (8VAC20-780-370, 8VAC20-780-380 and 8VAC20-780-390).

Licensed homes must provide each child with adequate space to allow free movement and active play indoors and out. (8VAC20-800-380)

- iii. Caring for children with special needs. Describe: Home-based and center-based vendors must maintain children’s records that contain information on physical problems, pertinent developmental information, and any special accommodations needed, as well as special care instructions, including recommendations for the care and activities of a child with special needs. (8VAC20-790-190 and 8VAC20-790-540)

Home-based and center-based vendors must ensure 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. (8VAC20-790-420 and 8VAC20-790-790)

Licensed centers have requirements specific to programs that serve only children with special needs that address enrollment procedures, individual assessments, service plans, specialized qualifications and training for staff, reduced staff-to-child ratios, and additional transportation requirements.

(8VAC20-780-100, 8VAC20-780-110, 8VAC20-780-120, 8VAC20-780-180, 8VAC20-780-190, 8VAC20-780-210, 8VAC20-780-240, 8VAC20-780-245, 8VAC20-780-355, and 8VAC20-780-590)

Licensed homes must ensure that caregivers provide a child with special needs with the care and activities recommended in writing by a physician, psychologist, or other professional who has evaluated or treated the child. The written recommendation shall include instructions for any special treatment, diet, or restrictions in activities that are necessary for the health of the child; and be maintained in the child's record. The provider shall ensure the environment is appropriate for the child based on the plan of care and shall instruct other caregivers in the proper techniques of care. Caregivers shall perform only those procedures and treatments for which they the necessary training, experience, credentials, or license to perform. Staffing shall be appropriate and adequate to meet the specific physical and developmental needs of a child with special needs in care, which is mutually determined by the provider and parent based on the child's chronological and functional age and degree of disability. Within 30 days of the child's enrollment, the provider shall provide the department's representative a written recommendation for the level of staffing necessary to care for and supervise the child, and the department makes the final decision regarding the level of staffing or any capacity limitations necessary to care for, supervise, and protect all children in care when a child with special needs is receiving care. A separate area shall be provided for the purpose of privacy for diapering, dressing, and other personal care procedures for a child above age three with special needs who requires assistance in these activities. (8VAC20-800-620)

- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe: **Home-based and center-based vendors must ensure children's information is treated confidentially. Vendors must maintain a written record of daily attendance that documents**

the arrival and departure of each child as it occurs. (8VAC20-790-180 and 8VAC20-790-530)

Home-based and center-based vendors must ensure children's records must contain contact information for parents, an emergency contact person, names of persons other than the custodial parents who are authorized to pick up the child, written authorization for emergency medical care from parent if the parent cannot be located immediately unless the parent objects in writing to the provision of such care on religious or other grounds, and permission for swimming or wading activities to include a parent's statement of the child's swimming ability. (8VAC20-790-190 and 8VAC20-790-540)

Home-based and center-based vendors must ensure caregivers and staff complete the Virginia Preservice Training within 90 days of beginning employment, which includes foundations of child development and oral health. Caregivers and staff also must complete orientation prior to working alone with children and within seven days of employment that includes confidentiality, supervision of children, including arrival and dismissal procedures, procedures to take in case of a lost or missing child. Caregivers and staff are required to complete the Department's annual health and safety update course each year, which currently covers supervision during age-appropriate meals, supervision during learning and play times, transportation safety and supervision, and supervision during diapering and bathroom times. (8VAC20-790-250 and 8VAC20-790-600)

Home-based vendors must provide infants and toddlers with opportunities to interact with caregivers and other children in the home in order to stimulate language development, play with a wide variety of safe, age-appropriate toys, and receive individual attention from caregivers including holding, cuddling, talking, and reading. (8VAC20-790-320)

Center-based vendors must provide a variety of daily activities that are age

and stage appropriate and provide opportunities for teacher-directed, self-directed, and self-chosen tasks and activities; a balance of active and quiet activities; indoor and outdoor activities; individual and group activities; and curiosity and exploration. (8VAC20-790-690)

Center-based vendors at least semiannually must provide parents in writing information on their child's behavior, development, adjustment, and needs. (8VAC20-790-720)

Home-based vendors must ensure that caregivers are physically present on site and provide direct care and supervision of each child at all times. Caregivers shall actively supervise each child during outdoor play to minimize the risk of injury to a child. (8VAC20-790-300)

Center-based vendors must ensure that children are within sight and sound supervision. When the outdoor activity area is not adjacent to the center, there shall be at least two staff members in the outdoor activity area whenever one or more children are present. Staff shall not allow a child to leave the center unsupervised. (8VAC20-790-670)

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

| | Is this standard addressed in the pre-service or orientation training? | Is the pre-service or orientation training on this standard appropriate to different settings and age groups? | Does the Lead Agency require staff to complete the training before caring for children unsupervised? |
|---|--|---|--|
| a. Prevention and control of infectious diseases (including immunizations) | [x] | [x] | [] |
| b. SIDS prevention and use of safe sleep practices | [x] | [x] | [x] |
| c. Administration of medication | [x] | [x] | [x] |
| d. Prevention and response to food and allergic reactions | [x] | [x] | [x] |
| e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic | [x] | [x] | [] |
| f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment | [x] | [x] | [x] |
| g. Emergency preparedness and response planning and procedures | [] | [] | [] |
| h. Handling and storage of hazardous materials and disposal of biocontaminants | [x] | [x] | [] |
| i. Appropriate Precautions in transporting children, if applicable | [x] | [x] | [x] |
| j. Pediatric first aid and pediatric CPR (age- | [x] | [x] | [] |

| | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| appropriate) | | | |
| k. Child abuse and neglect recognition and reporting | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **VDOE was notified of possible non-compliance with this provision on June 28, 2023. The current pre-service training does not include all required components of emergency preparedness and response for volunteers in Child Care Centers or Family Day Homes. VDOE is actively pursuing legislatively directed revisions with the vendor that administers this training and will address these areas of non-compliance during this time. Additional time is needed to come into compliance.**

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **All licensed center-based providers (child day centers)**

receive at least two unannounced inspections per year to address compliance with health, safety, and fire standards. (§ 22.1-289.018)

All licensing standards within Chapter 780 and subsidy requirements within Chapter 790 are checked for compliance during the two inspections; however, the preliminary notice issued by OCC on June 28, 2023, indicated possible noncompliance in this area because the lead agency cannot monitor compliance with all required CCDF health and safety topics because certain requirements do not exist within these Chapters. Currently the lead agency does not monitor for volunteer emergency preparedness practice drills, group size limits for school age, and all the health and safety topics required in the Pre-service/orientation training related to volunteer emergency preparedness practice drills, because we do not have corresponding standards for centers. The lead agency is in the process of revising the Standards for Licensed Child Day Centers, which will add these additional requirements. The draft Standards have undergone the first review by the Board of Education but still have to go through a final review and then follow the regulatory process, which will not be completed by October 1, 2024.

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **All licensed facilities are inspected at least twice a year for compliance with health and safety standards per Virginia statute and regulations. These inspections are unannounced. Each health and safety standard is reviewed to determine if the facility complies with the requirement. If there is noncompliance, a violation of the applicable requirement is cited. Regulations are scored as met or unmet, and a risk score is assigned if applicable. A violation notice detailing any findings of non-compliance is written and shared with the facility and posted on the public website. Technical assistance is also provided to clarify regulations and improve service delivery.**

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **The Virginia Department of Education, Office of Child Care Health and Safety completes the inspections for licensed center-based providers (child day centers).**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **All licensed family child care homes (family day homes) receive at least two unannounced inspections per year to address compliance with health, safety, and fire standards. (§ 22.1-289.018)**

All licensing standards within Chapter 800 and subsidy requirements within Chapter 790 are checked for compliance during the two inspections; however, the preliminary notice issued by OCC on June 28, 2023, indicated possible noncompliance in this area because the lead agency cannot monitor compliance with all required CCDF health and safety topics because certain requirements do not exist within these Chapters. Currently the lead agency does not monitor for volunteer emergency preparedness training and practice drills, and all the health and safety topics required in the Pre-service/orientation training related to volunteer emergency preparedness training and practice drills, because we do not have corresponding standards for homes. The lead agency will have to amend the Standards for Licensed Family Day Homes (Chapter 800) or the Child Care Program (Chapter 790) before these additional requirements can be added. Amending regulations has to follow the regulatory process, which is a lengthy process and will not be completed by October 1, 2024.

iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **All licensed facilities are inspected at least twice a year for compliance with health and safety standards per Virginia statute and regulations. These inspections are unannounced. Each health and safety standard is reviewed to determine if the facility complies with the requirement. If there is noncompliance, a violation of the applicable requirement is cited. Regulations are scored as met or unmet, and a risk score is assigned if applicable. A violation notice detailing any findings of non-compliance is written and shared with the facility and posted on the public website. Technical assistance is also provided to clarify regulations and improve service delivery.**

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **The Virginia Department of Education, Office of Child Care Health and Safety completes the inspections for licensed family child care providers (family day homes).**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

No.

Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

Annually.

More than once a year. If more than once a year, describe: **All licensed in-home child care providers (family day homes) receive at least two unannounced inspections per year to address compliance with health, safety, and fire standards. (§ 22.1-289.018)**

Other. If other, describe:

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **The Virginia Department of Education, Office of Child Care Health and Safety completes the inspections for licensed in-home providers (family day homes).**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers

- i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **All license-exempt CCDF center-based child care providers receive an annual unannounced inspection to address compliance with health, safety, and fire standards. (6.2, Child Care Center Vendor Agreement)**

All subsidy requirements within Chapter 790 are checked for compliance during the annual inspection; however, the preliminary notice issued by OCC on June 28, 2023, indicated possible noncompliance in this area because the lead agency cannot monitor compliance with all required CCDF health and safety topics because certain requirements do not exist within this Chapter. Currently the lead

agency does not monitor for volunteer emergency preparedness practice drills, group size limits for school age, and all the health and safety topics required in the Pre-service/orientation training related to volunteer emergency preparedness practice drills, because we do not have corresponding requirements for centers. The lead agency will have to amend the Child Care Program (Chapter 790) before these additional requirements can be added. Amending regulations has to follow the regulatory process, which is a lengthy process and will not be completed by October 1, 2024.

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **The Virginia Department of Education, Office of Child Care Health and Safety completes the inspections for license-exempt CCDF center-based child care providers.**

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **All license-exempt family child care homes receive an annual unannounced inspection to address compliance with health, safety, and fire standards. (6.2, Family Day Home Vendor Agreement)**

All subsidy requirements within Chapter 790 are checked for compliance during the annual inspection; however, the preliminary notice issued by OCC on June 28, 2023, indicated possible noncompliance in this area because the lead agency cannot monitor compliance with all required CCDF health and safety topics because certain requirements do not exist within this Chapter. Currently the lead agency does not monitor for volunteer emergency preparedness training and practice drills, and all the health and safety topics required in the Pre-service/orientation training related to volunteer emergency preparedness training and practice drills, because we do not have corresponding requirements for homes. The lead agency will have to amend the Child Care Program (Chapter 790) before these additional requirements can be added. Amending regulations has to follow the regulatory process, which is a lengthy process and will not be completed by October 1, 2024.

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **The Virginia Department of Education, Office of Child Care Health and Safety completes the inspections for license-exempt family child care providers.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child’s home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child’s own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **CCDF license-exempt in-home child care providers are inspected at least annually to determine compliance with vendor requirements. Annual inspections are unannounced. Differential monitoring procedures are not used; all health and safety standards are checked for compliance. CCDF license-exempt in-home child care providers also receive inspections if a complaint is received or if the in-home care relocates.**
- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child’s own home) providers: **The Virginia Department of Education, Office of Child Care Health and Safety completes the inspections for license-exempt CCDF in-home child care providers.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider’s failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

- a. Does the Lead Agency post:
 - i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection reports that include areas of non-compliance only,

with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted: **The VDOE was notified of possible non-compliance with full monitoring and inspection reports on June 28, 2023, because the Lead Agency only posts the broad header/categories when addressing areas of compliance. The VDOE currently uses parts within each regulation set as the header/categories, but has proposed alternative topic headers that are more specific, including a statement that unless a violation in the areas reviewed is specified, the program was in compliance at the time of inspection. The proposed changes were sent to the OCC team on 8/22/2024 for review. The VDOE is currently working on upgrading the licensing system, and we are exploring if the specific topics headers can somehow be hyperlinked or if the forms that include every standard/statute within the topic header can be made available to allow the public to easily see what standards are included in the listed areas of standards reviewed. The lead agency will not be in compliance by October of 2024, and instead expects the online portion of the updated system to be ready in the late Spring of 2025.**

- iv. Other. Describe:
- b. Check if the monitoring and inspection reports and any related plain language summaries include:
 - i. Date of inspection.
 - ii. Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: **Inspections are listed by facility name and date. Columns note if the inspection was a subsidy health and safety inspection, if it was complaint related, and whether violations were found. The user can select the date of inspection or the link under the violations column to view the health and safety violations described in the inspection report. Each violation lists the standard or statute number and a description of the violation, which includes language indicating whether the noncompliance resulted in fatalities or serious injuries.**
 - iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **Corrective action plans taken by the lead agency are not listed in inspection findings, but corrective action plans offered by the child care providers are included in the inspection reports.**
 - iv. A minimum of 3 years of results, where available.
 - v. If any of the components above are not selected, please explain: **The VDOE was notified of possible non-compliance with full monitoring and inspection reports on June 28, 2023, because information on corrective action taken by the State, where applicable, is not posted. The inspection reports list corrective action taken by providers, but not actions taken by the state. The VDOE is currently working on upgrading the licensing system, which will allow corrective actions such as administrative sanctions issued, to be posted online. The lead agency will not be**

in compliance by October of 2024, and instead expects the online portion of the updated system to be ready in the late Spring of 2025.

- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted:
<https://www.childcare.virginia.gov/find-care>
Users can enter the facility name, county, zip code or select the type of care they are searching for before selecting "search" to display a list of programs to choose from. The user then can select the program name to view a list of the inspection reports, then selecting the inspection date to view the inspection summary and violation notice or selecting "yes" under the violations column to only view the violation notice
 - ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Inspection reports are entered into the Lead Agency's electronic database system within five (5) business days of completing the inspection unless the inspector is able to complete the report on-site. The provider is then given five (5) business days from receipt of the inspection report to provide a plan of correction, after which the findings are posted on the Lead Agency's public website.**
- d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 Yes.
 No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 Yes.
 No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
 Yes.
 No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **To ensure**

that the Lead Agency's inspectors are qualified to inspect providers and facilities and provide technical assistance to improve services, 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, social, emotional, and health/medical needs of children served in regulated programs; working effectively withing difficult and hostile environments to resolve problems; ability to interpret and apply laws, regulations, policies and procedures; communicating effectively with diverse populations, both orally and in writing, and working collaboratively and cooperatively with others; ability to operate basic office computer systems/programs; and information and evidence collection and analysis techniques.

All newly hired inspectors complete an orientation and training program that covers licensing requirements as well as CCDBG health and safety requirements and the inspection process. Components of this program include licensing-related reading assignments, completing online training sessions, classroom style training sessions, field training, and ongoing competency assessments. Many inspectors have completed training from the National Association for Regulatory Administration (NARA) and attained the National Regulatory Professional Credential in the past, and most inspectors, except for those hired since 2021 have completed the Council on Licensure, Enforcement and Regulation (CLEAR) National Certification for Investigators/Inspectors Training Basic Program course and received certification. All inspectors are required to complete the 10-hour health and safety preservice orientation. Staff has ongoing professional development plans and receives training throughout the year, both online and in person, and are required to complete at least 10 hours of job-related training annually. Documentation of training is maintained in staff files.

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **Inspector caseloads are limited to 60 facilities per inspector except when temporary higher caseloads are required due to vacancies, extended leave, special projects or other extenuating circumstances. Inspector caseloads include a mixture of all program types (some of which require two inspections annually and some of which require annual inspections) for better caseload distribution. This helps ensure that effective inspections are completed on a timely basis and ensure that staff are sufficiently cross trained in the event that a peer's caseload needs to be covered. A mixed caseload of 60 programs requires staff to complete roughly 7 to 10 health and safety inspections each month, allowing additional time to provide consultation, technical assistance, and investigates complaints of noncompliance.**

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead

Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **In addition to orientation, which includes preservice, caregivers, teachers and directors at licensed child day centers are required to complete a minimum of 16 hours of annual training appropriate to the age of children in care. Staff employed at a short-term child day center that operates less than 12 weeks per year are required to complete a minimum of 10 hours of annual training. Annual training shall be relevant to staff's job responsibilities and the care of children, and include topics such as:**

1. Child development including physical, cognitive, social, and emotional development;

2. Behavior management and positive guidance techniques;

3. Prevention and control of infectious diseases;

4. Prevention of sudden infant death syndrome and use of safe sleep practices;

5. Prevention of and response to emergencies due to food and other allergic reactions including:

a. Recognizing the symptoms of an allergic reaction;

b. Responding to allergic reactions;

c. Preventing exposure to the specific food and other substances to which the child is allergic; and

d. Preventing cross contamination;

6. The center's policies and procedures on the administration of medication;

7. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic;

8. Prevention of shaken baby syndrome and abusive head trauma including procedures to cope with crying babies or distraught children;

9. Signs and symptoms of child abuse and neglect and requirements for mandated reporters;

10. 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 and the

center's specific emergency preparedness plan;

11. Handling and storage of hazardous materials and the appropriate disposal of diapers and other items contaminated by body fluids;

12. CPR and first aid;

13. Precautions in transporting children if applicable; and

14. If applicable, the recommended care requirements related to the care and development of children with special needs.

Additionally, training on the center's emergency preparedness plan shall be completed annually and each time the plan is updated.

