

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

1 Define CCDF Leadership and Coordination with Relevant Systems

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

1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Cabinet for Health and Family Services (CHFS)/Department for Community Based Services (DCBS)/Division of Child Care (DCC)

Street Address: 275 East Main Street, 3W-A

City: Frankfort

State: Kentucky

ZIP Code: 40621

Web Address for Lead Agency:

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/default.aspx>

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Marta

Lead Agency Official Last Name: Miranda-Straub

Title: DCBS Commissioner

Phone Number: 502-564-3703

Email Address: marta.mirandastraub@ky.gov

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Sarah

CCDF Administrator Last Name: Vanover

Title of the CCDF Administrator: Director, Division of Child Care

Phone Number: 502-564-2524

Email Address: sarah.vanover@ky.gov

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

CCDF Co-Administrator First Name: Lesa

CCDF Co-Administrator Last Name: Dennis

Title of the CCDF Co-Administrator: DCBS Deputy Commissioner

Description of the Role of the Co-Administrator: Support the Division of Child Care Director and Lead Agency with regulatory oversight

Phone Number: 502-564-3703 ext. 3838

Email Address: lesa.dennis@ky.gov

1.2 CCDF Policy Decision Authority

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

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

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

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

iv. Licensing standards and processes are set by the:

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

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

- A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

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

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

a. Check the box(es) to indicate which entity(ies) implement or perform CCDF services. Who conducts eligibility determinations?

- CCDF Lead Agency

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

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

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

Who issues payments?

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

Who monitors licensed providers?

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

Who monitors license-exempt providers?

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

Who operates the quality improvement activities?

- CCDF Lead Agency

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

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

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

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

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

The Lead Agency's Division of Administration and Financial Management (DAFM) is responsible for the department's financial management and budget activities through oversight, monitoring, auditing, and assuring process compliance with CCDF requirements at § 98.65(h), federal auditing procedures, and CHFS's policies and procedures. This includes routine monitoring of contracts and agreements. CHFS may issue penalties of up to 5% of the total amount of the contract for failure to perform services outlined within a contract's scope of work. If CHFS elects not to exercise any of the penalty clauses in a particular instance, a corrective action plan may be issued to facilitate resolving performance issues prior to

imposing penalties. The agency's current contract requires the monitoring of the scope of work. The scope of work outlines activities and expected outcomes, timeframes, and a submitted budget which itemizes the expenditures associated with contract deliverables. Each contract vendor meets with the Lead Agency on a monthly basis to review deliverables and to see if the contract agency needs any additional supports from the Lead Agency.

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

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

CHFS's information systems and information technology policy apply to all internal CHFS employees, consultants, temporary personnel, third party providers under contract with a CHFS agency, and other entities that interact with CHFS information related resources. This policy covers the applicable computer software, application, configuration, business data, and data communication systems. Although such a request has not been received to date, Kentucky would share information technology or systems upon request of another public agency to the extent practicable and appropriate.

The Kentucky Integrated Child Care System (KICCS) is the data management system for child care in the state. Data from this site is compiled annually through reports generated by the Kentucky Center for Statistics (KYSTATS). Reports are also available to the public upon request.

Web Link: [KYSTATS](#)

In 2018, CHFS introduced an online portal (Integrated Eligibility and Enrollment Solution (IEES)) for Kentucky assistance and support programs, including the state's child care

subsidy program. The portal pulls real-time data directly from KICCS. The portal includes a child care provider search that allows anyone (public included) to search licensed and certified child care providers by numerous criteria. Provider profiles include a detailed inspection history, costs, hours of operation, and subsidies available.

Weblink: [kynect Home](#)

The Lead Agency will allocate some American Rescue Plan (ARP) funds to explore technology related solutions to help improve communication between all data systems utilized by the lead agency.

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

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

Kentucky statutes prohibit accessing or releasing confidential information and/or records, or causing confidential information and/or records to be accessed or released to self, other individuals, clients, relatives, etc., outside the scope of the employee assigned job duties. Violation may result in disciplinary action taken against the employee up to and including dismissal and may be subject to civil and criminal liability for the disclosure of the confidential information to unauthorized person.

Under KRS 194A.060, all records and reports of CHFS, which directly or indirectly identify a patient or client, or former patient or client, of CHFS or CHFS by a former name (CHR, CHS, and CFC), are confidential.

Under KRS 205.175, all public assistance communications, both written and oral, generated during the course of business are confidential and privileged. KRS 205.835 prohibits the unauthorized use of information by an employee.

Citation: [KRS 194A.060 Confidentiality of record and reports](#)

Citation: [KRS 205.175 Confidential treatment of information and records](#)

Citation: [KRS 205.835 Disclosure of financial data pertinent to applicants for or recipients of benefits](#)

1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

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

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

Consultation

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

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

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

The Lead Agency consults with other general purpose government agencies in a variety of ways. First, DCC consults with general-purpose local government through its participation on Community Early Childhood Councils (CECC). Membership to individual councils is statutorily mandated and charged with creating a local vision for early childhood service delivery, including child care. Individuals receiving CCDF funds are members of these councils, along with other general-purpose government representatives. At the beginning of the CCDF plan development, DCC hosted a webinar for all the CECCs in order to receive necessary feedback.

Regional Child Care Administrators through the Kentucky Child Care Aware Network of Services also solicit feedback from local government entities within their assigned regions and share this input back with the Lead Agency through established structures for communication and information sharing.

Citation: [KRS 200.707 Community early childhood councils](#)

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

Per KRS 200.700, the Kentucky State Child Care Administrator is a statutorily mandated, voting member of the Early Childhood Advisory Council (ECAC), as is the CHFS Secretary. The ECAC meets at least quarterly and at other times upon call of the chair or majority of the council. The ECAC is charged with making recommendations to CHFS.