Staff who receive medication administration training required to administer prescription and non-prescription medication must be retrained every three years.

Staff who receive daily health observation training to conduct daily health checks of children must be retrained every three years. (8VAC20-780-245)

- b. License-exempt child care centers: In addition to preservice and orientation, caregivers, teachers and directors at license-exempt child day centers are required to complete a minimum of 16 hours of annual training to include the Department's health and safety update course. Training shall be related to child safety and development, the function of the center, and any required Department sponsored training.

Staff who receive medication administration training required to administer prescription medication must be retrained every three years.

Staff who receive daily health observation training to conduct daily health checks of children must be retrained every three years. (8VAC20-790-600)

All staff must receive training regarding emergency evacuation, relocation, shelter-in-place, and lockdown procedures on an annual basis and at the end of each plan update. (8VAC20-790-790)

- c. Licensed family child care homes: In addition to first aid and CPR training, caregivers at licensed family day homes are required to complete a minimum of 16 hours of annual training in areas relevant to their job responsibilities.

Annual training shall cover areas such as, but no limited to:

1. Physical, intellectual, social, and emotional child development;

2. Behavior management and discipline techniques;

3. Health and safety in the family day home environment;

4. Art and music activities for children;
5. Child nutrition;
6. Recognition and prevention of child abuse and neglect;
7. Emergency preparedness; or
8. Recognition and prevention of the spread of communicable diseases. (8VAC20-800-210)

Caregivers who receive medication administration training required to administer prescription and non-prescription medication must be retrained every three years. (8VAC20-800-220)

Each caregiver must receive training regarding the emergency evacuation, emergency relocation, and shelter-in-place procedures on an annual basis, and at the time of each plan update. (8VAC20-800-800)

- d. License-exempt family child care homes: In addition to preservice and orientation, caregivers at license-exempt family day homes are required to complete a minimum of 16 hours of annual training to include the Department’s health and safety update course. Training shall be related to child safety, child development, health and safety in the family day home environment, and any required Department sponsored training. Any training related to the prevention and control of infectious diseases; prevention of sudden infant death syndrome and the use of safe sleeping practices; administration of medication; prevent and response to emergencies due to food and allergic reactions; building and physical premises safety; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning; handling and storage of hazardous materials; appropriate precautions in transporting children; pediatric first aid and CPR; recognition and reporting of child abuse and neglect; nutrition, access to physical activity; caring for children with special needs; child development; or protecting children’s health and safety is accepted towards annual training.

Caregivers who receive medication administration training required to administer prescription medication must be retrained every three years. (8VAC20-790-250)

- e. Regulated or registered in-home child care: In addition to preservice and orientation, caregivers at regulated or registered in-home child care are required to complete a minimum of 16 hours of annual training to include the Department’s health and safety update course. Training shall be related to child safety, child development, health and safety in the family day home environment, and any required Department sponsored training. Any training related to the prevention and control of infectious diseases; prevention of sudden infant death syndrome and the use of safe sleeping practices; administration of medication; prevent and response to emergencies due to food and allergic reactions; building and physical premises safety; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning; handling and storage of hazardous materials; appropriate precautions in transporting children; pediatric first aid and CPR; recognition and reporting of child

abuse and neglect; nutrition, access to physical activity; caring for children with special needs; child development; or protecting children’s health and safety is accepted towards annual training.

Caregivers who receive medication administration training required to administer prescription medication must be retrained every three years. (8VAC20-790-250)

- f. Non-regulated or registered in-home child care: In addition to preservice and orientation, caregivers at non-regulated or registered in-home child care are required to complete a minimum of 16 hours of annual training to include the Department’s health and safety update course. Training shall be related to child safety, child development, health and safety in the family day home environment, and any required Department sponsored training. Any training related to the prevention and control of infectious diseases; prevention of sudden infant death syndrome and the use of safe sleeping practices; administration of medication; prevent and response to emergencies due to food and allergic reactions; building and physical premises safety; prevention of shaken baby syndrome, abusive head trauma and child maltreatment; emergency preparedness and response planning; handling and storage of hazardous materials; appropriate precautions in transporting children; pediatric first aid and CPR; recognition and reporting of child abuse and neglect; nutrition, access to physical activity; caring for children with special needs; child development; or protecting children’s health and safety is accepted towards annual training.

Caregivers who receive medication administration training required to administer prescription medication must be retrained every three years. (8VAC20-790-250)

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with

fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks. **Currently, all licensed, regulated and registered child care providers are required to obtain interstate criminal history background checks for all staff, including prospective staff, and applicants for licensure, registration or approval as a family day system home, agents of the applicant, and any adult living in the child day program, who resided in other state(s) in the past 5 years. (§§ 22.1-289.035 and 22.1-289.036)**

The child care provider (the program, not the employee) locates each state's contact

information for the required background checks on the Lead Agency’s website using the Interstate Criminal Background Check Contact Chart maintained by the National Center on Subsidy Innovation and Accountability. The provider follows each state’s specific instructions to obtain the required background check. Background checks results are given to the provider, who must review the results to determine eligibility.

VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to plan, budget for, and implement an approach for coming into compliance with this requirement.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks. **Currently, all child care providers eligible for CCDF participation are required to obtain interstate criminal history background checks for all staff, including prospective staff, and applicants for CCDF, agents of the applicant, and any adult living in the child day program, who resided in other state(s) in the past 5 years. (§§ 22.1-289.035, 22.1-289.036, 22.1-289.039 and 22.1-289.040)**

The child care provider (the program, not the employee) locates each state’s contact information for the required background checks on the Lead Agency’s website using the Interstate Criminal Background Check Contact Chart maintained by the National Center on Subsidy Innovation and Accountability. The provider follows each state’s specific instructions to obtain the required background check. Background checks results are given to the provider, who must review the results to determine eligibility.

VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to plan, budget for, and implement an approach for coming into compliance with this requirement.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check. **Currently, all providers are required to obtain interstate criminal history background checks for individuals age 18 or older who reside in a family child care home, who resided in other state(s) in the past 5 years. (§§ 22.1-289.03 and 22.1-289.040)**

The child care provider (the program, not the employee) locates each state’s contact information for the required background checks on the Lead Agency’s website using the Interstate Criminal Background Check Contact Chart maintained by the National Center on Subsidy Innovation and Accountability. The provider follows each state’s specific instructions to obtain the required background check. Background checks results are given to the provider, who must review the results to determine eligibility.

VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to plan, budget for, and implement an approach for coming into compliance with this requirement.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks. **Currently, all licensed, regulated and registered child care providers are required to obtain interstate SOR checks for all staff, including prospective staff, and applicants for licensure, registration or approval as a family day system home, agents of the applicant, and any adult living in the child day program, who resided in other state(s) in the past 5 years. (§§ 22.1-289.035 and 22.1-289.036)**

The child care provider (the program, not the employee) locates each state’s contact information for the required background checks on the Lead Agency’s website using the Interstate Criminal Background Check Contact Chart maintained by the National Center on Subsidy Innovation and Accountability. The provider follows each state’s specific instructions to obtain the required background check. Background checks results are given to the provider, who must review the results to determine eligibility.

VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to plan, budget for, and implement an approach for coming into compliance with this requirement.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks. **Currently, all child care providers**

eligible for CCDF participation are required to obtain interstate SOR checks for all staff, including prospective staff, and applicants for CCDF, agents of the applicant, and any adult living in the child day program, who resided in other state(s) in the past 5 years. (§§ 22.1-289.035, 22.1-289.036, 22.1-289.039 and 22.1-289.040)

The child care provider (the program, not the employee) locates each state's contact information for the required background checks on the Lead Agency's website using the Interstate Criminal Background Check Contact Chart maintained by the National Center on Subsidy Innovation and Accountability. The provider follows each state's specific instructions to obtain the required background check. Background checks results are given to the provider, who must review the results to determine eligibility.

VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to plan, budget for, and implement an approach for coming into compliance with this requirement.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check. **Currently, all providers are required to obtain interstate SOR checks for individuals age 18 or older who reside in a family child care home, who resided in other state(s) in the past 5 years. (§§ 22.1-289.036 and 22.1-289.040)**

The child care provider (the program, not the employee) locates each state's contact information for the required background checks on the Lead Agency's website using the Interstate Criminal Background Check Contact Chart maintained by the National Center on Subsidy Innovation and Accountability. The provider follows each state's specific instructions to obtain the required background check. Background checks results are given to the provider, who must review the results to determine eligibility.

VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to plan, budget for, and implement an approach for coming into compliance with this requirement.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks. **Currently, all licensed, regulated and registered child care providers are required to obtain interstate CAN registry checks for all staff, including prospective staff, and applicants for licensure, registration or approval as a family day system home, agents of the applicant, and any adult living in the child day program, who resided in other state(s) in the past 5 years. (§§ 22.1-289.035 and 22.1-289.036)**

The child care provider (the program, not the employee) locates each state's contact information for the required background checks on the Lead Agency's website using the Interstate Criminal Background Check Contact Chart maintained by the National Center on Subsidy Innovation and Accountability. The provider follows each state's specific instructions to obtain the required background check. Background checks results are given to the provider, who must review the results to determine eligibility.

VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to plan, budget for, and implement an approach for coming into compliance with this requirement.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks. **Currently, all child care providers eligible for CCDF participation are required to obtain interstate CAN registry checks for all staff, including prospective staff, and applicants for CCDF, agents of the applicant, and any adult living in the child day program, who resided in other state(s) in the past 5 years. (§§ 22.1-289.035, 22.1-289.036, 22.1-289.039 and 22.1-289.040)**

The child care provider (the program, not the employee) locates each state's contact information for the required background checks on the Lead Agency's website using the Interstate Criminal Background Check Contact Chart maintained by the National Center on Subsidy Innovation and Accountability. The provider follows each state's specific instructions to obtain the required background check. Background checks results are given to the provider, who must review the results to determine eligibility.

VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to plan, budget for, and implement an approach for coming into compliance with this requirement.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks. **Currently, all providers are required to obtain interstate CAN registry checks for individuals age 18 or older who reside in a family child care home, who resided in other state(s) in the past 5 years. (§§ 22.1-289.036 and 22.1-289.040)**

The child care provider (the program, not the employee) locates each state’s contact information for the required background checks on the Lead Agency’s website using the Interstate Criminal Background Check Contact Chart maintained by the National Center on Subsidy Innovation and Accountability. The provider follows each state’s specific instructions to obtain the required background check. Background checks results are given to the provider, who must review the results to determine eligibility.

VDOE was notified of possible non-compliance with this provision on June 28, 2023. Additional time is needed to plan, budget for, and implement an approach for coming into compliance with this requirement.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

Yes.

No. If no, describe the disqualifying criteria:

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **The in-state child abuse and neglect registry check results indicate whether the person has been founded of child abuse or neglect. Child care providers shall not hire, continue to employ, or permit to serve as a volunteer who will be alone with, in control of, or supervising children any person who is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The in-state child abuse and neglect registry check results indicate whether the person has been founded of child abuse or neglect. (§§ 22.1-289.035, 22.1-289.036, 22.1-289.039 and 22.1-289.040)**

- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **The interstate child abuse and neglect registry check results indicate whether the person was found in the child abuse and neglect registry. Child care providers shall not hire, continue to employ, or permit to serve as a volunteer who will be alone with, in control of, or supervising children any person who is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. (§§ 22.1-289.035, 22.1-289.036, 22.1-289.039 and 22.1-289.040)**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification: **The lead agency does ensure the privacy of prospective staff by notifying child care providers of the individual's eligibility or ineligibility based on results of the national fingerprint results (which include the Virginia Sex Offender Registry and NCIC NSOR) and the Virginia child abuse and neglect registry search without revealing any documentation of criminal history or disqualifying crimes or other related information. However, the state plan letter issued by OCC on December 13, 2021, indicated noncompliance in this area because currently child care providers (employers) are responsible for conducting interstate background checks and making eligibility determinations (§§ 22.1-289.035 and 22.1-289.040), which does not allow the**

lead agency to ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check.

The lead agency is currently working with the Virginia Department of Social Services (VDSS), the state agency that we collaborate with to process fingerprint results (including the Virginia sex offender registry search and NCIC NSOR search) and Virginia child abuse and neglect registry searches, to determine how we can move forward with conducting interstate background checks as well. This implementation will require amended policies and procedures, an amended memorandum of understanding, and additional staffing, and will not be implemented by October 1, 2024.

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.
 Yes.
 No. Describe:
- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.
 Yes.
 No. Describe:
- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.
 Yes.
 No. Describe:
- iv. Get completed in a timely manner.
 Yes.
 No. Describe:
- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.
 Yes.

No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

Yes.

No. If no, describe:

- b. In-state criminal background check with fingerprints.

Yes.

No. If no, describe:

- c. In-state Sex Offender Registry.

Yes.

No. If no, describe:

- d. In-state child abuse and neglect registry.

Yes.

No. If no, describe:

- e. Name-based national Sex Offender Registry (NCIC NSOR).

Yes.

No. If no, describe:

- f. Interstate criminal background check, as applicable.

Yes.

No. If no, describe:

- g. Interstate Sex Offender Registry check, as applicable.

Yes.

No. If no, describe:

h. Interstate child abuse and neglect registry check, as applicable.

Yes.

No. If no, describe:

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

Yes.

No. If no, describe:

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy: **Current policy requires that employees and other individuals required to have a background check, that have lived in another state in the past five years (which would include staff currently living in another state) are required to have interstate background checks completed in addition to the national criminal history search and Virginia child abuse and neglect registry. However, the lead agency does not currently conduct the interstate requests. Instead, child care providers are responsible for submitting the request for 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. The lead agency then verifies compliance during inspections.**

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Criminal history record dissemination by the Virginia State Police is governed by § 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://vsp.virginia.gov/services/criminal-background/>.**

Sex offender registry dissemination by the Virginia State Police is governed by § 9.1-912 of the Code of Virginia, which allows the dissemination of registry information upon receipt of an official request form. Requestors can use Form SP-266, Sex Offender and Crimes Against Minors Name Search, or Form SP-167, which is also used for an interstate criminal history record check and includes a search of the sex offender registry and requires notarization, allowing authorization by both the requesting agency and the individual whose name is being searched. Information on how to obtain a Virginia Criminal Record Check and Sex Offender Registry Search can be found on the VSP website at <https://vsp.virginia.gov/services/criminal-background/>.

Virginia child abuse and neglect registry dissemination by the Virginia Department of Social Service's Office of Background Investigations (OBI) is governed by § 63.2-1515, which allows OBI to respond 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. Requests can be submitted via mail or by using the OBI portal at https://centralregistry.dss.virginia.gov/crs/s/?language=en_US.

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?
- Yes. If yes, describe the current policy.
- No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective

and current child care staff members:

<https://www.childcare.virginia.gov/providers/background-checks> and

<https://www.childcare.virginia.gov/home/showpublisheddocument/44531/638463676135630000>

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:
 - i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. Is the State a National Fingerprint File (NFF) State?
 - x. Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe:
- c. Interstate sex offender registry (SOR) check:
 - i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. If not all boxes above are checked, describe:
- d. Interstate child abuse and neglect (CAN) registry check:
 - i. Agency name
 - ii. Is the CAN check conducted through a county administered registry or centralized registry?
 - iii. Address
 - iv. Phone number
 - v. Email

- vi. Website
- vii. Instructions
- viii. Forms
- ix. Fees
- x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component? **All background checks are required every five years for staff, applicants for licensure, registration or system approved homes; agents of applicants, CCDF applicants, and adult household members. In addition to the required background checks, the lead agency also requires a completed sworn statement, which includes a statement regarding whether the individual has lived outside of Virginia within the last five years (including currently living out of state).**

However, the state plan letter issued by OCC on December 13, 2021, indicated noncompliance in this area because currently child care providers (employers) are responsible for conducting interstate background checks (§§ 22.1-289.035 and 22.1-289.040). The lead agency is not yet conducting interstate background checks.

The lead agency is currently working with the Virginia Department of Social Services (VDSS), the state agency that we collaborate with to process fingerprint results (including the Virginia sex offender registry search and NCIC NSOR search) and Virginia child abuse and neglect registry searches, to determine how we can move forward with conducting interstate background checks as well. This implementation will require amended policies and procedures, an amended memorandum of understanding, and additional staffing, and will not be implemented by October 1, 2024.

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?
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. However, § 22.1-289.02 of the Code of Virginia does not require a family day home where the children in care are all related to the provider by blood or marriage to be licensed. If a relative provider chooses to be licensed, all licensing standards and statutes apply, and if relative providers (licensed or unlicensed) choose to participate in the Child Care Subsidy Program, all requirements for home-based subsidy vendors apply.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

a. Identify any Lead Agency activities related to strengthening workforce recruitment and

retention of child care providers. Check all that apply:

- i. Providing program-level grants to support investments in staff compensation.
- ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
- iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
- iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
- v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
- vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
- vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
- viii. Other. Describe: **Virginia has recently launched the Early Educator Fast Track Initiative, supported by PDG-P and ARPA funding. Virginia’s Early Educator Fast Track Initiative (Fast Track), facilitated by the Virginia Early Childhood Foundation (VECF), was developed as an innovative, accelerated workforce development program. Fast Track is a pilot addressing the ongoing staffing challenges at child care centers in Virginia by building the supply of early childhood care and education (ECCE) educators. Launched in September 2022, Fast Track was initially supported using ARPA funds through September 30, 2023, and will continue through December 2024 thanks to PDG B-5 Planning funding. Future cohorts and funding is to be determined.**

The Fast Track Initiative addresses new assistant teacher recruitment, competitive compensation, introductory training, retention, and ongoing professional development. Fast Track supports the successful onboarding and accelerated training of new early educators and aims to increase retention via bonuses and college scholarships toward ECCE certifications and degrees and a rewarding career.

Virginia’s Ready Regions serve as the conduit for engaging ECCE employers for Fast Track, specifically those participating in the Child Care Subsidy and/or Mixed Delivery programs (serving higher proportions of children from low-income households), who may have assistant teacher vacancies and are willing to commit to paying new recruits at the competitive regional wage rate. Ready Regions offer employer information sessions and vet interested employers to ensure strong organizational capacity and the ability to welcome, provide a satisfying employment experience for, and retain one or more new early educators.

The key components of Fast Track:

- A recruitment campaign designed to attract new talent and connect them with

participating local ECCE programs with open assistant teacher positions for full-time employment (part-time options are also available).

☑ An intensive, four-week, paid training program for new educators that includes accelerated online Introduction to Early Childhood training, facilitated by a local ECCE college professor, and on-the-job training including work in the classroom and mentorship by an experienced colleague.

☑ Competitive compensation at a regional rate determined by national experts to be equivalent to 75% of what K-3rd grade teachers earn.

☑ Retention bonuses in the first year of employment for all Fast Track completers, totaling \$1,500 (\$500 at 6 months of employment and \$1,000 at one year of employment).

☑ College scholarships for ECCE coursework in Virginia's Community College stackable certificate and degree programs; Fast Track's Introduction to Early Childhood course provides three credits for prior learning at participating community colleges.

- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **Virginia has invested in child care compensation through an initiative called RecognizeB5. Starting with \$2.9M from an initial PDG grant in 2019, Virginia invested in the RecognizeB5, which provided over 2,000 teachers in publicly funded schools, centers, and FDH up to \$1,500 if they stayed in their sites over an eight-month period. During this pilot, UVA conducted a randomized controlled trial to measure the effect of financial incentives on turnover, the first experiment of this kind in ECCE. Across all roles, RecognizeB5 reduced turnover from 25% to 14%, increased provider perception that their work was valued (98%), made them more excited about their work (95%), helped professionals meet their financial obligations (97%) and reduced stress (95%). The impact of RecognizeB5 was much higher in non-school settings: it cut turnover in half at centers (30% vs. 15%) (see study here: <https://files.elfsightcdn.com/022b8cb9-839c-4bc2-992e-cefccb8e877e/6de6fd54-e921-4c88-a452-ad7cabccc362.pdf>).**

Virginia has continued and expanded the RecognizeB5 program since this initial PDG investment, using PDG Renewal funding, State General Funding, and ARPA funding to partially support the initiative. In 2022-2023, the RecognizeB5 supported 9,558 teachers in center-based child care and family day homes (8,726 in center and 833 in family day homes), Teachers were eligible for up to \$2,500 to recognize their work in the sector and support movement towards wage equity. The program was supported by PDG funds, State General Funds, and ARPA relief funding in FY23. In total, \$22,522,500 in incentive payments were distributed. In 2023-2024, it is anticipated that \$41 million will be distributed to over 15,000 educators in child care and family day homes using both ARPA and State General Funds. As of 2023-2024, the RecognizeB5 program is funded by State General Funds and ARPA funding. In future years, the RecognizeB5 program may be supported State General Funds and CCDF.

- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits,

including health insurance, paid sick, personal, and parental leave, and retirement benefits. **Virginia does not have any active efforts to distribute information about access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. Virginia will consider methods to share information about the importance of including benefits as part of competitive compensation as part of the ongoing work related to studying approaches for compensation.**

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The infant and toddler behavior consultants of the VA ITSN base their trainings on the VA ITSN's Social Emotional Competencies for Infant Toddler Child Care Providers which includes wellness and retention (staff wellness, staff retention, self-care, team building, leadership, casting a social emotional vision for services, contingency plans). A course on positive stress management titled Smile and Mean It and a course on practicing self-care titled The Art of Self Care are offered. Numerous relevant webinars are archived on the VA ITSN website (<https://va-itsnetwork.org/webinars/>) for viewing (e.g., supporting staff, mindfulness, self-care). VA ITSN coaching and TA for providers of infants and toddlers (0-36 months) can also address the well-being of staff at that program.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce.

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **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 through the Child Care Aware of Virginia agreement.**

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.

- b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:
 - i. Fiscal management.
 - ii. Budgeting.
 - iii. Recordkeeping.
 - iv. Hiring, developing, and retaining qualified staff.
 - v. Risk management.
 - vi. Community relationships.
 - vii. Marketing and public relations.
 - viii. Parent-provider communications.

- ix. **[x]** Use of technology in business administration.
- x. **[x]** Compliance with employment and labor laws.
- xi. **[x]** Other. Describe any other efforts to strengthen providers' administrative business: **CCAoVA and the Virginia Small Business Financing Authority (VSBFA)- All VSBFA loan applicants are required complete Strengthening Business Practices Modules I and II as part of their application process.**

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff with limited English proficiency: **VDOE is piloting a new role, Early Childhood Navigators, with the goal of increasing the supply of publicly-funded early childhood programs by working alongside state partners to support prospective and existing child care centers and family day homes. Navigators focus on engaging with providers in three main ways: 1) Supporting new providers to open and participate in public programs, 2) Recruiting existing providers to accept public funds, and 3) Retaining current publicly-funded providers. VDOE prioritized staffing a bilingual Navigator in Ready Region Capital Area. This region of the state has large Spanish-speaking populations and many Spanish-speaking providers. Having a staff member with excellent verbal and written communications skills in both English and Spanish is essential to supporting providers in that region and throughout the state. In addition, VDOE has prioritized translating key materials needed for to support successful application for and participation in the CCSP, including: CCSP application materials and vendor agreements; preservice training materials; microcredential courses; VQB5 documentation; and Child Care Workforce Alliance.**
- b. Providers and staff who have disabilities: **All materials developed for subsidy vendors are written in plain language to the extent practicable and appropriate based on the document type. VDOE is also in the process of developing a vendor-facing handbook written entirely in plain language to ensure that providers participating in the CCSP have all necessary information consolidated in one place and written with providers as the intended audience. When conducting trainings, Virginia typically offers an online version in which closed captions and/or translations can be provided. Virginia is able to accommodate sign language and visual aid requests from providers as requested, including in specific work with directors as well as in public meetings.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

- (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework

must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **Virginia has updated the framework for professional development and training to align with the VQB5 system through the development of the VQB5 Improvement Guidelines. These guidelines outline key priorities and focus areas for improvement and professional development for all providers. These guidelines identify the supports available to help Virginia providers. The VQB5 Guidelines are reviewed twice annually by the Early Childhood Advisory Committee, with the most recent review taking place in April 2024. Once endorsed by the Early Childhood Advisory Committee, the guidelines are then reviewed and approved by the Virginia Board of Education. Virginia has not made changes to the framework related to post-secondary education.**

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: **Virginia has conducted extensive engagement on the VQB5 Guidelines, including the professional development elements included in Section 7, Improvement for VQB5. This includes formal engagement with the Virginia Early Childhood Advisory Committee (ECAC) and the Virginia Board of Education (BOE), both formal advisory bodies review the guidelines twice annually. Virginia also conducts stakeholder engagement on the Improvement guidelines, which includes engaging regional stakeholders at fall data presentations, program leader webinars, local observer webinars, statewide improvement partner meetings and webinars, weekly meetings and discussion with regional implementation teams and partners, bi-annual technical assistance sessions, and frequent feedback surveys from the field.**

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **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 Early Learning and Development Standards. 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. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **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 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. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **Virginia has the legislatively required Early Childhood Advisory Committee (ECAC), which formally advises the Board of Education. The ECAC acts as the state's official advisory committee on all matters related to early childhood care and education. The ECAC directly informs the states professional development framework, particularly as related to the VQB5 Improvement Guidelines.**
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **Virginia has supported the 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. This has resulted in a nearly 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. The addition of online options for the transferable courses has allowed for even further reach for the pathway.**

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. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **Virginia has developed a unified early childhood data system called LinkB5 in partnership with the University of Virginia (UVA). LinkB5 collects information on the characteristics of communities, sites, and classrooms, and is the collection point of information for VQB5 (Virginia’s Unified Quality Measurement System). LinkB5 will ultimately be used to provide information to parents on the measured quality of the early learning programs available to them, and serves the dual purpose of providing workforce information on every publicly funded program in Virginia. Virginia uses LinkB5 to understand the child care workforce and professional development trends in VA. As of September 2023, LinkB5 had 23,593 teacher profiles from 3,223 sites, including 2,388 from child care and family day homes. This year, Virginia added compensation information to LinkB5 as an optional field. This will provide more universal insight into the compensation status of Virginia’s educators. LinkB5 is required for every publicly funded site in Virginia.**

Virginia has created statewide profiles using the 2023 Workforce Data (<https://www.see-partnerships.com/workforce-profiles.html>) in partnership with UVA. This provides which includes important information on compensation and retention for Virginia’s workforce, broken down by program type.

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **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.**

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.

- b. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. Describe:

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe:
 - iii. Other. Describe:
- No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **Virginia's professional standards and competencies are designed to recognize the diversity of providers across role and setting. 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 Early Learning and Development Standards. NAEYC standards are also featured prominently, particularly at the VCCS institutions that are in the process of Early Childhood Associate Degree Accreditation.

As Virginia continues to collect comprehensive data on educators and classroom settings through VQB5 and LinkB5, VDOE will evaluate and revise professional standards and competencies as appropriate.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **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 under revision and applies to child care workers in all settings. 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. Virginia does not embed a wage ladder as part of the existing work on career pathways. Virginia embeds multiple settings and staff roles in career pathways.

- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **The Virginia Early Childhood Advisory Council (ECAC) reviews all formal policies and guidelines for the VDOE, including the VQB5 Improvement Guidelines which outline professional development goals and strategies aligned with Virginia’s unified measurement and improvement system, with a specific focus on teacher child interactions. The VQB5 Improvement Guidelines also include information on RecognizeB5, a compensation strategy Virginia has supported since 2019 for child care and family day home teachers participating in VQB5. Virginia does have a PDG Birth to Five grant, and includes updates on relevant work when needed for the ECAC, primarily through channels such as the VQB5 Improvement Guidelines and other guideline documents.**

- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The Virginia Early Childhood Advisory Council (ECAC) is required to include members that are a professional or Professional or faculty member with expertise in child development or ECEC from a Virginia college, university, or other institute of higher education, alongside a diverse representation of provider types, parents, advocates, and non profit representation. The ECAC reviews all formal policies and guidelines, including Virginia’s most recent work on the VQB5 Improvement Guidelines. Any work related to articulation in Virginia’s higher education system would be reviewed by the ECAC. Virginia has partnered with the Virginia Early Childhood Foundation (VECF) to support work supporting articulation. Building on the work of Virginia’s National Academies of Medicine team to “bridge the divide” that early educators faced when navigating the higher education system, VECF has facilitated a review of teacher licensure and education programs in the Commonwealth. The Early Childhood Articulation Workgroup grew out of this review; benefitted from the knowledge and skills of representatives from Virginia community colleges, four-year universities, and state agencies; and was encouraged by the School Readiness Committee. This group worked for over two years to iron out the details of this important change to the higher education system for early educators. Envisioning a seamless pathway of stackable credentials, the group worked to develop a universal associate degree program that would lead directly and seamlessly into baccalaureate programs at participating universities, newly designed with a concentration in early childhood. This new pathway leads to teacher licensure with a focus on the continuum of early childhood from birth through age 8 and is supported by Project Pathfinders scholarships administered by VECF. The new 2+2 pathway to baccalaureate degree and PK-3rd licensure for early educators was announced by Governor Northam in November 2018, and was further supported through state investments in 2020.**

- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **Virginia has extensive information on Virginia’s child care workforce, including information on existing wages and benefits available to some of the childcare workforce. The VDOE collects this through LinkB5, and has been able to identify disparities and publish several briefs related to this topic.**

Virginia has created statewide profiles using the 2023 Workforce Data (<https://www.see-partnerships.com/workforce-profiles.html>) in partnership with UVA. This provides which includes important information on compensation and retention for Virginia’s workforce, broken down by program type.

UVA serves as a critical research and evaluation partner for workforce efforts in Virginia. In addition to LinkB5 development, the Study of Early Education through Partnerships team at UVA has conducted multiple surveys annually since 2019, funded by PDG sources and ARPA funds previously. These include a statewide workforce survey conducted annually, in which questions related to compensation and retention are included.

Since 2019, the UVA partnership has produced several briefs specific to this topic and related to Virginia(<https://www.see-partnerships.com/virginia.html>). A few notable briefs include:

☒ **Staffing Challenges at Virginia Child Care Centers: Differences by Centers’ Subsidy Participation Status** (https://files.elfsightcdn.com/022b8cb9-839c-4bc2-992e-cefccb8e877e/832c7469-7c44-4091-bf1d-98639ec3bac5/SEE_Partnerships_VA_Staffing-Challenges.pdf)

☒ **Staffing Challenges at Virginia Child Care Centers in Fall 2022: Differences by Centers’ Subsidy Participation Status** (<https://files.elfsightcdn.com/022b8cb9-839c-4bc2-992e-cefccb8e877e/d818dfe1-9292-4f5d-989b-aba6d29102f3/VA-Staffing-Data-Brief-Fall-2022.pdf>)

☒ **Turnover among Early Educators in Virginia** (<https://files.elfsightcdn.com/022b8cb9-839c-4bc2-992e-cefccb8e877e/a0ac1e0d-eb8e-4412-990e-81fe89b7b715/Turnover-among-Early-Educators-in-Virginia.pdf>)

☒ **One and Two Year Retention Among Virginia’s Early Educators** (https://files.elfsightcdn.com/eafe4a4d-3436-495d-b748-5bdce62d911d/0279b7af-1946-4350-9934-08269d5f8173/One-and-Two-Year-Retention-Among-Virginia-s-Early-Educators_Final.pdf)

In Fall 2023, UVA continued evaluation work by supporting the analysis of the 2023

Workforce Survey and developing the 2024 Workforce survey (to be administered this spring). The analysis of the 2023 workforce survey included over 9,904 responses, with nearly 6,600 educators across sectors (FDHs, centers, Head Starts, and schools) who responded to the survey, with a total response rate of 57% of preschool development grant participants responding.

For the first time ever, UVA has developed an interactive Workforce Snapshot (<https://www.see-partnerships.com/2023vaworkforcesurveysnapshot.html>) using the 2023 Workforce Survey. This interactive snapshot includes info on most items covered in the survey (e.g. teacher background, compensation, job satisfaction, staffing, CLASS, curriculum, PD, etc.) and is broken out by sector, role, and region. UVA released this primarily for use by Ready Regions or other interested parties, providing an overview and a youtube tutorial. The snapshot is a complement to the profiles and allows for manipulation of the data for those interested in understanding the current state of Virginia's workforce, providing critical information on demographics, well-being, retention, and turnover.

Virginia is working with UVA to monitor shifts in wages and compensation over time in response to payment rate increases and other relevant policy changes in the Child Care Subsidy Program. The first wave of data to evaluate the effect of increased reimbursement rates on compensation will be available in the summer/fall of 2024.

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **Virginia has invested in child care compensation through an initiative called RecognizeB5. Starting with \$2.9M from an initial PDG grant in 2019, Virginia invested in the RecognizeB5, which provided over 2,000 teachers in publicly funded schools, centers, and FDH up to \$1,500 if they stayed in their sites over an eight-month period. During this pilot, UVA conducted a randomized controlled trial to measure the effect of financial incentives on turnover, the first experiment of this kind in ECCE. Across all roles, RecognizeB5 reduced turnover from 25% to 14%, increased provider perception that their work was valued (98%), made them more excited about their work (95%), helped professionals meet their financial obligations (97%) and reduced stress (95%). The impact of RecognizeB5 was much higher in non-school settings: it cut turnover in half at centers (30% vs. 15%) (see study here: <https://files.elfsightcdn.com/022b8cb9-839c-4bc2-992e-cefccb8e877e/6de6fd54-e921-4c88-a452-ad7cabccc362.pdf>).**

Virginia has continued and expanded the RecognizeB5 program since this initial PDG investment, using PDG Renewal funding, State General Funding, and ARPA funding to partially support the initiative. In 2022-2023, the RecognizeB5 supported 9,558 teachers in center-based child care and family day homes (8,726 in center and 833 in family day homes), Teachers were eligible for up to \$2,500 to recognize their work in the sector and support movement towards wage equity. The program was supported by PDG funds, State General Funds, and ARPA relief funding in FY23. In total, \$22,522,500 in incentive

payments were distributed. In 2023-2024, it is anticipated that \$41 million will be distributed to over 16,000 educators in child care and family day homes using both ARPA and State General Funds. As of 2023-2024, the RecognizeB5 program is funded by State General Funds and ARPA funding. In future years, the RecognizeB5 program may be supported State General Funds and CCDF.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- a. Licensed child care centers: **16**
- b. License-exempt child care centers: **16**
- c. Licensed family child care homes: **16**
- d. License-exempt family child care homes: **16**
- e. Regulated or registered in-home child care: **16**
- f. Non-regulated or registered in-home child care: **16**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **Virginia's training and professional development requirements are found on child care microsite, (<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 tribal communities to identify priorities, areas for collaboration, and ensuring meaningful access to training and professional development for tribal providers.**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **VA ITSN trainings are focused on infant and toddler development/needs, how to enhance the infant's or toddler's development in a group setting as well as addressing family engagement and inclusion. The infant and toddler behavior consultants base their trainings on the VA ITSN's Social Emotional Competencies for Infant Toddler Child Care Providers which includes diversity, inclusion**

and culture (implicit bias, microaggressions, culture competency, cultural brokerage, interpretation, inclusion of children with disabilities, and cultural and linguistic responsiveness). In addition to the content of infant and toddler trainings, training materials are designed to be representative of the diversity among children and providers so examples and pictures include infants, toddlers, children with disabilities, family child care, and diverse cultures. In addition to trainings, the VA ITSN also provides TA and materials to support inclusion and diversity as well as support to obtain the Infant/Toddler CDA and Family Child Care CDA by purchasing online courses for providers and offering one-on-one coaching and learnings communities.