Members of the ECAC were asked to serve on a stakeholder group that offered feedback prior to the development of the CCDF plan. Other selected members of the ECAC were asked to participate in work groups that created the new draft of the state plan. All ECAC members received a personal invitation to the public hearing of the CCDF plan, and

feedback generated from the public hearing will be incorporated into the final draft of the plan.

Kentucky also has a Child Care Advisory Council (CCAC). This council is consulted for continuous feedback during its quarterly meetings. Additionally, council members were asked to serve on the stakeholder group.

Citation: [KRS 199.8983 Kentucky Child Care Advisory Council](#)

Citation: [KRS 200.707 Community early childhood councils](#)

Citation: [EO 2018-0581 Executive order relating to the reorganization of various education boards & councils](#)

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

N/A

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

The CCDF State Plan preliminary draft goes through multiple opportunities for review and revisions. The process includes an internal review, a recommendation and comment period for fellow state agencies and departments involved in the development of the state plan, and a 30-day public comment period for public and private entities to submit written comments and attend a public hearing regarding the CCDF State Plan. The state plan draft is posted on the Lead Agency's website and is circulated for feedback through the advisory councils.

Web Link: [Division of Child Care](#)

The following list of agencies and partnerships on the CCDF State Plan is not all inclusive: Office of the Inspector General, Department for Public Health, State Coordinator for Homelessness, Division of Family Support, Department for Behavioral Health and Intellectual Disabilities, Kentucky Child Care Aware Child Care Resource and Referral Network of Services, Department of Workforce Development, Department of Education, Child and Adult Care Food Program, Head Start and Early Head Start grantees, Kentucky Head Start Association, Governor's Office of Early Childhood,

Kentucky Youth Advocates, Prichard Committee for Academic Excellence, United Way of Kentucky, Save the Children, Learning Grove, Child Care Advocates of Kentucky.

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

Reminder:

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

a) Date of the public hearing. 05/18/2021

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

b) Date of notice of public hearing (date for the notice of public hearing identified in a). 04/08/2021

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

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

Statewide child care provider listserv, DCBS social media pages, Child Care Aware of Kentucky social media pages, DCC website, advisory council meetings, and posting the CCDF State Plan draft of the website for public comment review

Web Link: [Division of Child Care](#)

The Legislative Research Commission posts a calendar of standing and interim committee meetings, as well as a daily calendar, accessible from the main site.

Web Link: [Kentucky General Assembly Schedules & Calendars - Legislative Research](#)

Commission

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The public hearing was conducted through Zoom meeting. The link was sent out in advance of the meeting so that all providers and agencies that would like to attend would have the opportunity.

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

The preliminary plan is submitted in hardcopy to the Legislative Research Commission and made available through the Internet and email distribution. The Kentucky Legislature makes an effort to ensure the pages of their website are accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act. Additionally, the Commonwealth of Kentucky has adopted the World Wide Web Consortium Web Content Accessibility Guidelines 1.0 Conformance Level Double-A. The Commonwealth of Kentucky provides, upon request, reasonable accommodations, including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. To request materials in an alternative format, each agency's website provides information for contacting the person or persons responsible for providing the service within the agency. Persons with hearing and speech impairments can contact each agency by using the Kentucky Relay Service, a toll-free telecommunications device for the deaf (TDD). For voice to TDD, call 800-648-6057. For TDD to voice, call 800-648-6056. Citation: Accessibility - Legislative Research Commission The Cabinet for Health and Family Services also has a Language Access Section (LAS) within the Office of Human Resources Management that can translate documents into various languages.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? Public comments received through public hearing(s), stakeholder meetings, and written submissions are recorded and reviewed for consideration. Amendments to the drafted content were made as a result of public comment when appropriate.

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

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

[Division of Child Care](#)

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

Working with advisory committees.

Describe:

KRS 200.700 states the Kentucky State Child Care administrator is a statutorily mandated voting member of the Early Childhood Advisory Council (ECAC), as is the CHFS Secretary. The ECAC meets at least quarterly and at other times upon call of the chair or majority of the council. The ECAC is charged with making recommendations to CHFS. The State Administrator provided ECAC members with a link to the draft of the state plan prior to the public hearing, invited them to attend the public hearing, and solicited their feedback.

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=51219>

Kentucky also has a Child Care Advisory Council (CCAC). The State Administrator provided CCAC members with a link to the draft of the state plan prior to the public hearing, invited them to attend the public hearing, and solicited their feedback..

Working with child care resource and referral agencies.

Describe:

The Lead Agency contracts with the University of Kentucky for Child Care Aware Network of Services, which works in coordination on the development of the CCDF State Plan.

Providing translation in other languages.

Describe:

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

Describe:

The Kentucky Department for Community Based Services social media accounts were utilized to advertise the public hearing.

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

Describe:

Kentucky's State Plan is posted on the Division of Child Care's website and filed with the Legislative Research Commission, which coordinates opportunities for public hearing(s) in accordance with Kentucky Revised Statute (KRS) Chapter 45. Notices to stakeholder groups are also made via the Lead Agency's listserv. A stakeholder group convened in May 2021 to provide feedback on the State Plan Pre-Print.

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

- Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

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

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

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

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

DCBS is partners with the Kentucky Department of Education and Kentucky Head Start grantees. These entities work collaboratively to ensure children are ready to succeed in school, including wrap-around service coordination with child care providers to expand accessibility and continuity of care, and to assist children enrolled in early childhood programs that need full-day services. Additionally, DCBS coordinates with local government through the work of the Community Early Childhood Councils. Through a contract with the University of Kentucky's Network of Services, representation from DCBS should be in attendance at all Community Early Childhood Council meetings to partner with multiple agencies throughout local communities

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

KRS 200.700 establishes the Kentucky Early Childhood Advisory Council (ECAC). with

26 appointed members. ECAC meetings are still held quarterly, and a representative of the Lead Agency is still an official member of the committee.