Some VA ITSN trainings are specific to family child care since infants and toddlers often receive care in these settings; webinars specifically for family child care providers that are archived on the VA ITSN website (<https://va-itsnetwork.org/webinars/>) for viewing include Preparing Your Family Child Care Home to Include Infants and Toddlers with Special Needs, Constructing Developmentally Appropriate Infant and Toddler Activities for Family Day Home Providers, You are Not Alone: Strategies to Keep "Family" in Family Child Care Homes That Serve Infants and Toddlers, and Business Tips for Infant and Toddler Family Day Home Providers. Director forums are also held to address the needs of directors as related to infant and toddler care; one director forum is archived on the VA ITSN website (<https://va-itsnetwork.org/webinars/>) and is titled Director Forum: Inclusion - The Program Administrator's Role. Some archived webinars on the VA ITSN website (<https://va-itsnetwork.org/webinars/>) that address families include Supporting Infants, Toddlers and Families Experiencing Stress; Connecting with Parents of Infants and Toddlers; and Developmental Monitoring - A Family Engagement Strategy to Support Infants and Toddlers. To reduce the likelihood of expulsion and to support children in child care, the infant and toddler behavior consultants also offer coaching and TA to parents/families when the infant or toddler behaviors are challenging to the teacher as well as trainings to parents/families.

Virginia has made additional progress in promoting training and resources in multiple languages, with a primary focus on translating materials and trainings into Spanish based on the population of Virginia. Virginia has made the Early Learning and Development Standards Micro-credential available in English and Spanish, as well as the standards document. In addition, several VQB5 participation resources have been translated in Spanish, including the VQB5 Participation Handbook for Leaders and a VQB5 for Families overview document.

The VDOE has partnered with WIDA to make available the Making Connections Document, a comprehensive resource to help providers support learning and development for all children and engage families. Annual webinars with WIDA provide opportunities for providers to receive technical assistance on best practices to engage families and reflect together.

Virginia's early childhood vetted and approved curriculum list currently has 11 curricula available in Spanish. For the past two years, the Curriculum *Get to Know You* series has hosted webinars in Spanish, where Spanish speaking providers are connected with Spanish speaking curriculum vendors to learn more about available resources and materials.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **Information on developmental screenings is 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 and Infant and Toddler Specialists staff provide this information to families and providers as needed or requested. 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.

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 VA ITSN infant and toddler behavior consultants base their trainings on the VA ITSN's Social Emotional Competencies for Infant Toddler Child Care Providers which includes the area of resources and referrals (making community referrals to Part C and Child Find, locating resources). Numerous relevant webinars are archived on the VA ITSN website (<https://va-itsnetwork.org/webinars/>) for viewing (e.g., developmental monitoring, CDC's Learn the Signs. Act Early). In addition, through its professional development opportunities, the Network promotes to infant and toddler providers its coaching to parents/families when the teacher finds the infant or toddler behaviors challenging. During this coaching, the infant or toddler is screened with Ages & Stages Questionnaire® (ASQ®) screening tools (ASQ-3 and ASQ:SE-2), and as appropriate the Modified Checklist for Autism in Toddlers, Revised (M-CHAT R/F™); positive screenings results are discussed with the family and appropriate community referrals are made. The VA ITSN also provides training and TA on ASQ-3 and ASQ:SE-2 to infant and toddler providers so they can administer these screenings to the infants and toddlers in their care.

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes

cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency’s early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency’s early learning and developmental guidelines.
 - i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:
- c. When were the Lead Agency’s early learning and developmental guidelines most recently updated and for what reason? **Virginia’s Early Learning and Development Standards were launched in September of 2021 and no revisions or updates have been made at this time.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **Virginia's Early Learning & Development Standards (ELDS): Birth-Five Learning Guidelines: <https://www.doe.virginia.gov/home/showpublisheddocument/421/63789060507257000>**

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **Through a partnership with Radford University, Virginia launched an Introductory Micro-credential to support understanding and use of the Virginia Early Learning and Development Standards. The 5-hour, non-credit bearing micro-credential is available to educators who work in varied Birth through 5 early childhood settings, including family day homes and center-based settings. The course is offered in English and Spanish.**

Virginia’s Early Learning and Development Standards have been cross walked with the State’s Virginia Kindergarten Readiness Assessment, Head Start’s Early Learning Outcomes Framework, and serve as the foundation for the State’s approved curriculum list. All vetted curricula must show full alignment across all Focus Areas of Virginia’s ELDS to support holistic and developmentally appropriate teaching and learning strategies for all children in Birth-5 early childhood settings.

The Virginia Early Learning and Development Standards are a foundational tool to promote school readiness, supporting understanding of growth and development of children age Birth-5, and identify topics for professional development that will improve instructional practices that result in better outcomes for all Virginia’s children.

The VA ITSN provides hard copies of Virginia’s Early Learning and Development Standards to programs that are receiving coaching; both VA ITSN coaching and TA for providers of infants and toddlers (0-36 months) can address use of the standards. These standards are used by VA ITSN staff to provide trainings; a webinar titled Getting to Know Virginia’s Early Learning and Development Standards is archived on the VA ITSN website (<https://va-itsnetwork.org/webinars/>) for viewing and the standards are incorporated into other trainings.

- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
 - i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.
2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used

to determine compliance with the required quality and infant and toddler spending requirements.

3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **Virginia completed an initial needs assessment of the birth to five system in 2019 and has completed annual reviews of progress towards the goals identified since then. In 2023, Virginia initiated a formal re-review of the Virginia Early Childhood Needs Assessment, through a contract with University of Virginia (UVA) and supported through PDG funds. The UVA team completed a comprehensive review of the initial goals and updated them using the data that Virginia has collected since 2019. The VDOE partnered also with Virginia Early Childhood Foundation to assist with field engagement on the Needs Assessment. This included engagement with Ready Regions, Family Councils, and the Virginia Promise Partnership Parent Advisory to inform and socialize Needs Assessment, including convening 9 regional roundtables across Virginia. The regional roundtables were an opportunity to review the Needs Assessment findings and hear feedback, over 350 attendees participated from around the state. Parents and families (200 participants) were paid a stipend for their time. Through Virginia’s needs assessment and strategic plan process, Virginia has identified key goals for expending CCDF funds to support quality.**

Virginia has developed a data strategy and uniform data system (LinkB5) for ongoing collection and analysis of measurement and improvement data across early childhood programs participating in VQB5. The use of LinkB5 on an annual basis is a requirement for all publicly-funded sites as part of VQB5’s required measurement and improvement activities, which as of the fall of 2023 includes 3,186 sites are participating, which represents 1,535 centers, 796 family day homes and 855 public school preschool programs across the Commonwealth. This means Virginia now has a more comprehensive data set that can be used to understand the needs of families and providers.

- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **The following overarching goals related to quality were identified in the needs assessment completed in 2024:**

Goal area 1: All children deserve safe, nurturing care that supports their learning and development and prepares them for kindergarten.

Goal area 2: To prepare all children for kindergarten, Virginia's early childhood system must ensure they have access to quality teaching and learning experiences that meet their unique needs.

Goal area 3: In order to accomplish this goal, Virginia must: 1) ensure educators are adequately compensated and supported to do their challenging work 2) establish a shared & equitable understanding of quality and its measurement 3) collect clear data about the workforce, the quality of teacher-child interactions, curriculum use, and children's learning across a broad set of domains 4) provide supports for improvement, prioritizing educators who need it most.

The needs assessment identified the following needs for Virginia's continued work:

1. To support improved quality, Virginia needs to support consistent VQB5 engagement - Roughly 25% of publicly funded sites are new to participating in Required Year 1; Virginia is supporting them through this process by clarifying participation requirements and consequences for sites who do not participate. In the practice years, some sites did not complete local observations and as a result received incomplete ratings. VDOE is establishing action steps and consequences for incomplete CLASS observations to support the most complete collection of data for the site. In addition, Virginia is helping schedulers use clear and approachable communications, particularly for family day home providers. Virginia is working to increase the use of external observations and establishing a score replacement protocol when inconsistencies in observation scores occur. A small percentage of sites require intensive support. One in three sites that scored very low in Practice Year 1 did not participate in any state-supported improvement efforts. Virginia is prioritizing classrooms with low CLASS scores for coaching/TA supports and requiring that sites that receive a "Needs Support" rating participate in additional improvement planning, this will be required as of Fall 2024 for Needs Support sites. There is variation in curriculum implementation by site type. Virginia will continue to keep curriculum use optional, while also increasing approved options and targeted supports to sites who are not yet using curriculum in at least one classroom.

2. To support improved quality, Virginia needs to address workforce issues - Workforce issues like high turnover continue to pose challenges with improving quality. High rates of turnover impact Virginia's investments in child care and limit quality improvement, as there is a perpetual need to recruit and retrain new educators. As of 2022, teachers reported an hourly wage of \$14.80, which is equivalent to \$12.97 in 2019 real-dollar value and fewer than half of these educators have access to benefits. Inflation-adjusted wages for early educators have increased on average by just \$0.71 per hour since 2019.

3. To support school readiness, Virginia should encourage publicly funded sites to embrace a culture of data use. Virginia must continue to provide teachers with training and resources to use screening data to inform instruction and individualization and inform site leaders on data-driven ways to coach and support teachers' instructional practices.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **The VDOE will share information on the quality progress reports on the child care microsite, www.childcare.virginia.gov.**
- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
 - i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

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

Yes. If yes, describe current and future investments. **Foundational CLASS Training - Preparing Educators For CLASS Observations**

Before classroom observations are conducted, teachers and program leaders need to understand what is being measured and why. Ready Regions are responsible for ensuring that all teachers and leaders who are new to CLASS are provided with opportunities to complete foundational CLASS training prior to being observed. During foundational training, teachers and program leaders view videos from real classrooms to view effective teaching practices in action in alignment with the domains and dimensions in CLASS. Foundational CLASS training also provides information about what teachers can expect when an observer comes to their classroom as well as an overview of the types of information they’ll receive after an observation.

CLASS Observer Training for site leaders

To help build local CLASS Observer capacity in support of child care centers and family day homes participating in VQB5, the Virginia Department of Education offers monthly observer training opportunities through an online hybrid format (combination of asynchronous and synchronous learning).

VDOE Sponsored CLASS Observer Trainings are only open to Ready Regions staff/contractors or site leaders who are participating in VQB5. All participants are required to take the reliability test at the completion of the Observation training and be prepared to conduct local CLASS observations in child care centers and family day homes participating in VQB5.

In addition to the online hybrid observer trainings offered by VDOE, Ready Regions provide in-person CLASS observer trainings to build local observer capacity and to strengthen local understanding of quality interactions within their regions. Having local leaders trained in CLASS helps them bring a “CLASS lens” to all aspects of their work.

Providing Feedback On CLASS Observations to Support Improvement

In VQB5, all site leaders and teachers benefit from receiving frequent and specific feedback provided through CLASS observations conducted at least twice a year at the local level in every classroom, and at least once at every site within each age-level served by the external observation contractor. Providing program leaders and teachers with quality feedback regarding their local and external CLASS observation is a critical component of VQB5 improvement supports.

Ready Regions are responsible for ensuring all local observers have training and support in providing individualized strengths-based feedback. This feedback provides teachers with an opportunity to recognize growth and provides program leaders with a complete reflection of what children are experiencing throughout the year. Results and feedback from local observations can be used by program leaders to inform program level goals as well as goals for individualized professional development, within the context of infant, toddler, and preschool settings.

Ready Regions are responsible for training local observers on all aspects of the VQB5 CLASS requirements and observation and feedback protocols. Support for local observers by Ready Regions includes group trainings and individualized technical assistance for quality assurance checks and professional development.

☑ **Group trainings-** Regularly-scheduled group meetings are facilitated by Ready Regions to discuss any coding-related or logistical challenges, share updates about VQB5, and receive professional development on how to provide effective feedback.

☑ **Technical Assistance -** Ready Regions provide technical assistance to help ensure that local observers are following the proper protocols and coding reliably in the field. This includes methods such as fidelity checks, calibrations, and double coding.

Virginia Infant-Toddler Specialist Network Training and Technical Assistance

The VA ITSN offers statewide training and follow-up TA for providers caring for infants and toddlers (0-36 months) prioritizing those at publicly funded sites participating in VQB5. Additionally, the VA ITSN offers (i) support (promotion, advising, provision of online training) for obtaining credentials and certificates and (ii) a scholarship program for staff receiving coaching to attend a statewide conference. Training and follow-up TA can be in-person, virtual, or in a hybrid format, and providers can be from child care centers and family day homes.

Trainings align with Classroom Assessment Scoring System® (CLASS®) and associated dimensions are listed in marketing materials and training certificates. Training formats can include director forums, Celebrating Babies and Tots Institutes, sessions at conferences, and archived webinars available on the Network website (<https://va-itsnetwork.org/webinars/>). Evaluation of trainings includes knowledge measures as appropriate and participant evaluations of the training; evaluation of follow-up TA from trainings includes satisfaction surveys and goal obtainment as appropriate.

Infant and Toddler Specialists provide training focused on learning experiences and teacher-child interactions (based on CLASS scores), curriculum and instructional materials (including classroom structures/schedules and routines/setting up environments for infants and toddlers) and promoting use of Virginia’s Early Learning and Development Standards. Other topics are identified in coordination with Ready Regions and include at least the following: engaging parents and families, continuity of care, early literacy, caring for infants and toddlers with disabilities/special needs, cultural and linguistic responsiveness, behavior management, health and safety including nutrition and physical activity, brain development, learning and development, and program leadership and management.

Infant and Toddler Behavior Consultants provide training focused on promoting the social emotional development of infants and toddlers, teacher-child interactions (i.e., responsive caregiving, emotional and behavioral support), screening of infants and toddlers (Ages & Stages Questionnaire® screening tools), topics to support the well-being of infant/toddler providers to better support the needs of the children in their care, and challenging behaviors/trauma. Other topics are identified in coordination with Ready Regions and include at least the following: milestones and factors that affect development; emotional literacy; infant toddler observation and monitoring; resources and referrals; family engagement; interactions (directors, teacher, family, child); diversity, inclusion, and culture; staff retention, and program management/leadership. ITBC training and follow-up TA are also prioritized for programs with a specific referral for a child demonstrating need and the parents of these infants and toddlers.

- ii. Developing, maintaining, or implementing early learning and developmental guidelines.

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

Yes. If yes, describe current and future investments. **The Virginia Early Learning and Development Standards are a foundational tool to promote school readiness, supporting understanding of growth and development of children age Birth-5, and identify topics for professional development that will improve instructional practices that result in better outcomes for all Virginia’s children. The five core areas of development are: approaches to play and learning, social and emotional development, communication, language, and literacy development, health and**

physical development and cognitive development, which includes: science, social science: people, community and culture, mathematics, and fine arts: dance, music, drama, physical art. The ELDS align with Virginia’s Kindergarten Standards of Learning (SOLs), Head Start’s Early Learning Outcomes Framework, and serve as the foundation for the State’s approved curriculum list. All vetted curricula must show full alignment across all Focus Areas of Virginia’s ELDS to support holistic and developmentally appropriate teaching and learning strategies for all children in Birth-5 early childhood settings. As a part of VQB5’s annual measurements, use of approved curricula that align with Virginia’s ELDS must be reported at the classroom level for every infant, toddler and preschool publicly funded classroom on an annual basis. This data must be reported via the LinkB5 data portal as a part of their site classroom profiles. Sites who are not using an approved curricula in at least one classroom are targeted for additional improvement support.

Through a partnership with Radford University, Virginia launched an Introductory Micro-credential to support understanding and use of the Virginia Early Learning and Development Standards (ELDS). The 5-hour, non-credit bearing micro-credential is available to educators who work with children birth to age five in varied early childhood settings, including family day homes, schools, and child care centers. The content is available in separate English and Spanish courses. 500 learners are able to register for access to course content, annually. Radford University learning coaches provide technical assistance and support to learners requiring support to complete the course.

The VA ITSN provides hard copies of Virginia’s Early Learning & Development Standards to programs that are receiving coaching. Both VA ITSN coaching and TA for providers of infants and toddlers (0-36 months) can address use of the standards. These standards are used by VA ITSN staff to provide trainings; a webinar titled Getting to Know Virginia’s Early Learning and Development Standards is archived on the VA ITSN website (<https://va-itsnetwork.org/webinars/>) for viewing and the standards are incorporated into other trainings.

iii. Developing, implementing, or enhancing a quality improvement system.

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

Yes. If yes, describe current and future investments. **To prepare all children for kindergarten, Virginia’s early childhood system must ensure that all children have quality teaching and learning experiences that meet their unique needs. In response to state law, Virginia has developed the Unified Virginia Quality Birth to Five System (VQB5) to measure and help improve the quality of all publicly-funded birth-to-five classrooms and support families to choose quality programming across program types.**

As of August 2023, all publicly-funded birth-to-five early childhood programs are required to participate in VQB5 on an annual basis. Programs that do not receive public funding have the option to participate. This includes nearly 3,200 sites including child care centers, family child care, Head Start and public school PreK.

VQB5 measures the quality of infant, toddler and preschool teaching and learning based on two nationally recognized quality indicators: interactions and curriculum.

☑ Measuring Quality Interactions- The quality of teacher-child interactions is measured in a developmentally appropriate way with the use of the CLASS tool. VQB5 sites are required to complete two types of CLASS observations: local and external observations.