Goals for the ECAC include improving the quality of early childhood programs, increasing supply and access to quality care, creating an aligned and unified early childhood system across Head Start, public preschool, and child care settings, and improving kindergarten readiness.

Citation: [KRS 200.700 Early Childhood Advisory Council - Membership - Meetings](#)

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

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

N/A

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

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

DCBS collaborates with the Department for Public Health First Steps (IDEA Part C) early intervention program providing services to families and children birth to age three who have developmental disabilities. Early intervention services are comprised of specially designed strategies provided in a group of individual setting including the child's natural caregiver environment through coordination with the child care facility and parent.

Child care settings also partner with IDEA Part B services (public school preschool) in an effort to provide full-day services for children who need full-day care

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

DCBS coordinates with the Kentucky Head Start Collaboration Director to work with families and early care and education providers to provide healthy environments and developmental experiences that promote growth and learning to ensure that all children enter school eager and excited to learn. This collaboration leverages partnerships and resources to remove barriers so every child enters school ready to grow and learn. Additionally, DCBS/DCC works closely with the Kentucky Head Start Association in an intentional effort to align goals and activities.

Web Link: [First Steps - Cabinet for Health and Family Services](#)

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

The Division of Child Care coordinates with the Department of Public Health (DPH), Division of Maternal and Child Health, which includes the First Steps Program (IDEA Part C) and the Health Access Nurturing Development and Services (HANDS) program. The Division of Maternal and Child Health also supervises the Child Care Health Consultants and Early Childhood Mental Health Specialists that are charged with supporting child care programs through training and technical assistance. The Division of Child Care coordinates with each of these programs through shared training, information exchange, and committee workgroups. The Strengthening Families initiative through DPH is utilized throughout state agencies and represents a multi-disciplinary partnership of more than 20 public and private national, state, and local organizations dedicated to promoting six research-based protective factors into services and supports for children and their families. Kentucky Strengthening Families is part of the nationally-recognized Strengthening Families: A Protective Factors Framework initiative coordinated by the Center for the Study of Social Policy.

Web Link: [Kentucky Strengthening Families](#)

Web Link: [HANDS Program](#)

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

The Department for Workforce Investment, Office of Employment and Training connects clients to employment, workforce information, education and training. This agency refers

clients to DCBS and child care assistance services. Additionally, Kentucky's Resource and Referral Network utilizes regional workforce development specialists to provide training, skill development, and consultation for small business.

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

The Kentucky Department of Education is a major partner with DCBS, as both entities work collaboratively to assure children are ready to succeed in school, including wrap-around service coordination with providers. KDE and DCBS serve on multiple advisory committees and meet regularly to coordinate services. Also, DCBS and KDE have a joint QRIS system to classify quality early childhood programs on a one-star to five-star rating system. Both partners use the same tiered characteristics to rate all early childhood classrooms and programs.

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

DCBS contracts with the Cabinet's Office of the Inspector General (OIG), Division of Regulated Child Care (DRCC) for the inspection, licensing, and certification of licensed child care centers and certified family child care homes pursuant to Kentucky statutes and regulations.

Regional DRCC staff are responsible for conducting on-site visits and investigating complaints of all Kentucky licensed child care programs, certified family child care homes, and registered providers to ensure compliance with applicable child care regulations.

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

Child care programs can participate in the Child and Adult Care Food Program independently or through a sponsoring organization that accepts full administrative and financial responsibility for the program. The Child and Adult Care Food Program (CACFP) partners with child care centers, licensed Head Start programs, and family child care homes to provide healthy meals to Kentuckians. The CACFP contributes to the wellness, healthy growth, and development of young children by providing institutions

monetary reimbursement for serving healthy meals. This USDA program, administered by the Kentucky Department of Education, provides teaching on the principles of good nutrition throughout the state.

The Lead Agency ensures that technical assistance staff and providers are aware of CACFP guidelines and how they intersect with child care regulations. Information on the CACFP is presented as part of the new provider training. Technical assistance staff are trained to make referrals for providers who are interested in enrolling in the CACFP. Coaches integrate CACFP resources into technical assistance visits when appropriate.

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

DCBS works in collaboration with the McKinney-Vento State Coordinator housed in the Kentucky Department of Education to identify children experiencing homelessness and prioritize services to those families. Those experiencing homelessness applying for child care assistance are eligible for expedited services. They are entitled to immediate approval and enrollment with a child care provider. Families experiencing homelessness have up to three calendar months from the date of application to return the other documentation.

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

The agency responsible for the Temporary Assistance for Needy Families program (TANF) is also located in DCBS. The Division of Family Support is responsible for administering and determining eligibility through the Integrated Eligibility and Enrollment System (IEEC), a single access point for Supplemental Nutrition Assistance Program (SNAP), the Kentucky Transitional Assistance Program (K-TAP), Kentucky Works Program (KWP), Medicaid, and the Child Care Assistance Program (CCAP). The Division of Child Care staff have daily interaction and coordinate services with the Division of Family Support.

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

DCBS coordinates with the Department for Medicaid Services and the Department of

Public Health to include access to comprehensive services to children in child care settings. Both agencies are housed within CHFS and work closely together on a daily basis. As noted above, eligibility for Medicaid programs is also determined in conjunction with eligibility determination for all other public assistance programs including child care.

The Department of Medicaid Services has also collaborated with the Division of Child Care to make sure that child care providers have access to medical care if they do not have the opportunity to be on a group plan through their place of employment. State workers have contacted every child care program, through phone calls, emails, and the DCC listserv, to let them know that they may be eligible for medical care through Medicaid.

[xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:](#)

DCBS and the Department for Behavioral Health, Developmental and Intellectual Disabilities work cooperatively to ensure effective delivery of behavioral health and disability services to Kentuckians. The Division of Child Care coordinates with this agency through shared training, information exchange, and joint steering committees with common goals

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

CHFS contracts with the University of Kentucky's Interdisciplinary Human Development Institute (UK-HDI) to provide coordination and leadership to support the professional development of child care providers and trainers throughout the state of Kentucky. These supports include a statewide regional network of Child Care Resource and Referral (CCR&R) services, which at a minimum include CCR&R services and coordination of professional development delivery, attainment, and content initiatives to support CCDF programs. The University of Kentucky's Child Care Aware Health and Safety Coaches and Quality Coaches offer technical assistance to programs throughout the state. The Training Coaches support Kentucky's early care and education credentialed trainers, and the Professional Development Coaches provide guidance to child care providers that would like to obtain a higher credential or degree in the field of early childhood education. These coaches have access to knowledge and training to develop and enhance their

skills as trainers of adults who work with young children and families. The Professional Development Coaches also help develop programs pertaining to Kentucky Higher Education Assistance Authority (KHEAA) scholarships, non-college scholarships, mini-grants, and the development of individual professional growth plans for early care and education professionals participating in the scholarship program. Coordination of quality and health/safety initiatives to support CCDF programs is also accomplished through this partnership. Local training agencies will also play a pivotal role within the Family Child Care Network,

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

The Division of Child Care collaborates with the Kentucky Out of School Alliance (KYOSA) to establish afterschool quality standards as well as professional development training targeted at providers working in afterschool settings. A member of the DCC management team attends the KYOSA board meetings and participates in brainstorming and communication of new Kentucky school-age child care initiatives.

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

Kentucky's Division of Emergency Management is responsible for coordinating the state's emergency management and response. The Lead Agency partners with Emergency Management to ensure state and county level planning efforts are reviewed and updated in regular intervals.

Kentucky's Division of Emergency Management Authority: KRS 39A.050 2(c) designates responsibility for coordinating disaster and emergency services.

Planning guidance ensures that local, regional, and state emergency operations plans meet minimum federal and state requirements for standard content, format, and usability in the development and integration of Emergency Operation Plans.

Both the Division of Emergency Management and the Department for Public Health staff emergency operates centers during these times and coordinate with the Lead Agency for emergency social services, child care, and public assistance as needed.

In 2021, the Lead Agency worked with partner agencies, including the Division of Emergency Management, to create new regulations for emergency licensure and certification of child care programs during emergencies,

Citation: [KRS 39A.050](#) Responsibility of division for coordinating disaster and emergency services

Web Link: [County ESF and EOP](#)

Web Link: [State ESF and EOP](#)

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

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

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

Describe

The Cabinet for Health and Family Services, in collaboration with the Kentucky Department of Education (KDE), will use American Rescue Plan (ARP) funds to offer Preschool Partnership Grant designed to incentivize cooperative public/private partnerships between public school districts and child care providers to develop full day, high-quality programs for at-risk children. The incentive grant program represents an opportunity for school districts and child care providers to improve the quality of services in their communities.

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

Describe

Under the direction of the Early Childhood Advisory Council (ECAC), the Lead Agency collaborates with system-level partners to promote scholarships administered by the Kentucky Higher Education Association Authority. Child Care Aware Professional Development (PD) Coaches disseminate scholarship information, recruit potential scholars, and assist individuals with professional development planning and

enrollment procedures. The scholarships are awarded to individuals who take college-credit courses to earn the Child Development Associate Credential, Director's Credential, or pursue degrees in early childhood development. Faculty and staff at approved universities and colleges deliver a planned program of instruction that aligns with current research and promotes quality practices. After courses are successfully completed, scholars may apply for education-related expense reimbursement at the amount specified by the ECAC. Based on funding availability, scholars may also apply for milestone achievement awards upon completion of their program of study. These awards are paid jointly with state funds (90%) and by the scholar's employer (10%). Child Care Aware PD Coaches are available to support individuals to realize their professional development plans and achieve their goals.

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

Describe

N/A

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

Describe

Efforts between DCBS and Department for Public Health- Division of Maternal and Child Health are geared toward joint screening and training of practitioners. Home visitors are also provided updates to child care rules and regulations as a means of helping first-time parents choose quality arrangements for their children.

- [v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.](#)

Describe

DCBS coordinates with the Department for Medicaid Services and the Department of Public Health to include access to comprehensive services to children in child care settings. These agencies are internal to CHFS

- [vi. State/territory agency responsible for child welfare.](#)

Describe

DCBS coordinates with the Department for Medicaid Services and the Department of

Public Health to include access to comprehensive services to children in child care settings. These agencies are internal to CHFS.

[vii. Provider groups or associations.](#)

[Describe](#)

DCBS leadership have regular meetings with provider advocacy groups to receive input to improve the quality of child care in the state and meet provider and family needs.

[viii. Parent groups or organizations.](#)

[Describe](#)

The Lead Agency engages with parent groups and organizations through membership in or attendance of the Kentucky Child Care Advisory Council.

During the 2015 General Session House Bill 429, an act establishing the Kentucky Child Care Advisory Council, was passed and has been codified as KRS 199.8983. Members appointed by the Governor serve a term of three (3) years meeting quarterly. The council advises on matters affecting the operations, funding, and licensing of child-care centers and family child-care homes with recommendations address availability, affordability, accessibility and quality to the Department for Community Based Services, Division of Child Care.

Citation: [KRS 199.8983 Kentucky Child Care Advisory Council](#)

The 18 members include:

Commissioner of the department, or designee;

Four (4) members appointed by the Governor representing licensed child-care centers;

Two (2) members appointed by the Governor representing certified family child-care home;

Three (3) members appointed by the Governor who are parents and/or guardians receiving services in licensed centers or certified homes;

Three (3) members appointed by the Governor from the private sector who are knowledgeable about education, health, and development of children;

Director of the Division of Child Care within the department, or designee;
Commissioner of education, Education and Workforce Development Cabinet, or designee;
Executive director of the Governor's Office of Early Childhood, or designee;
Commissioner of the Department for Public Health within the cabinet, or designee;
State fire marshal, Public Protection Cabinet, or designee.