☑ Measuring Use of Quality Curriculum - Quality is measured through the optional use of a comprehensive curriculum that align with Virginia’s early learning and development standards.

Quality profiles that include rating information from the 2023-2024 participation year will be published via a family-friendly website in Fall 2024.

The following investments support VQB5:

VQB5 Coordination through Ready Regions

Per Virginia State Code (See § 22.1-289.05), Ready Region Lead Organizations are responsible for coordinating early childhood care and education services, and supporting quality improvement through the implementation of the uniform measurement and improvement system (VQB5). The specific Ready Region responsibilities for strengthening quality through VQB5 are listed below.

A. Plan and complete all VQB5 Local Observations

☑ Inventory local CLASS observers within each region at least twice a year to ensure sufficient local observer capacity to meet regional needs. Ensure adequate emphasis is placed on building a diverse group of observers across all age groups, with particular focus on experience needed to observe inclusive and other special education settings and family child care.

☑ Create a written observation schedule to ensure all registered classrooms are observed and receive feedback twice a year, in the fall and spring. When scheduling, ensure linguistic match between observer and primary language of instruction.

☑ Support observers in entering and submitting for approval all CLASS® scores in LinkB5 and support site administrators with approving CLASS® scores in LinkB5. Regions should conduct follow-up as needed.

B. Support Programs with VQB5 External Observations

☑ Designate a Ready Region staff member to be the external observation representative for receiving scheduling notification emails from the Teachstone External Observation team.

☑ Ensure site administrators are aware of their external observation schedule and

understand the purpose of external observations in VQB5, throughout fall and spring observation windows.

C. Maintain accurate, consistent and effective local observers

☑ Establish written regional policies and practices to support observer consistency and effectiveness of resulting feedback, as well as policies and practices that reduce observer bias.

☑ Use results from local-external alignment reports to inform practices for supporting local observers. Update regional policies to address any gaps/needs twice a year, following fall and spring alignment reports.

D. VQB5 Improvement Support

☑ Ensure that all teachers and leaders who are new to CLASS are provided with foundational CLASS training prior to being observed (ongoing, based on regional foundational training needs).

☑ Collaborate with improvement partners to coordinate the implementation of interactions-support activities.

☑ Designate one Ready Region staff member to serve as the Coaching Collaboration representative and attend quarterly collaboration meetings with the state to support consistent communications between the state, coaching partners and the field.

☑ Share information about professional development options and opportunities offered by state, regional and local partners with VQB5 sites during fall and spring observation windows.

E. Support curriculum data submission

☑ Support site administrators to ensure curriculum use information is entered into LinkB5 for every classroom by May 31st.

F. Support Dissemination of Information related to RecognizeB5

☑ Communicate RecognizeB5 eligibility requirements with the field and help connect programs to information about the RecognizeB5 program (i.e. RecognizeB5 Help Center) during registration and verification time periods as needed.

G. Develop informational outreach to parents about VQB5 participation efforts (e.g., that their child’s site is participating in broader statewide efforts).

External ☑Third Party’ CLASS Observations

VQB5 primarily relies on local observations and local feedback to produce site quality ratings and drive quality improvement across all of Virginia’s publicly-funded classroom settings. Considering VQB5 includes thousands of observers who observe 12,000+ classrooms across diverse age groups and settings, the

VDOE must ensure the consistency, reliability, and accuracy of these local observations. The VDOE funds, oversees, and uses VQB5 external observations to ensure statewide consistency by providing an impartial, external comparison point and to promote continual improvement of local observer capacity. This includes using external observations to 1) confirm the accuracy of local observers by providing an impartial, external comparison point 2) provide professional development to local observers to identify issues of “drift” as they continue to strengthen in their practice of the CLASS tool, and 3) provide additional feedback to educators.

External observations are conducted by a contracted party, selected by the VDOE. In 2022, the VDOE conducted a competitive Request For Proposals to identify an external observer contractor. The Teachstone External Observation Team will continue as the contractor for external observations in 2023-2024.

In VQB5, external CLASS observations will be completed at every site with every age-level at a site receiving at least one external observation annually, in approximately 75% of all participating classrooms. Doing so provides sufficient data to ensure consistency and fairness across the state in all programs and age-levels served.

Building a Family Friendly Search Website for Families

As established by the Board of Education in June 2022, all VQB5 participating sites will receive an annual VQB5 quality profile which will include information about performance on measurements (i.e., quality rating results) and other topics of interest to families, policymakers, and the general public.

The first VQB5 Quality Profiles, which will include site quality ratings, will be posted online starting in the fall of 2024 to provide families with information about quality options across all publicly funded birth to five program types. This will include site profiles for nearly 3,200 sites, including family child care, child care centers and public school preschool programs. VQB5 Quality profiles will also meet the Federal Office of Child Care requirement for states to include quality rating information on a publicly accessible consumer education website for families.

To prepare for the launch of the new VQB5 Quality Profile website, VDOE has developed “profile mock-ups” and is sharing with families and the field during spring 2024. This includes engaging Ready Region family councils to ask for their input about the quality profile content, search functions, images and overall look/feel. Feedback from families and the field will be used to finalize the quality profiles for public posting in fall 2024. Feedback gathered in the spring 2024 will also be used to develop a variety of communications to inform families and the general public about VQB5 quality profiles. The VDOE has supported the work of Ready Region Family Councils through PDG Renewal funding in past years, though in 2023-2024 is funding this work through ARPA.

Required Improvement Planning For Needs Support Sites (Quality Consultants)

Publicly-funded programs that receive a "Needs Support" rating will be required to participate in additional improvement activities through Quality Improvement Planning. Quality Improvement Planning will be facilitated by the VDOE and will be required for any site that receives a Needs Support rating in order to maintain public funding. The VDOE uses CCDF funding to support "Quality Consultants", contractors who assist with Quality Improvement Planning.

Quality Improvement Planning is the formal mechanism for 1) prioritizing improvement resources and opportunities for sites that have demonstrated the most need, and 2) monitoring progress throughout the performance year to ensure sites are not repeatedly flagged for needing support.

Quality Improvement Planning will be led by the VDOE. Any site that has been identified as "Needs Support" will be paired with a Quality Consultant. Quality Consultants are employees of or contracted through the VDOE.

Each Quality Consultant will be assigned a small caseload of "Needs Support" sites to facilitate the following general Quality Improvement Planning Process:

☐ Complete initial visit and needs assessment

☐ Develop annual quality improvement plan for the site, including at least 3 goals related to teacher-child interactions, using information on current need found in the most recent VQB5 Site Quality Profile results.

☐ Complete monitoring of improvement plan throughout the year

☐ Close out of the annual quality improvement plan

Virginia Early Childhood Consultation (VECC)

Starting in fall 2024, the VDOE will use CCDF funding to fund a new program called Virginia Early Childhood Consultation. The Virginia Early Childhood Consultation model (VECC) will support improvement in all sites and classrooms identified as "Needs Support" based on VQB5 data. VECC will enhance the skills of leaders and teachers to 1) promote healthy social-emotional environments 2) teach behaviors to help children develop behavioral regulation, positive relationships, and social skills, and 3) respond to behavioral challenges effectively in collaboration with families. The model includes a leader-focused track, including training, technical assistance, and coaching to improve site culture and support all staff who work with children and a teacher-focused track, including coaching to implement effective management skills in CLASS domains, support children exhibiting behavioral or mental health concerns, and supporting family engagement. Sites receiving a "Needs Support" rating will be required to participate in VECC, and the duration of services will be based on the unique needs of the site, must begin in the fall, and could continue throughout the year.

LinkB5 Data Portal for VQB5

All VQB5 participants are required to use LinkB5 to provide information about their sites, classrooms, and teachers through the completion of various profiles. LinkB5 is critical to the implementation of VQB5, and is supported through CCDF Quality funding. LinkB5 participants are also asked to provide information about children enrolled in publicly-funded sites in order to better understand the impact of public investments and ensure the growth and improvement of child outcomes at the classroom level. This enables the VDOE to link early childhood data with K-12 longitudinal data and track longer-term outcomes. Ready Regions are responsible for coordinating and monitoring the completion of all VQB5 data entry, including the entry of observation scores. The VDOE funds the University of Virginia (UVA) to maintain and enhance LinkB5.

The LinkB5 system provides a secure environment for entering and storing data, as well as security protocols allowing end users to access their own data based on their user roles and credentials (e.g., a teacher can access his or her own data, a site director can access information on all teachers and classrooms at the site). The hosting environment that UVA uses for LinkB5 adheres to protocols in place from the Information Technology System department at UVA for sensitive data and is at the same level of security as the PALS and VKRP systems, which house child-level sensitive data. The use of the data by stakeholders, including UVA collaborators, is guided by VDOE-UVA data sharing agreements, as well as the guidance of UVA's Institutional Review Board (IRB), designed to establish data-use protocols in service of protecting confidentiality of data and individual's anonymity.

Through the completion of LinkB5 profiles, Ready Region leaders and program directors are able to use the data to support participating educators and regional planning. The information gained from LinkB5 assists in the development of resources for communities and families. As a result of robust data collection and data interoperability through LinkB5, Virginia will be able to link early childhood experiences to subsequent student outcomes like VKRP scores, literacy, and overall achievement. Linking these data will enable the Commonwealth to not only strengthen early childhood programs, but to also understand student outcomes downstream and provide families with critical information regarding their students' education and experiences. LinkB5 data can also be used by providers, leaders, and educators to drive improvement within sites and offer targeted supports to the field and to families. Regional and state leaders, community stakeholders, and researchers will benefit from rich, longitudinal data that will contribute to planning efforts, resource development, and innovative research opportunities.

- iv. Improving the supply and quality of child care services for infants and toddlers.
[] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. The VA ITSN offers statewide intensive coaching for providers caring for infants and toddlers (0-36 months). Coaching by the Infant and Toddler Specialists focus on improving the quality of teacher-child interactions and use of an approved curriculum; services are only offered to infant and toddler providers working at a program participating in VQB5 and there is a priority on those taking public funds.

Coaching by the Infant and Toddler Behavioral Consultants focus on promoting the social emotional development of infants and toddlers, teacher-child interactions (i.e., responsive caregiving, emotional and behavioral support), reducing challenging behaviors and for directors can involve developmental screening, family engagement, social emotional policies, and team building; services are prioritized for programs with a specific referral for a child demonstrating need and the parents/families of these infants and toddlers as well as infant and toddler providers working at a program participating in VQB5 and receiving public funds.

Intensive coaching can be on-site, virtual or in a hybrid format. Providers can be from child care centers and family day homes, and services are coordinated with Ready Regions and other improvement partners. Pre- and post-assessments for providers include Classroom Assessment Scoring System® (CLASS®) from VQB5 and depending on the coaching service include CLASS Environment™ or Teaching Pyramid Infant-Toddler Observation Scale (TPITOS™). Services involve consultation, targeted training, classroom-focused mentoring, feedback, modeling, reflective practices, resources, referrals, review of progress on goal attainment, development of goals for after services are completed as well as the practice-based coaching components of shared goals and action planning, focused observations, and reflecting on and sharing feedback. Services can also include Language Environment Analysis (LENA) Grow™. Coaching services to families include Ages & Stages Questionnaires®, Third Edition (ASQ®-3) and Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2) and can include as appropriate Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT R/F™) and Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO™). Evaluation of coaching includes pre- and post-assessments, provider evaluation of services, and follow-up phone calls to a random sample of classrooms capturing ongoing changes and improvements.

The VA ITSN offers statewide TA for providers caring for infants and toddlers (0-36 months) prioritizing those from publicly funded sites participating in VQB5 and programs with a specific referral for a child demonstrating need and the parents/families of these infants and toddlers. TA can be in-person, virtual or in a hybrid format, and providers can be from child care centers and family day homes. TA can be offered in a group setting and topics include those mentioned under training (7.2.2.a) as well as LENA Grow™. Materials can include support for inclusion, breastfeeding friendly programs, diversity and addition or expansion of infant and toddler care. Evaluation of TA includes satisfaction surveys and goal obtainment as appropriate.

In FY25, VDOE is also using state general funds to support the Mixed Delivery Grant Program (MD). MD is Virginia's smallest ECCE program and has been designated as the "incubator" for promising practices and policy innovations at the state level, including by piloting contract-based slots and pay-by-enrollment models. As of May 2024, nearly 2,600 children are receiving MD services in over 60 localities. FY25-26 funding levels account for slots for just over 2,500 children. MD is implemented via a partnership between VDOE, the Virginia Early Childhood Foundation, and 9 Ready Regions lead agencies across the state. MD offers families full-day, year-round services in high-quality, publicly-funded child care centers and family day homes. Sites are chosen based on 1) location in an area identified as having a shortage of supply; 2) their demonstrated capacity to meet additional requirements, including the use of a state-approved curriculum, administration of the Virginia Kindergarten Readiness Program (VKRP) assessment in MD-funded classrooms, and 3) the ability to provide a minimum threshold of publicly-funded slots per classroom. Per-child payment rates are based on Virginia's federally-approved alternative methodology at 100% of estimated costs to reflect the additional requirements associated with the program. Beginning in FY25, family eligibility parameters for MD will closely align with CCSP (with some exceptions to income limits for children that meet certain categorical eligibility characteristics, such as having an identified disability or developmental delay) and families will be subject to a similar copayment scale. Funds supporting CCSP-eligible children in MD will be counted towards Virginia's state match.

Virginia has invested in supporting child care compensation, including infant and toddler teachers, through an initiative called RecognizeB5. Starting with \$2.9M from an initial PDG grant in 2019, Virginia invested in the RecognizeB5, which provided over 2,000 teachers in publicly funded schools, centers, and FDH up to \$1,500 if they stayed in their sites over an eight month period. During this pilot, UVA conducted a randomized controlled trial to measure the effect of financial incentives on turnover, the first experiment of this kind in ECCE. Across all roles, RecognizeB5 reduced turnover from 25% to 14%, increased provider perception that their work was valued (98%), made them more excited about their work (95%), helped professionals meet their financial obligations (97%) and reduced stress (95%). The impact of RecognizeB5 was much higher in non-school settings: it cut turnover in half at centers (30% vs. 15%) (see study here: <https://files.elfsightcdn.com/022b8cb9839c-4bc2-992e-cefccb8e877e/6de6fd54-e921-4c88-a452-ad7cabccc362.pdf>). Virginia has continued and expanded the RecognizeB5 program since this initial PDG investment, using PDG Renewal funding, State General Funding, and ARPA funding to partially support the initiative. In 2022-2023, the RecognizeB5 supported 9,558 teachers in center-based child care and family day homes (8,726 in center and 833 in family day homes), Teachers were eligible for up to \$2,500 to recognize their work in the sector and support movement towards wage equity. The program was supported by PDG funds, State General Funds, and ARPA relief funding in FY23. In total, \$22,522,500 in incentive payments were distributed. In 2023-2024, it is anticipated that \$41 million will be distributed to over 15,000 educators in child care and family day homes using both ARPA and State General Funds. As of 2023-

2024, the RecognizeB5 program is funded by State General Funds and ARPA funding. In future years, the RecognizeB5 program may be supported State General Funds and CCDF.

VA will meet the infant toddler set aside through the Infant Toddler Specialist Network agreement and through a proportional percentage of the RecognizeB5 payments.

- v. Establishing or expanding a statewide system of CCR&R services.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments.
- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **CCDF quality funding supports staff in VDOE's Office of Child Care Health and Safety charged with providing technical assistance and monitoring functions with licensed and regulated child care providers, functions related to enforcement proceedings, and contracts with vendors to provide training and technical assistance to licensed and regulated child care programs.**
- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments.
- viii. Accreditation support.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments.
- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments.
- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.
 No plans to spend in this category of activities at this time.
 Yes. If yes, describe current and future investments. **VDOE is committed to expanding access to high-quality curriculum materials to meet the unique needs of a variety of site types: schools, child care centers, and family day homes. In the Fall of 2023, 79% (n=2,538) of publicly funded sites participating in VQB5 reported using an approved curriculum in at least one classroom; however, when looking at**

the data more closely, only a little over half (54%) of family day homes reported using an approved curriculum, and approximately 75% of child care centers.

Beginning in 2021, the VDOE has been conducting provider-initiated, comprehensive curriculum reviews, to ensure that 1) providers using curriculum can be assured that their chosen material is of high quality, and 2) to provide a menu of high-quality options for sites and classrooms that may benefit from curriculum adoption to make the selection of their choice. Should a provider want to request a review, they complete a [pre-submission checklist](#), which initiates the review process. Curricula that are comprehensive, research-based, and aligned with the Virginia Early Learning and Development Standards are then passed to a team of curriculum consultants that ensure the materials meet established quality criteria. Vetted materials that meet quality standards are added to the vetted and approved list. Currently there are over 60 options available for Virginia providers to choose from, including three open-source or low-cost options. Details about the curriculum vetting process, the approved list, and resources to support choice can be found on the VDOE Early Childhood Curriculum website.

One of the low-cost options is STREAMin3. Through a partnership with the University of Virginia’s School of Education and Human Development, Center for Advanced Study of Teaching and Learning (CASTL), the VDOE has been able to use what we have learned about curriculum use in Virginia and the implementation needs of early childhood leaders and educators to provide access to a low-to-no cost comprehensive early childhood curriculum for any publicly-funded birth-to-five provider in Virginia. STREAMin3 provides free, individualized professional development and coaching to help programs adopt and use their curriculum and comprehensive curriculum kits including all materials and books. In FY24, 2,000 classrooms received materials, and to date another 800 classrooms have requested digital access to the curriculum. Access to Streamin3 is prioritized for family day homes and child care centers that have previously not had access to curriculum; additionally, Streamin3 uses teacher-child interaction data to target outreach to sites and classrooms that may benefit from the use of curriculum to improve interactions and school readiness.

As we continue to learn more about curriculum use in Virginia, and the needs of providers to implement quality resources, the VDOE foresees continuing a partnership with STREAMin3 to support quality improvement in Virginia. The VDOE also plans to expand curriculum resources to help families understand the benefits of curriculum use, further support sites and programs in using interactions data to select curriculum options that best meet their needs and learn from curriculum use data to inform improvement supports.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency’s efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education

to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

- a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The Lead Agency 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. Committee meeting topics include updates on various initiatives as well as items for endorsement prior to formal Board approval. For example, the ECAC has provided ongoing engagement and advisement on VDOE’s approach to rate-setting using a federally approved alternative methodology. In addition, the ECAC reviewed multiple drafts of the structure and approach of VDOE’s unified measurement and improvement system, VQB5—including the annual revisions to system guidelines—to ensure the system and associated supports are fully reflective of the needs and realities of the diversity of ECCE sites and educators across the state. The ECAC has also been engaged in the revisions of Virginia’s health and safety regulations for licensed child day centers. ECAC members served on a workgroup to inform the drafting process of the revised regulations, and the draft regulations were approved by the full Committee in advance of the issuance of a Notice of Intended Regulatory Action (NOIRA). The ECAC will continue to review and provide feedback on revisions on an ongoing basis as the draft regulations make their way through the public comment process and review by the Board.**
- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **As Lead Agency, VDOE coordinates monthly check-ins with the Chickahominy and Monacan Tribes. The purpose of the monthly check-ins is to identify opportunities for collaboration and ways the state can support tribal**

implementation of their CCDF grants. For example, VDOE and VDSS are working with both Tribes to facilitate background checks for home-based tribal child care providers that are not subject to state licensure. VDOE is also connecting each tribe with the respective Ready Region lead agency supporting the communities surrounding tribal lands in order to offer support for quality measurement and improvement. Members of the VDOE Office of Child Care Health and Safety are also working with tribal leaders to support health and safety monitoring practices in home-based sites. Finally, VDOE is coordinating with the Chickahominy Tribe and the Eastern Division to support their existing tribal child care center to become an approved Child Care Subsidy Program vendor, as well as to support the tribe's launch of a fully licensed site in the future.

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **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 with disabilities that participate in school-based preschool or K-12 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 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. VDOE is actively reviewing existing policies and data to identify strategies to increase inclusion across all early childhood settings.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Office of Head Start State Collaboration (OHSSC) 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 OHSSC 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 OHSSC Executive Director is a non-voting member of the**

lead agency's ECAC.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **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.**

A VDH representative serves 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 has also partnered with VDH, Division of Pharmacy, to implement legislation that requires certain child day centers to implement policies for the possession and administration of appropriate weight-based undesignated epinephrine to any child believed to be having an anaphylactic reaction. Additionally, the Lead Agency has partnered with VDH, Office of Drinking Water, to implement legislation that requires certain child day programs to develop and implement a plan to test potable water for lead. The Lead Agency will continue to work closely with VDH to ensure that child care providers are included in public health supports and can open and operate safely for families in the Commonwealth.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **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. 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.**

VDOE also continues to prioritize engaging the business community through other avenues as well. The ECAC includes representatives of the business sector to ensure that ECCE policies account for the needs of working families and employers. In addition, VDOE helps to facilitate the Commission on Early Childhood Care and Education (the Commission), which is responsible for identifying financing strategies to sustain and expand ECCE services in Virginia. Multiple representatives of Virginia businesses are voting members of the Commission and the Secretary of Labor serves as an ex-officio member.

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **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.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **The Lead Agency is responsible for child care licensing. The CCDF Administrators meet monthly with leadership in the Office of Child Care Health and Safety (OCCHS) to identify opportunities for ongoing coordination between licensing staff and staff overseeing the Child Care Subsidy Program and VQB5. For example, at these regular meetings OCCHS and CCSP connect on whether annual Subsidy Health and Safety Inspections (SHSI) are occurring in a timely manner, any vendors being removed from CCSP (voluntarily or involuntarily), licensed subsidy vendors that are in the enforcement process, and any increased oversight that is occurring at unlicensed subsidy vendors based on health and safety concerns. This allows VDOE to collaboratively monitor vendors whose participation in the subsidy program could change or be revoked. Additionally, coordination of changes in subsidy vendor status, the enforcement process, and VQB5 participation is occurring on a weekly basis.**

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **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. VDOE is currently in the process of a comprehensive review of ECCE policies. VDH is among the stakeholders engaged in aligning and streamlining child care licensing regulations and monitoring processes.**

- j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **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.**

- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **TANF is located within the Division of Benefit Programs at the Department of Social Services (VDSS). Child Care Subsidy Program staff at VDSS that administer the voucher program through an MOA with the Lead Agency also sit within this Division. VDOE and VDSS coordinate 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. In addition, a representative from VDSS is a non-voting member of the Lead Agency's ECAC.**

- l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **Medicaid and FAMIS, the state children's health insurance program, are jointly administered by the Department**

of Medical Assistance Services (DMAS) and VDSS. DMAS sets policy and provides funding oversight. VDSS administers the program via 120 local departments of social services. Citizens can apply for Medicaid and FAMIS through the same channels and at the same time that they apply for CCSP services.

VDSS and 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.

- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **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.**

A representative at DBDHS also serves as an ex-officio member of Virginia's ECAC.

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **Child Care Aware of Virginia (CCAoVA) is Virginia's child care resource and referral agency. While contracted services do not meet the CCDF-defined CCR&R, VDOE uses CCDF to support the following consumer education and provider supports:**

- 1. Provide families with information and resources to help them select a child care provider;**
- 2. Provide CPR/first aid and emergency preparedness trainings to providers and professional development (e.g.; Strengthening Business Practices training) to increase the organizational, administrative, and operations capacity of child care businesses; and**
- 3. Support providers onboarding and participation in the Child Care Subsidy Program by offering technical assistance with the vendor application process and providing training about the CCSP.**

CCAoVA will continue to provide technical assistance and consumer education to families, leverage beneficial private-public partnerships, provide training, and assist with increasing the supply of publicly-funded child care in partnership with VDOE.

Per Virginia State Code (See § 22.1-289.05), Ready Region Lead Organizations are responsible for coordinating early childhood care and education services, and supporting quality improvement through the implementation of the uniform measurement and

improvement system (VQB5). This includes providing VQB5 Improvement Support, such as ensuring that all teachers and leaders who are new to CLASS are provided with foundational CLASS training prior to being observed (ongoing, based on regional foundational training needs), and making sure that programs are connected to relevant professional development options and opportunities offered by state, regional and local partners.

- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The 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. VPOST members were engaged in the review of child care licensing regulation revisions.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **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. VDOE coordinated closely with VDEM during the pandemic to provide access to personal protective equipment and cleaning and sanitation supplies to child care providers. The agencies continue to collaborate on revisions to the statewide child care disaster plan.**

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

- i. State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe:
- ii. State/Territory institutions for higher education, including community colleges. Describe: **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. This coordination allows for the Lead Agency and each partner to mutually inform degree and certificate programs and professional development opportunities.**
- 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 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 this program.

- iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) 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.**

- v. **[x]** 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.**

- vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The Virginia Department of Social Services, Division of Family Services is responsible for overseeing child welfare services administered at the local level. VDOE is working with VDSS and local departments to promote coordination around investigations of child abuse and neglect in child care settings. The Assistant Superintendent of Child Care Health and Safety was recently appointed to the Out Of Family Investigation Advisory Committee to the Board of Social Services.**

Additionally, the Assistant Superintendent of Child Care Health and Safety is part of the Statewide Child Fatality Workgroup, which examines the details of child fatalities to determine how they could be prevented and develops recommendations for prevention, education, training and intervention.

- vii. **[x]** Child care provider groups or associations. Describe: **Provider groups are represented on the Lead Agency's ECAC. Current ECAC members are also members of the Virginia Partnership for Out of School Time, the Virginia Alliance for Family Child Care Associations, and the Virginia Child Care Association.**

These provider groups and associations are among those targeted for stakeholder engagement opportunities on various aspects of Virginia's unified ECCE system to

maximize reach, in addition to the following groups: Virginia Head Start Association, the Early Childhood Education Consortium, and the Virginia Association for the Education of Young Children. Collectively, provider groups and associations provide invaluable input into VDOE’s approach to policy and process implementation.

- viii. Parent groups or organizations. Describe: **Every Ready Region is charged with convening and leading a Family Council, representative of their region, to engage family voice and ensure that state and regional ECCE systems are designed to meet their needs and preferences. Ready Region Family Council members participate in Ready Region Shared Governance bodies, represent their regions on the statewide Virginia Promise Partnership Parent Advisory, and provide family perspectives and guidance to regional and state early childhood initiatives and Ready Regions early childhood priorities. Through PDG B5, Virginia has committed to learn from and better inform families; empower family choice; build knowledge; and promote parent-child relationships. Ready Regions have actively worked to build local B-5 systems that trust the wisdom of families as children’s first and most important teachers. These systems will promote strong parent-child relationships and provide supports to families (including those with unique needs such as children with disabilities, ELLs, families of VA’s 11 tribal communities, and families in rural and underserved communities), with the ultimate goal of designing regional infrastructure that meets the needs of the most underserved communities and families in Virginia.**
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

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

As a reminder, CCDF funds may be used in collaborative efforts with Head Start and Early Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs.

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **State general funds are used to provide additional slots to children through the Child Care Subsidy Program.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: **Virginia will use state general funds used to fund the mixed delivery program, Recognize B-5 and the Child Care Subsidy Program as match and maintenance-of effort.**

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. Donated directly to the state.

ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

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

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency:

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **The Code of Virginia (§ 22.1-289.05) directs the Board of Education to establish a set of regional entities that are responsible for coordinating early childhood care and education services, guiding quality improvement of such services and coordinated access to such services for families, and implementing the uniform measurement and improvement system. In 2021, the VDOE worked closely with the Virginia Early Childhood Foundation to competitively select and launch nine regional entities, now called Ready Regions. The VDOE annually funds the Ready Regions to ensure the regional implementation of VQB5 and support coordination for every birth-to-five provider in the Commonwealth.**

Each Ready Region has a lead organization charged to partner with parents, school divisions, social and human services agencies, quality improvement networks, early childhood care and education programs, businesses, and other stakeholder organizations to coordinate and integrate critical services and resources for families with young children. Ready Regions are responsible for the coordination, accountability, and family engagement for early childhood programs, including coordination of VQB5 activities. Additional information available at <https://vecf.org/ready-regions/>

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency’s Child Care Disaster Plan most recently updated and for what reason? **In July 2021, VDOE assumed the role of CCDF Lead Agency and undertook minor revisions to the statewide disaster plan. VDOE undertook a more comprehensive set of revisions in alignment with the CCDF State Plan Cycle in 2024. The updated version of the Disaster Plan will be published on October 1, 2024.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. The plan includes guidelines for the continuation of child care subsidies.
 - iii. The plan includes guidelines for the continuation of child care services.
 - iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
 - Procedures for evacuation.
 - Procedures for relocation.

- Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
- vi. The plan contains procedures for staff and volunteer emergency preparedness training.
 - vii. The plan contains procedures for staff and volunteer practice drills.
 - viii. If any of the above are not checked, describe:
 - ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted:
<https://www.childcare.virginia.gov/reports-resources/administrative-program-manuals-reports-and-data/statewide-child-care-disaster-plan>.

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family’s needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. Describe the Lead Agency’s hotline or similar reporting process through which parents can

submit complaints about child care providers, including a link if it is a Web-based process: **Parents can submit complaints through the toll-free hotline at 833-778-0204 or online at: <https://www.childcare.virginia.gov/families/file-a-complaint>. Parents and the public can also submit complaints by contacting the Office of Child Care Health and Safety in their region or by contacting the licensing inspector directly.**

- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **The child care website may be translated online into 103 different languages using Google Translate. Additionally, the lead agency has a contract with Propio Language Services to provide translation services via phone, video conference or in writing.**
- c. Describe how the parental complaint process ensures broad 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. Individuals with visual or auditory disabilities are directed to 2-1-1 Virginia, which offers free, statewide, 24/7 online and telephone assistance. Individuals who have auditory disabilities can also use Virginia Relay, which offers free, statewide, 24/7 support to communicate with standard telephone users.**
- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: Licensing Inspectors review complaint information and assess the potential for violations of applicable regulations, coordinating with law enforcement and other agencies as appropriate. Complaints are entered within the licensing system within three business days of receipt. 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 complaint investigation as soon as possible and are initiated within seven calendar days of receipt. Complaints alleging noncompliance of lower risk of harm are initiated within 30 calendar days of receipt.

Unannounced complaint investigations gather facts through 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 unless there are extenuating circumstances that prevent closure. Findings and corrective actions offered are monitored during subsequent inspections.

Complaint procedures for CCDF providers and non CCDF 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, voluntarily registered family day homes and CCDF (licensed and exempt) providers, standards in regulations and the requirements in the 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. Unlicensed providers that are not required to file as exempt would be assessed to determine if the program is subject to licensure or meets requirements to be exempt. If the provider is subject to licensure, the regional Office of Child Care Health and Safety assists the provider with coming into compliance with the Code of Virginia, which may include becoming licensed.

[] No.

- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **The Office of Child Care Health and Safety maintains the record of all complaint records, substantiated and unsubstantiated, for CCDF and non-CCDF providers. All complaint records are maintained within the licensing system regardless of program type.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **Inspections and complaint findings from the last five years for licensed, regulated and CCSP providers are posted on the public website at <https://www.childcare.virginia.gov/find-care>. Parents can search for providers by name, county or zip code, and then select the appropriate provider to access all inspections and complaint investigations. The page displaying information has a column that indicates if an inspection was complaint related.**

Additionally, complaint findings for any program type including unlicensed providers can be requested via the Freedom of Information Act (FOIA). The FOIA process is also available on the public website at <https://www.childcare.virginia.gov/reports-resources/virginia-freedom-of-information-act-foia>.

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency’s policies and procedures, including licensing child care providers;
- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and

- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency’s consumer education website homepage:
<https://www.childcare.virginia.gov/>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
[x] Yes.
[] No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
[x] Yes.
[] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://www.childcare.virginia.gov/providers/become-a-licensed-provider>**
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers::
<https://www.childcare.virginia.gov/providers/become-a-licensed-provider>
- Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
<https://www.childcare.virginia.gov/providers/background-checks>
- Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
<https://www.childcare.virginia.gov/home/showpublisheddocument/18826/638289330385200000>

9.2.3 Searchable list of providers

- The consumer education website must include a list of all licensed providers searchable by ZIP code.
 - Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
[x] Yes.
[] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://www.childcare.virginia.gov/find-care>

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:

License-exempt center-based CCDF providers.

License-exempt family child care CCDF providers.

License-exempt non-CCDF providers.

Relative CCDF child care providers.

Other (e.g., summer camps, public pre-Kindergarten). Describe:

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

| Provider Information Available in Searchable Results | | | | | |
|--|-------------------------------------|--|--|-------------------------------------|-------------------------------------|
| | All licensed providers | License-exempt CCDF center-based providers | License-exempt CCDF family child care home providers | License-exempt non-CCDF providers | Relative CCDF providers |
| Contact information | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Enrollment capacity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Hours, days, and months of operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provider education and training | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Languages spoken by the caregiver | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quality information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitoring reports | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Willingness to accept CCDF certificates | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ages of children served | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Specialization or training for certain populations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Care provided during nontraditional hours | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.
- i. All licensed providers. Describe: **The facility type and description of the facility type, the expiration date of the license, the license type (e.g., conditional, provisional, 1-, 2-, or 3-year) and description, the licensing representative’s name and phone number, and the hours and days of operation are also included. Qualifications are also included for licensed centers, if applicable, to indicate if the program is operated by a local parks and recreation government agency or operated out of a public school.**
 - ii. License-exempt CCDF center-based providers. Describe: **The facility type and description of the facility type, the expiration date, and the licensing representative’s name and phone number are also included for all license-exempt CCDF center-based providers. The hours and days of operation, capacity and age range of children served are included for certified preschools and religiously exempt centers. Qualifications are also included for local government and public school center based programs to indicate if the program is operated by a local parks and recreation government agency or operated out of a public school.**
 - iii. License-exempt CCDF family child care providers. Describe: **The facility type and description of the facility type, the expiration date, and the licensing representative’s name and phone number are also included for all license-exempt CCDF family child care providers. The registration duration and description, hours and days of operation, capacity and age range of children served are included for voluntarily registered family day homes.**
 - iv. License-exempt, non-CCDF providers. Describe: **The facility type and description of the facility type, the expiration date, and the licensing representative’s name and phone number are also included for all license-exempt non-CCDF providers. The hours and days of operation, capacity and age range of children served are included for certified preschools, religiously exempt centers, and voluntarily registered family day homes.**
 - v. Relative CCDF providers. Describe: **The facility type and description of the facility type, the expiration date, and the licensing representative’s name and phone number are also included for relative CCDF providers.**
 - vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.
 - iii. Enhanced licensing system.

- iv. Meeting Head Start/Early Head Start Program Performance Standards.
- v. Meeting pre-Kindergarten quality requirements.
- vi. School-age standards.
- vii. Quality framework or quality improvement system.
- viii. Other. Describe: **All ECCE sites that participate in VQB5 will have a site quality profile beginning in the fall of 2024. This includes those that participate in the CCDBG-funded Child Care Subsidy Program, as well as those that receive other public funding sources such as VPI, Head Start/Early Head Start, Mixed Delivery, military subsidies, and local child care assistance. Privately funded providers that opt into VQB5 will also have a site quality profile. Each site quality profile will include the quality rating as well as whether the site uses an approved curriculum. The profiles will also include basic site information, such as address, phone number, operating hours, and public funding sources. Virginia’s Vetted and Approved Curriculum List is available on the Virginia Department of Education Website. (<https://www.doe.virginia.gov/teaching-learning-assessment/early-childhood-care-education/early-childhood-curriculum>).**

b. For what types of child care providers is quality information available?