Unlike the Early Childhood Advisory Council, this statute includes child care providers and parents among membership to offer their expertise and guidance from working as a provider in the field of early child care. The Child Care Advisory Council convened for the first time in October 2017 and meets quarterly.

ix. Other.
Describe

Optional Use of Combined Funds:

States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)). Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for

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

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf
).

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

The Lead Agency defines "combine" as the comingling of state, federal, and general funds into one child care funding stream.

b) Which funds you will combine

Kentucky's Master Tobacco Settlement Agreement funds, State General Funds, Temporary Assistance for Needy Families block grant (TANF), and Child Care and Development Funds (CCDF).

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

Continued outcomes, as funds are available, include:

Ensure access to childcare services for homeless children;

Maintain qualifications and reliability training for licensing inspectors;

Maintain a system for annual inspection of child-care providers to ensure compliance with licensing standards and regulations;

Provide a comprehensive criminal background checks for child-care providers and

childcare staff members;

Continue to enhance current quality activities that relate to improving the quality of care for infants and toddlers;

Maintain recent addition of initial 90-day job search to support workforce development and self-sufficiency of families; and

Maintain a graduated phase-out of assistance for families whose income has increased at the time of redetermination.

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

The DCBS-Division of Administration and Financial Management (DAFM) supports and oversees DCBS' budgeting accounting functions. DAFM prepares the Comprehensive Annual Financial Report and components of the CHFS Cost Allocation Plan, manages grants and payments, performs audits, and conducts contract development, maintenance, and monitoring.

e) How are the funds tracked and method of oversight

CHFS tracks funds through a system of internal controls within the accounting and policy organizational structure of DCBS and its CHFS-level partners, the Division of General Accounting and the Office of Finance and Budget. Within the State's financial management system, the enhanced Management Administrative Reporting System (eMARS) tracks and provides accountability for federal and state fund disbursements.

Web link: [eMARS](#)

The State Auditor of Public Accounts annually assesses the lead agency internal controls.

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

Note:

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

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

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

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
 - i. If checked, identify the source of funds:
Kentucky's Master Tobacco Settlement Agreement funds, State General Funds, restricted funds (motor vehicle).
- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
 - i. If checked, are those funds:
 - A. Donated directly to the State?
 - B. Donated to a separate entity(ies) designated to receive private donated funds?
 - ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

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

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

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

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

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

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

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

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

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

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

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

1.6 Public-Private Partnerships

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

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

CHFS has committed to ongoing endeavors to encourage the private sector to meet employee needs for child care. DCC, through subcontracts with Kentucky's Child Care Resource and Referral Network, has conducted several outreach activities targeted at local businesses, inclusive of a marketing plan with material and information to employers on the importance of high quality child care to the business community. CCDF-funded programs regularly meet with private, faith based, and community-based organization to strategize ways to collaborate and minimize duplication of service delivery.

Community Early Childhood Councils (CECC) created under KRS 200.707 to improve the quality and availability of child care, especially in low resource or high need areas, are a vehicle for bringing together community members to support issues of importance to children and families. CECCs provide a mechanism for attracting and assessing the unique local early care and education needs of a community. CECCs may apply for additional resources to meet these needs, as well as afford citizens the opportunity to provide input to state policy makers and planners.

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

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

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

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

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

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

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

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

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

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

The Kentucky Partnership for Early Childhood Services, housed at the University of Kentucky Human Development Institute, is funded through a contract with CHFS to provide coordination and administration of statewide Child Care Resource and Referral (CCR&R) network of services. The contract deliverable is to ensure adequate supply of quality child care programs and services are available in each regional hub covering the Area Development District. DCBS-Division of Child Care, through its CCR&R contract, works actively to meet the needs of families, provide referral information to families seeking child care, increase family knowledge of the characteristics of high quality early care and education services, and increase provider access to training and/or professional development opportunities. The CCR&R regional network of services include eight Regional Child Care Administrators, five Content Area Coordinators, one Technical Assistance (TA) Specialist for Health/Safety, four Technical Assistance QRIS Specialists, 24 Quality Coaches, four Technical Assistance Health/Safety Coaches, four Training Coaches, and 13 Professional Development Coaches. Although services are divided by region to be responsive to local needs, there is central oversight for the entire network of services to ensure consistency.

1.8 Disaster Preparedness and Response Plan

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

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

No

Yes

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

The Division of Child Care did not previously have regulations on emergency licensure during local or statewide emergencies. During 2021, DCC met with partner agencies including Division of Emergency Management, Department of Public Health, Division of Regulated Child Care, and the University of Kentucky's Network of Services in order to create a proposed regulation on how to better prepare for emergency licensure situations. DCC also contacted other CCDF State Administrators to review emergency licensure regulations that were currently operational in other areas of the country. This compilation of references allowed for the creation of the new proposed regulation. The proposed regulation is currently in the public open comment period.

Kentucky's child care regulations have also been updated to require quarterly shelter-in-place drills.(922 KAR 2:120 Section 3 (13) An earthquake drill, shelter-in-place or

lockdown drill, and [a] tornado drill shall be: (a) Conducted during hours of operation at least quarterly; and (b) Documented..

Citation: <https://apps.legislature.ky.gov/law/kar/922/002/120.pdf>

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

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

- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

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

Citation: [State Emergency Operation Plan](#)

Citation: [KRS 199.895](#) Evacuation plan required for child care centers and family child care homes

Web Link: [Child Care Emergency / Disaster Preparedness Guide](#)

KRS 199.895 requires that a child-care center licensed under KRS 199.896 and a family child-care home certified under KRS 199.8982 shall have a written plan for evacuation in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to the children in the center or home.

The written plan shall include but not be limited to:

- (a) A designated relocation site and evacuation route;
- (b) Procedures for notifying parents of the relocation and ensuring family reunification;
- (c) Procedures to address the needs of individual children including children with special needs;
- (d) Instructions relating to the training of staff or the reassignment of staff duties, as appropriate;
- (e) Coordination with local emergency management officials; and
- (f) A program to ensure that appropriate staff are familiar with the plan's components.

A child-care center and family child-care home are statutorily required to update the evacuation plan by December 31 each year, retain an updated copy of the plan for evacuation, and provide an updated copy to appropriate local emergency management officials. In addition, a copy shall be provided to each parent, custodian, or guardian at the time of the child's enrollment and whenever the plan is updated.

922 KAR 2:090 requires that a child care center shall maintain and document a written record of quarterly practiced earthquake drills, tornado drills, fire drills conducted during the

hours of operation detailing the date, time, and children who participated with a written plan and diagram outlining the course of action in the event of a natural or manmade disaster, posted in a prominent place.

Child care facilities are required to notify the cabinet of any incident involving fire, natural disaster within 24 hours and if facility is damaged and requires temporary or permanent closure as soon as practicable.

Licensing surveyor's inspection of child care facilities include review of the written plan to ensure it describes, in detail, how children will be kept safe during a disaster, and ensure the plan includes specific information listed in KRS 199.895. If facility is found not to be in regulatory compliance, the cabinet completes a written statement of deficiency that requires a written plan of correction from the facility.

Citation: [922 KAR 2:090 Child-care center licensure](#)

In the 2011 Regular Session, KRS 199.895 was created to required licensed child-care centers to create and maintain evacuation plans, inclusive of a reunification component and considerations of children with special needs, and share those plans annually with local emergency management personnel and parents. In the 2012 Regular Session, this statute was amended to also apply to certified family child-care homes, providers serving a smaller number of children in the provider's home. Enforcement of the statute began in 2012 following better than a year of collaborative work with the Kentucky Department of Public Health and Division of Emergency Management to include the development of a free, online evacuation plan template and training for child care providers, and enhanced awareness on the part of local emergency management. On September 13, 2012, DCBS formally proposed six administrative regulations to incorporate the evacuation plan requirement within the standards for all child care providers in Kentucky, including registered providers in CCAP (i.e., family, friend, or neighbor providers). The administrative regulations were adopted into law March 8, 2013

2 Promote Family Engagement through Outreach and Consumer Education

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

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

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

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

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

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

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

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

Describe:

Most pages of the Lead Agency's website will list the phone number for interpretation services in English and Spanish. Interpreters are available in any language

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

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

Describe:

The Commonwealth of Kentucky has adopted the World Wide Web Consortium's Web Content Accessibility Guidelines 1.0 Conformance Level "Double-A".

<https://www.w3.org/TR/WAI-WEBCONTENT/>. In KY, persons with hearing and speech impairments can contact each agency by using the Kentucky Relay Service, a toll-free telecommunication device for the deaf (TDD). For voice to TDD, call 800-648-6057.

For TDD to voice, call 800-648-6056

2.2 Parental Complaint Process

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

providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

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

Complaints are accepted by telephone (502-564-7962) or fax (502-564- 3950).

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

Complaints may be submitted via phone, email, fax, or in-person to the regional DRCC Enforcement Branch. The Enforcement Branch, upon receipt of a complaint or allegation, conducts an investigation within 30 days using methodology for prioritization of investigations. The process for screening begins with the intake report information, name of center or provider, name of complainant, description of complaint situation, who the alleged perpetrator(s) are, how the child was affected, witnesses, names of staff or children involved, and what actions were taken by the provider. Once the parent complaint is documented, a surveyor will offer an unannounced visit to the child care provider to collect information on the provider's explanation of the situation. Staff members will be interviewed for information, and the licensing body will review all needed information (ex. video footage, staff handbooks, etc.) before making a decision on whether or not the complaint is substantiated. If the complaint is substantiated, then the licensing body will work with the provider to create a corrective action plan to resolve the problem. The complaint process is the same for each type of provider.

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

DRCC Regional Enforcement Branch, upon receipt of a complaint or allegation, conducts an investigation within 30 days using methodology for prioritization of investigations. The process for screening begins with the intake report information, name of center or provider, name of complainant, description of complaint situation, who the alleged perpetrator(s) are, how was the child affected, witnesses, names of staff or children involved, and what action were taken by the provider. All investigations are maintained in a Shared Drive upon completion. All complaint investigations are processed in the same manner. Files are maintained for seven (7) years.

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

Information is available to the public through the Public Child Care Search.

https://kynect.ky.gov/benefits/s/child-care-provider?origin=program-page&language=en_US.

Parent complaints can be found under 'Inspections,' on the provider's detail page. The investigative findings are available through an open records request.

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

The Division of Regulated Child Care processes complaints that stem from multiple sources. DCBS, Division of Child Care, Kentucky Department of Education and the public are a few of the entities that report complaints. Complaints may be taken in writing, by phone and via email. The Division of Regulated Child Care has a priority list that determines levels of

priority about the complaint and response times. In accordance with the list, regional office Human Services Surveyors conduct an investigation on complaints received. Documentation and findings of the inspection are kept in the Kentucky Integrated Child Care System (KICCS) and the Division of Regulated Child Care's SharePoint library.

Citation: KRS 199.896 License requirements, and 922 KAR 2:090. Child-care center licensure, Section 12.

2.3 Consumer Education Website

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

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

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

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

Kentucky's Division of Child Care strives to ensure all pages of the website are accessible. All pages are accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act. Images on our website are accompanied by alternative text describing graphics. All staff members who create/edit content on any of Kentucky's website pages must undergo training to be a site editor. Training consists of using proper website styles, avoiding grammatical errors, and alignment with Section 508. All websites undergo a yearly audit by Kentucky's Communication Office of Technology Services. The audit does consist of ensuring all language on our website is under a sixth grade reading level and no 'broken links' are found.