- i. Licensed CCDF providers. Describe the quality information: **VQB5 rating and use of approved curriculum.**
- ii. Licensed non-CCDF providers. Describe the quality information:
- iii. License-exempt center-based CCDF providers. Describe the quality information: **VQB5 rating and use of approved curriculum.**
- iv. License-exempt FCC CCDF providers. Describe the quality information: **VQB5 rating and use of approved curriculum.**
- v. License-exempt non-CCDF providers. Describe the quality information:
- vi. Relative child care providers. Describe the quality information:
- vii. Other. Describe: **All ECCE sites that participate in VQB5 will have a site quality profile beginning in the fall of 2024. This includes those that participate in the CCDBG-funded Child Care Subsidy Program, as well as those that receive other public funding sources such as VPI, Head Start/Early Head Start, Mixed Delivery, military subsidies, and local child care assistance. Privately funded providers that opt into VQB5 will also have a site quality profile. Each site quality profile will include the quality rating as well as whether the site uses an approved curriculum. The profiles will also include basic site information, such as address, phone number, operating hours, and public funding sources.**

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

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

This aggregate information on serious injuries and deaths must be separated by category of care (e.g., centers, family child care homes, and in-home care) and licensing status (i.e., licensed or license-exempt) for all eligible CCDF child care providers in the State/Territory. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

- a. Certify by checking below that the required elements are included in the Aggregate Data Report on serious incident data that have occurred in child care settings each year.
 - i. The total number of serious injuries of children in care by provider category and licensing status.
 - ii. The total number of deaths of children in care by provider category and licensing status.
 - iii. The total number of substantiated instances of child abuse in child care settings.
 - iv. The total number of children in care by provider category and licensing status.
 - v. If any of the above elements are not included, describe:
- b. Certify by providing:
 - i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Serious injuries and deaths of children are reported to the Office of Child Care Health and Safety through submission of an online form on the public website at <https://www.childcare.virginia.gov/reports-resources/administrative-program-manuals-reports-and-data/deaths-injuries-and-abuse-in-child-care-settings>, or directly to the licensing inspector via phone or email.**
 - ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **Substantiated child abuse, referred to as a founded disposition, means that a review of the facts gathered as a result of an investigation shows a preponderance of evidence that child abuse or neglect has 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.**
- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
<https://www.childcare.virginia.gov/reports-resources/administrative-program-manuals-reports-and-data/deaths-injuries-and-abuse-in-child-care-settings>

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

Yes.

No.

Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information:

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

- b. Provide the direct URL/website link to this information:

<https://www.childcare.virginia.gov/families/finding-child-care>; additionally, contact information is displayed in the footer of the website on every webpage.

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.

<https://www.childcare.virginia.gov/families/paying-for-child-care>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other

programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The Virginia Department of Education (VDOE) uses a variety of methods to inform eligible parents, the general public, and child care providers about the availability of child care services provided through the Child Care and Development Fund (CCDF) and other relevant programs.**

For eligible parents and the general public, the VDOE provides comprehensive information on its website, including dedicated pages for Paying for Child Care, Finding Child Care, and Ask the Right Questions. These pages offer detailed information on eligibility criteria, application processes, and available resources. Additionally, the VDOE utilizes direct communications, such as emails and newsletters, to reach out to parents and the general public and tailor information to their specific needs.

For child care providers, the VDOE offers a dedicated webpage for the Child Care Subsidy Program (CCSP), which includes information on Becoming a Provider, Current Providers, and Subsidy Inspection and Training Requirements. These sites have information on program requirements and reimbursement processes. The VDOE also communicates regularly with providers on program updates and requirements through various channels, including emails and the notifications which are all archived on the CCSP Communication Webpage.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children’s development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. **The Lead Agency provides available information on research and best practices regarding children’s development and family engagement on the consumer education website, Child Care VA. Child Care VA provides information for families regarding early childhood care learning options, child growth and development, and health and safety.**

VDOE also contracts with the Virginia Infant and Toddler Specialist Network (VA ITSN) to provide targeted supports and resources to families with infants and toddlers and providers that serve them. The VA ITSN website includes information about nutrition, parent and family engagement, use of Virginia’s Early Learning & Developmental Standards, and health and safety. VA ITSN also shares this information via webinars and informational resources.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Lead Agency provides parents, providers and the general public with resources and information about social-emotional development in a myriad of ways. The Early Learning and Development Standards are Virginia’s unified, comprehensive set of learning guidelines for children ages birth to five. The Early Learning and Development Standards are unique in their 1) focus on all aspects of learning and development and 2) explicit overlap in age-bands and skill markers. They are a reference tool to help parents, caregivers, and educators understand what most children are able to know and do across the areas of development by any given age. The five core areas of development are: approaches to play and learning, social and emotional development, communication, language, and literacy development, health and physical development and cognitive development, which includes: science, social science: people, community and culture, mathematics, and fine arts – dance, music, drama, physical art. Annual webinars provide the field with an overview of the ELDS and aligned resources and activities to promote learning in both home and school settings.**

The ECE Resource Hub houses free resources for educators and families to support children’s learning and development. Organized by “Core Skills” (aligned to the ELDS), these activities, video-exemplars, book recommendations, and reading guides are designed to develop self-regulation and social skills as the foundation for learning in addition to supporting and promoting academic readiness skills. Additionally, the “Take Home Strategies” collection of resources on the ECE Resource Hub are activities designed for families and caregivers to teach social skills as well as academic skills at home.

Through VQB5, Virginia’s quality measurement and improvement system, providers have access to foundational CLASS training from their Ready Region. Bi-annual CLASS observations in all publicly funded classrooms give teachers and leaders regular information on the quality of classroom interactions and actionable information to support improvement. AEII and the Infant Toddler Specialist Network (ITSN) provide coaching and behavioral intervention support to providers to improve classroom environments' social-emotional health and interactions as measured by the CLASS tool.

Virginia Early Childhood Consultation Program (VECC) will provide state-wide support to programs identified as having the most need to improve the social-emotional environment and quality of interactions. Building upon a 3-year Early Childhood Mental Health Consultation Pilot (ECMHC), The VECC model will enhance the skills of leaders and teachers to 1) promote healthy social-emotional environments, 2) teach behaviors to help children develop behavioral regulation, positive relationships, and social skills, and 3) respond to behavioral challenges effectively in collaboration with families.

Lastly, the Virginia Association for Infant Mental Health (VAIMH) offers education, training, and resources to assist teachers, parents, and caregivers in supporting children's social-emotional development from birth to age 6 through events, workshops, and mental health endorsement programs.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **Suspensions and expulsions of young children deprive them of enriching learning experiences and have a negative impact that extends into grade school and beyond. Yet, recent national data indicate that suspension and expulsion occur regularly in early childhood settings serving children birth to age five. In 2018, the Virginia Board of Education’s approved Virginia Guidelines for the Prevention of Suspension and Expulsion of Young Children: Supporting Children with Challenging Behaviors in Early Childhood Settings. The guidance is applicable to all ECCE settings, including those in schools and those funded by CCDF and serves as the guide for Virginia Preschool Initiative (VPI) programs on preventing suspension and expulsion of young children. The document provides guidance regarding policies and best practices in implementing developmentally appropriate experiences for children in early care and education programs (0-5 years), that can prevent suspension and expulsion. The Guidelines for the Prevention of Suspension and Expulsion of Young Children is available for families, providers, and general public on the Virginia Department of Education website. (<https://www.doe.virginia.gov/teaching-learning-assessment/early-childhood-care-education/virginia-preschool-initiative>)**

The Guidelines for the Prevention of Suspension and Expulsion of Young Children encourage all settings where children learn to establish policies that adhere to three guiding principles:

- ☑ Communicate clearly the expectations for children and adult behavior in early care and education settings;
- ☑ Provide support and training for early care and education workforce on positive strategies to manage children’s behavior and the prevention of inappropriate or challenging behavior; and
- ☑ Ensure the fair and equitable application of positive behavior management and discipline practices in early care and education settings.

The Guidelines for the Prevention of Suspension and Expulsion of Young Children summarize four best practices in promoting positive behaviors to support positive social-emotional development and prevent suspension and expulsion in early care and education programs. Recommended research-based practices promote collaboration between family and professionals, as well as focus on effective classroom management and social-emotional skill development to support young children’s healthy development. Recommendations are for teachers and administrators supporting children in early care and education programs. The four best practice strategies are:

- ☑ Universal strength-based classroom management skills;
- ☑ Promotion of social and emotional development of children;
- ☑ Family engagement; and
- ☑ Professional development and training resources.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **VDOE does not have school-age-specific policies on preventing suspension and expulsion in CCDF-funded child care settings.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

Yes.

No. If no, describe:

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

Yes.

No. If no, describe:

- c. Developmental screenings to parents receiving a subsidy as part of the intake process.

Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **Developmental screenings are included on the consumer education checklist that local caseworkers use when enrolling families in the CCSP. This information may be shared both orally and in writing, but specific practices can vary from locality to locality. Localities share information on the CDC’s “Learn the Signs. Act Early.” program and Infant and Toddler Family Connection, Virginia’s IDEA Part C coordination agency.**

No. If no, describe:

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

Yes.

No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **1. Assignment of authority and responsibilities related to program integrity.**

The VDOE has an organizational structure in place that supports program and fiscal integrity and accountability. Internal controls permeate through the agency, as all VDOE staff are required to complete ARMICS training upon on-boarding to the agency to ensure that personnel at every level of authority and responsibility share the culture of integrity and accountability. The Office of Business and Risk Management is an integral part of the internal control system. The office monitors and evaluates internal controls as part of the agency's annual risk assessment program. This program is carried out pursuant to the Virginia Department of Accounts Comptroller's Directives for Agency Risk Management and Internal Control Standards (ARMICS). ARMICS is a mandate of the Commonwealth of Virginia, which requires State Agencies to implement internal control standards and best practices. The standards and related testing and internal self-assessments were designed to:

- Provide accountability for meeting Agency objectives;
- Promote operational efficiency and effectiveness;
- Improve the reliability of financial statements;
- Strengthen compliance with laws and regulations; and
- Reduce the risk of financial or other asset losses due to fraud, waste, or abuse.

2. Delegation of duties.

VDOE has a clearly defined chain of command for decision making and approvals. Written organizational charts, workflows, job descriptions, employee work plans, and other resources are maintained that outline activities and assign responsibility for all key processes.

As the Lead Agency for CCDF, VDOE has an MOU with the Virginia Department of Social Services for the implementation of the Child Care Subsidy Program. The MOU assigns responsibilities for specific processes to each agency and includes requirements for internal controls, reporting and monitoring.

3. Coordination of activities.

The Office of Business and Risk Management conducts risks assessments, testing, and self-assessments to ensure that internal controls are effective. Risk assessments and internal control surveys are distributed and tracked throughout the agency to ensure that internal control practices are applied, tested, and analyzed.

4. Communication between fiscal and program staff.

Regular meetings between program and fiscal staff provide ongoing communications and a platform for identifying and resolving issues. There is also constant communication between VDOE and subrecipients regarding both program and fiscal related topics.

5. Segregation of duties.

VDOE has a structure in place that involves separating key duties and responsibilities. For CCDF funds, the VDOE Fiscal control all CCDF fund activity. The Division of ECCE program staff provide the direction for use of funds through a chain of command that ultimately relies on the CCDF Administrator and Deputy Superintendent for final approvals. VDOE Fiscal staff have a similar chain of command resulting in approvals from the Assistant and Deputy Superintendent. There is a clear delegation of duties between program and fiscal staff that can also be found within each division. Staff are assigned specific duties so that one person or division within the agency does not have complete authority over the funds. Program and fiscal staff have clearly defined procedures that allow checks and balances when authorizing, processing, recording and reviewing work and transactions.

6. Establishment of checks and balances to identify potential fraud risks.

Program and fiscal staff have clearly defined procedures that allow checks and balances when authorizing, processing, recording and reviewing work and transactions. Systems are designed that require approvals through the chain of command. This ensures transactions/decisions have been reviewed to ensure proper completion and allows for checks and balances to identify fraud risks.

There is a system of supervision for employees that involves assigning, reviewing and approving work. The lines of responsibility are clearly defined. Supervision involves performance evaluation, training, periodic reviews of work and ensuring that procedures are followed.

VDOE has robust security in place for all systems and access. The security control involves limiting access of assets to authorized individuals. The assets include information, space, funds and equipment.

7. Other activities that support program integrity.

Record-keeping: VDOE keeps records on all transactions and files them so that they can be easily reviewed and audited.

Training: VODE uses training to reduce the risk of errors and inefficiency in operation by ensuring that personnel have the proper education and training to perform their duties. Members of teams are cross-trained to ensure work is complete. Supervisors ensure that employees have the knowledge, skills and abilities to perform their job function.

Performance Planning and Evaluation: Key performance indicators are developed by senior management to identify unexpected results and unusual trends. These indicators provide the guidance needed for staff. These controls provide the needed structure to ensure accountability and fiscal integrity of CCDF funds.

Monitoring and audits: VDOE program and fiscal staff regularly monitor and audit funds to identify potential mistakes and fraud. There is an established system of checks and balances in place that includes reviewing data and reports to identify potential issues and possible fraud. VDOE has regular audits from the state’s internal auditors. The agency risk assessment makes sure all internal controls are in place and working.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. **Fiscal oversight of CCDF funds, including grants and contracts. Describe: VDOE’s Fiscal Office maintains oversight for all CCDF Funds. The agency uses internal controls and delegation of duties to ensure that all funds are spent as outlined by the State’s Department of Accounts in the Commonwealth’s Accounting Policy and Procedures manual. Funds are tracked by AIN, grant award number, project code, and other identifiers to ensure that all funds can be tracked back to the correct grant and program.**

Regular meetings between program and fiscal staff provide ongoing communications and a platform for identifying and resolving issues. VDOE program and fiscal staff regularly monitor and audit funds to identify potential mistakes and fraud. There is an established system of checks and balances in place that includes reviewing data and reports to identify potential issues and possible fraud. VDOE has regular audits from the state’s internal auditors. The agency risk assessment makes sure all internal controls are in place and working.

Fiscal oversight of the subsidy program, which is implemented by the Virginia Department

of Social Services (VDSS), includes written policies and procedures in the MOU between VDOE and VDSS that specifies the allowable use of funds, as well as procedures for reviewing and submitting expenditures for reimbursement. As a state agency, VDSS is also subject to the Commonwealth's Accounting Policy and Procedures manual and the internal control requirements of the Agency Risk Management and Controls Standards (ARMICS). The VDSS Payment Accuracy Unit is responsible for reviewing Child Care subsidy cases processed by local departments of social services to ensure accuracy and compliance with federal and state laws and guidance. The Unit audits cases, provides feedback, requests corrective action plans, and suggests changes to Child Care Subsidy practices and guidance. VDSS Child Care Regional Consultants also follow a process outlines in an annual monitoring plan to ensure case accuracy and local agency compliance. Program monitoring includes the regular review of case management reports, financial reports, and case records. The primary focus of the review is to assess compliance with program guidance and requirements. VDSS is also subject to annual audits from the state's internal auditors.

Fiscal oversight of the quality program includes conducting monitoring reviews of subgrantees and contractors at a minimum of every 3 years. The review schedule is based on risk assessments to identify potential areas and levels of concern. The subrecipients' Single Audit Reports are also reviewed to identify any findings related to CCDF funds or programs.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **VDOE follows procedures outlined by the State's Department of Accounts in the Commonwealth's Accounting Policy and Procedures manual that defines the coding for tracking funds. Funds are tracked in the agency's financial management system by AIN, grant award number, project code, and other identifiers to ensure that all funds can be tracked back to the correct grant and program.**

VDOE maintains written agreements with CCDF sub-recipients that include budgets and an itemization of allowable expenditures. Invoices are recorded, reviewed, and compared to the contracts/subgrants to ensure compliance with the terms of the agreement. There are two levels of verification for expenditures. The program office provides the first level and approval ensuring all costs are reasonable, allowable, and allocable to the CCDF grant. The fiscal office then provides additional approvals to ensure reasonable and allowable costs.

Subrecipient monitoring is performed at a minimum of 3 years and includes reviewing expenditures for compliance. Single Audit Reports are also reviewed to identify any concerns with the allowable use of CCDF funds by subrecipients.

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **VDOE's fiscal office uses general ledger reports from our automated financial management system to compile information for the ACF-696 quarterly financial**

status report. The reports identify expenditures by funding stream, grant number, project code, and activity type. Information from the general ledger reports are reconciled to internal tracking documents and subrecipient reports to verify for accuracy and reasonableness.

The VODE fiscal staff prepare the financial data to be reported on the ACF696. Expenditure reports are pulled from the VDOE financial system of record, ORACLE. These expenditure reports are reviewed and verified by the fiscal staff. ACF 696 reports are prepared by the CCDF grants program manager for the respective date of the reporting period. Expenditures are coded by grant, funding stream that align with project codes. They are categorized by administration, quality activities, infant and toddler activities, direct services, non-direct services, state share of matching, and further broken down into the appropriate sub-categories that align with those on the ACF-696. Expenditures from each category are then added together and reported in the correct category on the ACF-696. VDOE uses the ACF instructions to determine the proper category for reporting on the ACF-696 when coding expenditures.

Once all expenditures are added to the ACF-696, the grants manager determines the percentages of expenditures and where we are meeting our mandatory goals for administration, direct services, and matching goals.