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

CHFS makes Language Access Services available to persons with Limited English Proficiency. Interpretation is provided free-of-charge to clients of the Cabinet. Language Access staff provide translation of written materials as well as interpreter services for direct communication. Spanish interpreters are available by calling 1-877-891-9557 (toll-free). Some forms and resources on our website pages are translated into Spanish. The primary language offered is Spanish, but information is readily available in the top nine most common languages in Kentucky. In the event there is an interpretation need for a less common language, the Language Access staff will assist with identification of interpreters. DCBS and its contractual partners follow the CHFS Office of Human Resource Management's procedures for providing Language Access Services to client with LEP. Other languages common in Kentucky's population include Vietnamese, Somalian, and Russian. All individuals who speak other languages can call 1-866-291-8931 for an interpreter (including Spanish). This phone number is listed on our home page.

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

We strive to ensure the pages of our website are accessible to individuals with disabilities. Every effort has been made to ensure the pages are accessible to individuals with disabilities in accordance with Section 508 of the Rehabilitation Act. Furthermore, the Commonwealth of Kentucky has adopted the World Wide Web Consortium's Web Content Accessibility Guidelines 1.0 Conformance Level "Double-A". Persons with hearing and speech impairments can contact each agency by using the Kentucky Relay Service, a toll-free telecommunication device for the deaf (TDD). For voice to TDD, call 800-648-6057. For TDD to voice, call 800-648-6056

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

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

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

[Child Care Provider Information.](#)

egulation: [922 KAR 2:090 Child-care licensure](#)

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

<https://chfs.ky.gov/agencies/dCBS/dcc/Pages/abuseinjurydataandinspection.aspx>.

Regulation: [https://apps.legislature.ky.gov/law/kar/922/002/090.pdf./](https://apps.legislature.ky.gov/law/kar/922/002/090.pdf/)

The Division of Regulated Child Care (DRCC) website link:

<https://chfs.ky.gov/agencies/os/oig/drcc/Pages/default.aspx>,

Links to the DRCC Standards of Practice can also be found here:

<https://chfs.ky.gov/agencies/os/oig/drcc/Documents/SOPLicensed.pdf>

<https://chfs.ky.gov/agencies/os/oig/drcc/Documents/SOPCertified.pdf>

DRCC is our partner who employs surveyors that conduct the monitoring and inspections, therefore they also provide more in-depth resources on their website page

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

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/nationalbackgroundcheck.aspx>

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

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/nationalbackgroundcheck.aspx>

Regulation referenced on website page 922 KAR 2:280 Background checks for child care Section 6.

<https://apps.legislature.ky.gov/law/kar/922/002/280.pdf>

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

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

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

https://kynect.ky.gov/benefits/s/child-care-provider?origin=program-page&language=en_US

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

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

Describe

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

All Licensed Providers

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

License-Exempt CCDF Center-based Providers

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

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

License-Exempt CCDF Family Child Care Home Providers

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

License-Exempt Non-CCDF Providers

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

Relative CCDF Providers

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

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

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

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

d. Other information included for:

- i. All Licensed providers.

Describe

Cost (Full-time and Part-time).

If transportation is available.

Any Accreditations.

Food Permit

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

Describe

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

Describe

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

Describe

- v. Relative CCDF providers.

Describe

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

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

- i. Quality rating and improvement system
- ii. National accreditation
- iii. Enhanced licensing system
- iv. Meeting Head Start/Early Head Start Program Performance Standards
- v. Meeting Prekindergarten quality requirements
- vi. School-age standards, where applicable
- vii. Other.
Describe

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

- i. Licensed CCDF providers.

Describe the quality information:

The Kentucky All STARS tiered quality rating and improvement system consists of 5 stars, with 3 to 5 stars considered high quality. Quality ratings are reflected in the Child Care Provider Search. Participation in All STARS is mandatory for providers receiving public funds.

- ii. Licensed non-CCDF providers.

Describe the quality information:

Providers not receiving public funds may opt-out of Kentucky All STARS. Providers

who have opted-out are listed in the Child Care Provider Search as "Not Participating."

iii. License-exempt center-based CCDF providers.

Describe the quality information:

iv. License-exempt FCC CCDF providers.

Describe the quality information:

v. License-exempt non-CCDF providers.

Describe the quality information:

vi. Relative child care providers.

Describe the quality information:

vii. Other.

Describe

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

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

Certify by responding to the questions below:

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

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

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

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

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

Describe how these health and safety violations are prominently displayed:

Providers are required to post Inspection reports in a conspicuous place; electronic copies of the inspection reports are available to the public.; and all inspection reports may be obtained through open records requests

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

Describe:

When a violation is identified and the deficiency is cited, the provider submits a 'plan of correction' (POC) that describes how the violation was abated. The POC is reviewed by DRCC to ensure the plan meets the requirements for a corrective action. Once accepted, the POC is available for review in the same methods as described for the Inspection reports.

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

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

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

https://kynect.ky.gov/benefits/s/child-care-provider?origin=program-page&language=en_US

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

The Inspection Reports are available for public viewing as soon as the inspection process, including the drafting of the report and management review, has been completed. If an inspection did not result in findings of non-compliance, the report would be reviewed and available within approximately ten days. If non-compliant items were identified in the inspection, the inspection report is sent to the provider and they respond with a plan of correction. Once an acceptable plan has been received by the division, the report is made available to the public. Timeframes vary depending on the number of times the POC is submitted and/or returned to the provider for revisions (maximum of three permitted by regulation). Providers have 45 days to provide an acceptable POC.

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

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

Per Kentucky's Communication Office of Technology Service Standards, we define plain language to mean materials are written at a 6th grade reading level and accessible to a broad audience.

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

Per Kentucky's Communication Office of Technology Service Standards, we define plain language to mean materials are written at a 6th grade reading level and accessible to a broad audience.