Expenditure reports are summarized in a spreadsheet for each grant and backed up with Oracle financials so that reviewers can verify data before it is submitted. The grants team enters the report in GrantSolution. The reports then have several levels of review and approval that include the Associate Director of Grants and Finance with final approval from the CCDF Administrator or the Deputy Superintendent of Operations.

d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **The primary aspect of effective fiscal management VDOE has adopted is to maintain effective internal controls through the Commonwealth's Agency Risk Management and Internal Control Standards (ARMICS), which is a mandated program to safeguard the agency's assets, reduce loss, promote efficient and effective operations, and keep accurate financial records. ARMICS was developed based on the COSO framework of internal controls, and requires that all agencies demonstrate that it has the necessary components to achieve the following objectives:**

- **Strategic: Support for being the best managed state in the nation through internal control best practices**
- **Operational: Effective and efficient use of fiscal resources and other assets**
- **Reporting: Integrity and reliability of financial reporting**
- **Compliance: Compliance with applicable laws and regulations**

- **Stewardship: Protection and conversation of assets.**

Under ARMICS, VDOE is required to submit agency level risk assessments and process/transaction level control assessments related to the following internal control components:

- **Control Environment**
- **Risk Assessment**
- **Control Activities**
- **Information & Communication**
- **Monitoring Activities**

Risk assessments are performed for all fiscal process identified, as well as accounting administration and general ledger agency level control activities. Controls are then put into place that will help provide reasonable assurance that the agency is in compliance with the regulations and terms of CCDF.

In conjunction with ARMICS, VDOE is required to comply with processes specified in the Commonwealth's Accounting Policy and Procedures manual, is monitored by the Comptroller's Department of Accounts for compliance, and is subject to annual audits by the Auditor of Public Accounts.

- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Lead Agency measures and tracks the results through internal control self-assessment requirements and audits by the DOA.**
- c. How the results inform implementation. Describe: **If issues are identified through the audits, VDOE implements a corrective action plan or adjusts their internal procedures. If multiple agencies receive the same findings, additional guidance is issued, policies are reviewed, or training is developed to help the agencies.**
- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **Contracts, agreements, and subgrants: All sub-recipients are screened and monitored with a risk assessment tool to identify their level of risk, which takes into account the dollar amount of the agreement, size of the population served, time elapsed since previous review, previous track record, and potential for fraud. The level of risk is evaluated based on the likelihood of occurrence and the impact of the risk. Subsequent periodic desk reviews of reimbursements to subrecipients are performed to ensure that funds are used according to federal and state guidelines.**

CCDF Subsidy Implementation: An internal control assessment tool is provided to local departments of social services to be completed each year, and is designed to provide a

systematic approach to assessing risk at the organizational level and the process/transaction level. The tool focuses on the following control activities: Organizational control environment, organizational structure, assignment of authority and responsibility, expenditures, personnel, payroll, procurement, and accounts payable. Compliance reviews are conducted based on the following risk factors: dollar amount of funds allocated, size of the locality, number of findings in previous reviews, time lapsed since prior review, and referrals from interested parties.

CCDF Subsidy Eligibility: Regional Program Consultants conduct risk assessments of local departments of social services based on funding level, locality size, history of findings, referrals, and time since the last monitoring visit.

CCDF Subsidy Providers & Families: An electronic child care time and attendance system generates 'red flag' reports for discrepancies such as card swipes occurring at odd hours or unusual intervals, providers only submitting manual attendance, provider bills for children no longer attending, and children never having absences reported. Other factors such as previous incidents and referrals from affected parties are also considered.

The Virginia Department of Social Service's (VDSS) Payment Accuracy Unit conducts annual case monitoring according to federal improper payment guidelines. The Vendor Services Unit reviews manual attendance submitted by providers to ensure validity, accuracy, and timeliness to process payments to subsidy vendors. The unit also compares attendance submitted manually with attendance recorded via swipe machines to ensure duplicate or excessive billing does not occur. Procurement divisions at both VDOE and VDSS conduct contract reviews in accordance with state procurement regulations and contract terms.

- b. The frequency of each risk assessment. Describe: Risk assessments related to contracts, local departments of social services, and providers are conducted annually during monitoring planning for the year. State agency-wide ARMICS risk assessments are conducted annually and are updated based on changes in significant fiscal procedures.
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: Results from risk assessments inform management and program staff of possible training needs and program areas that may need policy changes. If ineffective controls are identified, then fiscal and program staff will work together to develop guidance documents to correct the deficiencies. In addition, risk assessments are the determining factor for scheduling annual monitoring and compliance reviews. Findings from the compliance reviews, whether intentional or unintentional, may result in the implementation of corrective action plans, payment recoveries and adjustments, and referrals to fraud investigators. Follow-up reviews are conducted to verify corrections. If improper payments due to agency errors are detected, local administrative reimbursements are adjusted to cover the misspent funds.

Each local department of social services is served by at least one fraud investigator who investigates allegations of fraud. Fraud staff will refer fraud cases to local Commonwealth Attorney's if the case meets certain criteria established by the Attorney's office for prosecution. If overpayment or fraud is established, the child care staff in the applicable local department establishes and monitors a repayment agreement. State staff and

regional consultants follow-up with the localities, and recoveries are reported in the financial systems.

Vendors who are found to have committed fraud are permanently disqualified from program participation. Providers may appeal under Virginia’s Administrative Process Act. Applicants/recipients will be disqualified from participating in the child care subsidy program for 3 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 court. Applicants/recipients may appeal through the agency’s administrative disqualification process. Appeals are heard and determined by hearing officers in the VDSS Division of Appeals and Fair Hearings. Should an applicant/recipient choose, they may further appeal to Circuit Court.

- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **Through the VDOE annual internal control self-assessment activity, compliance testing is performed to determine the extent to which staff follow prescribed policies and procedures in actual practice. Testing compares actual actions against established policies and procedures to determine how well internal controls are being followed. Testing methods such as reviewing sample transactions, observing operations, and interviewing key personnel involved in the processes are used to evaluate the effectiveness of the internal control and related risk assessment. Findings of the self-assessments are then analyzed to determine the level of compliance with key controls, and to identify the cause of any exceptions.**

Key activity controls tested include both preventative controls (to stop inappropriate transactions before execution) and detective controls (identify erroneous or questionable transactions after they have occurred on a timely basis).

VDOE also validates the risk assessment tools by tracking and analyzing results of various monitoring functions, including reviews conducted by Procurement staff on contracts and agreements, Single Audits findings of all subrecipients and contractors, sample monitoring and testing performed by the Payment Accuracy and Vendor Relations Units, compliance reviews of local departments of social services, and monitoring by Regional Practice Consultants. Staff interviews are also conducted to identify any concerns with prevention or detection tools.

- e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **VDOE works with the VDSS to provide**

written guidance on program requirements. Informational memos are distributed when there are program changes and webinars provide additional more detailed guidance. Training classes are also offered for new staff and annual training is developed for all staff. There is a specific training for program integrity and identifying fraud that is offered each year.

- ii. Describe how staff training is evaluated for effectiveness: **Regional Practice Consultants conduct monitoring activities at the local departments of social services related to eligibility determinations, case changes, and redetermination. They also provide training and daily technical assistance to staff and track questions that are raised regarding CCDF, which are compiled and shared with state staff. Payment Accuracy staff conduct case monitoring, and the Virginia Department of Social Services' Local Review Team conducts compliance reviews of administrative expenditures at all localities. Based on the outcomes of the reviews, compilation of data, and monthly meetings to discuss issues and concerns, topics of needed training are identified. Program manuals and on-line training courses are revised to ensure that training materials are up to date, and information broadcasts are distributed to all CCDF staff and local agency management frequently as clarifications or changes are warranted.**

State and local staff are also subject to an annual employee performance planning and evaluation process. All employees and their supervisors identify areas in which training is needed to improve performance outcomes.

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Results from monitoring and regular error rate reviews are used to inform weaknesses and areas of improvement for staff. If common mistakes are identified, training and technical assistance can be provided to the localities and used for future training topics.**

- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

- i. Describe the training for providers around CCDF program requirements and program integrity: **Providers have access to many training opportunities. Orientation sessions are held for child day centers and family day home providers. Both licensed and unlicensed providers have virtual training opportunities. Child Care Aware of VA also offers an orientation on CCDF requirements to all child care providers.**

- ii. Describe how provider training is evaluated for effectiveness: **The Office of Child Care Health and Safety conducts their annual inspections to help evaluate compliance with state and federal requirements. Trainings or policy clarification memos are developed from the areas of non-compliance found during the reviews.**

- iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **If patterns of error or non-compliance appear in the data, policy clarifications and training is prepared.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Virginia has a team dedicated to the error rate reviews. This team conducts annual case monitoring according to the federal improper guidelines. Consultants at the regional level review program implementation by the local departments of social services using a standardized case and fiscal review process and risk assessment. When errors are noted, the local department of social services is required to submit a corrective action plan. Payment errors are collected through a reimbursement offset process. Additionally, the sub-recipient monitoring coordinator, completes an error analysis report that is shared to program staff. The results of the analysis inform areas for targeted training. Training plans are developed each year for local departments of social services and vendors.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **VDOE receives an annual audit from the Virginia Auditor of Public Accounts (APA). The results of the audit are issued to the Governor of Virginia, Joint Legislative Audit and Review Commission, and Superintendent of Public Instruction for the Department of Education. Results are also published on the APA website and included in the Commonwealth of Virginia Single Audit Report, which is also published on the Virginia Department of Accounts website. The audit report is discussed with VDOE management during an exit conference, and the agency's response is recorded and published with the audit report.**

The APA report is then distributed to division managers and relevant staff that are responsible for preparing the corrective action plans. Staff use this information to identify weaknesses in internal controls that led to the findings. Strengths and weaknesses are analyzed to determine the effectiveness of the internal controls and adjustments are made accordingly.

The Virginia Department of Accounts (DOA) also conducts period compliance monitoring, which includes fiscal and internal control reviews. Results of the compliance reviews are issued to the Superintendent of Public Instruction for the Department of Education, and are published on the DOA website. The compliance review report is discussed with VDOE management during an exit conference, and corrective action plan requirements are shared with applicable staff.

- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no

weaknesses in the Lead Agency’s internal controls. **Virginia Department of Accounts Comptroller’s Directives for Agency Risk Management and Internal Control Standards (ARMICS).** ARMICS is a mandate of the Commonwealth of Virginia, which requires State Agencies to implement internal control standards and “best practices.” ARMICS was developed based on the COSO framework of internal controls, and requires that all agencies demonstrate that it has the necessary internal control components to:

- Provide accountability for meeting Agency objectives;
- Promote operational efficiency and effectiveness;
- Improve the reliability of financial statements;
- Strengthen compliance with laws and regulations; and
- Reduce the risk of financial or other asset losses due to fraud, waste, or abuse.

- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice::
- b. Run system reports that flag errors (include types).
- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The automated child care system identifies attendance swiped during nontraditional hours. This may indicate the provider has the recipient’s card and is swiping attendance. The Vendor Relations Unit reviews the documentation and refers the case to the VDSS local fraud unit**

for investigation and then to the Commonwealth’s attorney for the possible prosecution.

- ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The child care automation system is designed with internal controls that ensures payments do not exceed authorized hours of care. Program staff can also review payment reports and compare to attendance records. If there are inconsistencies, reviews are conducted to arrive at a reason for the errors. The errors are corrected by the appropriate team members. The case management system also has internal checks and balances. All benefit programs (SNAP, Medicaid, TANF and Energy Assistance) are housed in the VaCMS (Virginia Case Management System). This ensures a more accurate processing system and a reduction of error and chances of fraud.**
- iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **When audits detect billing errors, the local VDSS agency work out repayment plans with providers. If fraud is involved, the local VDSS fraud unit conducts an investigation. Results include average VDSS payment plans of \$30,000 each year. These activities have better informed statewide practice, detect potential fraud, and issues with the automated system.**
- c. **[x]** Review enrollment documents and attendance or billing records.
 - i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **VaCMS is programmed to ensure that all attendance swipes are connected with an authorized payment. Program staff conduct audits of the reports to detect billing that is inconsistent with payment records. These reports and documentation can identify attendance swipes that are over the authorization. This helps identify areas where additional training is needed for either parents and or DSS eligibility staff.**
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **The VaCMS system is programmed to ensure that only children enrolled in the program and have approved authorizations receive payments. Program staff can conduct audits of the attendance reports and connect them to billing and payment records. This aids in detecting errors. Regular audits of the reports ensure that then system is working and that authorizations are correct.**
 - iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **When audits detect billing errors, the local VDSS agency work out repayment plans with providers. If fraud is involved, the local VDSS fraud unit conducts an investigation. Results include average VDSS payment plans of \$30,000 each year. These activities have better informed statewide practice, detect potential fraud, and issues with the automated system.**
- d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.
 - i. **[]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. **[x]** Unintentional program violations. Describe the activities, the results of these

activities, and how they inform better practice: **Supervisors and Regional consultants review case actions for proper program implementation. These reviews are conducted with a standard case and fiscal review process. Any errors that are identified can be used for training and or policy clarifications, or revisions to processes.**

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **During the reviews the regional practice consultants identified issues and worked to help eliminate unnecessary steps in the approval process. Errors were identified on some of the forms used for eligibility determination. Forms with frequent errors were reviewed to determine if the form could be clearer and necessary. Several forms were eliminated that were not necessary. Results included:**

1. Eliminate requirement to have a signed Service Plan

2. Eliminate guidance regarding copied driver's license to verify applicant identity

3. Consolidate Parent Responsibility form into Service Application w/out separate signature

4. Add maximum income limit for reporting changes to NOA

5. System requires valid residency/address verification before certification of eligibility

6. Evaluate income at initial determination and redetermination (no changes to income during 12-month cert. period except for reductions in income)

7. Revised guidance to accept a record of birth issued by the hospital showing birth in one of the 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, or the Northern Mariana Islands, (unless the child was born to foreign diplomats residing in such a jurisdiction) to verify a child's citizenship regardless of the child's age.

- e. Audit provider records.

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

- f. Train staff on policy and/or audits.

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **All local agency child care subsidy**

staff receive fraud training from DSS and VDOE. This training informs local agency child care staff on identifying fraud and what to do when they suspect fraudulent activities.

- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Child care subsidy staff are required to complete training on guidance, policies and procedures for implementing the Child Care Subsidy Program. These trainings make sure that all staff have an understanding of program regulations and policies. Local staff are also trained on using the attendance tracking system.**
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Training helps to increase the awareness of topics that could be potential errors and also ensures that up to date on policy changes. Each time a policy change is made, a memo describes the policy update and any system changes. Training also helps local workers make sure that parents have the most up to date information when entering attendance. Agency process has been successful in identifying possible errors that will impact future errors that will help eliminate both intentional and unintentional violations and ultimately reduce the error rate.**
- g. Other. Describe the activity(ies):
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **Potential fraud and overpayments are identified through monitoring and compliance reviews by the VDSS Payment Accuracy Unit, Regional Practice Consultants, Vendor Relations Unit and Local Review Team, as well as from third party Single Audits and annual audits from the Virginia Auditor of Public Accounts. Findings from the reviews, whether intentional or unintentional, may result in payment recoveries, adjustments, and referrals to fraud investigators. Corrective Action Plans and follow-up reviews by each reviewing entity are conducted to verify corrections are made and misspent funds recovered. The local department of social services or the VDSS Local Reimbursement Unit receive and process the funds recovery, including the establishment of payment plans.**

Each local department of social services is served by at least one fraud investigator who investigates allegations of fraud. Fraud staff will refer fraud cases to local Commonwealth

Attorney's if the case meets certain criteria established by the Attorney's office for prosecution, typically based on dollar amount. If overpayment or fraud is established, the child care staff in the applicable local department establishes and monitors a repayment agreement. State staff and regional consultants follow-up with the localities, and recoveries are reported in the financial systems of both the locality and VDSS.

- b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:
 - ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Payments are collected through repayment plans with the local department of social services. The plans are recorded in VaCMS so that the system will automatically deduct the recovery payment from future payments to the locality. This process allows providers to make their required payment without undo hardships. A quarterly report is provided to senior fiscal and administrative staff for monitoring purposes. For the quarterly period ending 6/30/24, a total of \$119,956.19 in CCDF was recovered through this process.**
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **Once an improper payment is identified through the payment accuracy team, regional practice consultants investigate the reason for the improper payment. The regional consultants are able to provide training and technical assistance to the responsible employee (s). Although this is not the only responsibility of the regional consultants, this is a part of their responsibilities. For the quarter ending 6/30/24, improper payments of \$50,623 were identified through this procedure. Each local department of social services has a fraud unit also available to assist in investigations. The unit consists of specialized workers trained to identify and investigate fraud. Reviewing improper payments allowed the regional consultants to identify potential training topics.**

viii. Other. Describe the activities and the results of these activities:

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

No.

Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:

iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:

v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:

viii. Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

No.

Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis:

- ii. Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis:
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis:
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis:
 - viii. Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Applicant/recipients may 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. This process has been successful in identifying issues that impact future statewide improper payments and reducing the error rate for improper payments.**
 - ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Providers may 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.

This process has been successful in identifying issues that impact future statewide improper payments and reducing the error rate for improper payments. This also helps influence future statewide policy and training for local agencies in identifying fraud.

- iii. **[x]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **Recipient and provider fraud is investigated 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 described above. 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. The prosecution of providers has been successful in identifying the specific issues that help impact future error rate estimates and also reduce the error rate.**

- iv. **[x]** Other. Describe the activities and the results of these activities based on the most recent analysis: **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 result in collecting these payments results approximately \$119,000 for last state fiscal year.

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

| A. Action Steps for Implementation | B. Responsible Entity(ies) | C. Expected Completion Date |
|---------------------------------------|----------------------------|-----------------------------|
| Step 1: | | |
| Step 2 (as necessary): | | |
| [Additional steps added as necessary] | | |
| Overall Target Date for Compliance: | | |