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

The surveyor completes the inspection/investigation and submits the report including related documentation for management review. Managers review for inaccuracies in citations. If an error or correction is needed, the surveyor completes the correction prior to the report being issued to the provider. Errors such as incorrect citations should be identified prior to going to provider. If an error is identified after issuance, the correction is made and a corrected inspection report is created. The original inspection report with the error would be replaced by the corrected version. Only the final, corrected version would be maintained as part of the record.

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

-- filing the appeal

-- conducting the investigation

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

For inspections related to a denial, revocation, suspension or civil penalty, the licensee has the right to appeal. A written request must be submitted to the Division of Regulated Child Care within twenty days of the notice of adverse action. The provider may request an Informal Dispute Resolution (IDR) process or a hearing. If the providers requests an IDR, a regional program manager will review the deficiency in dispute, the reason the licensee has disputed the deficiency and then meet with the provider within ten calendar days of receipt of the request by the cabinet. Following the IDR meeting, the regional program manager or designee will issue a decision within ten calendar days. The licensee may accept the IDR determination or proceed to a hearing. All allegations are screened to see if specific regulatory criteria are met and for those who meet the criteria, an investigation is conducted. Any amendments or changes to a statement of deficiency (related to an adverse action) would be updated in the system. The original report would be edited and the final corrected copy would be maintained for public viewing.

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

Surveyors in the Division of Regulated Child Care enter the inspection and monitoring information into a system database. Then the self-service portal uses a real time service call to pull the reports to display on the Public Child Care Search. Currently, there is no

minimum number of years monitoring or inspection reports are purged.

If an error is identified, the report would be edited and the updated copy added to the website. The previous version would be removed.

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

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

a. Certify by providing:

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

Regulation requires a provider to report accident or injury requiring medical care within 24 hours from time of incident to the DCBS-Division of Protection and Permanency, DCBS- Division of Child Care, and OIG-Division of Regulated Child Care. A child fatality must be reported within one hour.

922 KAR 2:090 Child Care Licensure, Section 12.

922 KAR 2:100 Certification of Family Child Care Homes, Section 19.

The Child Protection Branch maintains records and prepares the Child Fatality/Near

Fatality Annual Report available to inter-departmental agencies and the public.

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

KRS 600.020 defines an "abused or neglected child."

Citation: <https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=51019>

922 KAR 1:330. Child protective services, defines substantiated as an admission of abuse or neglect by the person responsible or a judicial finding of child abuse or neglect or a preponderance of evidence exists that abuse or neglect was committed by the caretaker

iii. The definition of "serious injury" used by the Lead Agency for this requirement.

922 KRS 2:090 defines an injury as an accident or injury to a child that requires medical care initiated by the child-care center or the child's parent.

KRS 600.020.(60) "Serious physical injury" means physical injury which creates a substantial risk of death or which causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of any bodily member or organ;

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

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status
- iii. the total number of substantiated instances of child abuse in child care settings
- iv. the total number of children in care by provider category/licensing status

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

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/abuseinjurydataandinspection.aspx>

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

Information on our child care resource and referral partners can be found on our DCC consumer education pages, and on the public child care search website page.

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/find-care.aspx>

https://kynect.ky.gov/benefits/s/program-page?language=en_US&program=CC.

<https://www.childcareawareky.org/support/families/>

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

All contact information is at the bottom of each page. Per the design of our website, and all Department for Community Based Services it includes the name of the Division's Director, phone number, fax number, and office address.

Link to the Home Page: <https://chfs.ky.gov/agencies/dcbs/dcc/Pages/default.aspx>

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

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/default.aspx>

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

Information for families receiving CCDF and information for the public on our services can be found in multiple website pages and through other avenues such as social media. Kentucky uses a unified system for all programs, which is https://kynect.ky.gov/benefits/s/?language=en_US. Families can use the prescreening tool found on the home page. This allows families to determine all the programs they may be eligible for: Health Assistance, Food Assistance, Financial Assistance, Child Care Assistance and Health Insurance. For families that visit face to face with a Department for Community Based caseworker, the interview will consist of determining all the programs a family is eligible to enroll and receive benefits. Kentucky also uses social media platforms to reach families. The Kentucky Cabinet for Health and Family Services (CHFS) and the Kentucky Department for Community Based Services (DCBS) has a Twitter and Facebook page. These social media platforms allow for frequent sharing of information on all services and changes. DCC frequently posts to the DCBS social media pages on our various services. DCC has also videotaped YouTube videos on services and in return, those YouTube videos

have been shared to our social media accounts. The Lead Agency's consumer education website <https://chfs.ky.gov/agencies/dcbs/dcc/Pages/default.aspx> also directs parents to the tools referenced above.

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

a. Temporary Assistance for Needy Families program:

Information is available on our consumer education website on the Parent Information page, which will take you to the Kentucky Transitional Assistance Program (KTAP) page. Information is also shared in person in all local Department for Community Based Services (DCBS) offices, through the state's eligibility system, and the DCBS Facebook page and Twitter page.

b. Head Start and Early Head Start programs:

Information is available on our consumer education website on the Parent Information page. Also on the Governor's Office of Early Childhood's website and their Facebook page. Information is also provided at application for child care assistance.

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

Information is available on our consumer education website on the Parent Information page. In addition, information on this program is shared in person in all DCBS offices and through DCBS social media accounts

d. Supplemental Nutrition Assistance Programs (SNAP) Program:

Information is available on our consumer education website on the Parent Information page. In addition, information on this program is shared in person in all DCBS offices and through DCBS social media accounts.

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

Information is available on our consumer education website on the Parent Information page. In addition, information on this program is shared in all DCBS offices and through DCBS social media accounts. Information can also be found in person in all Kentucky's local Health Departments and various KY Health Department Counties social media pages.

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

Information is provided with provider license and certification application and Kentucky Department of Education website. A Link to the program is on our consumer education home page.

The Central KY Community Action Council shares information via their social media accounts.

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

Information is provided at application for child care assistance. Information is available on our consumer education website on the Parent Information page. In addition, information on this program is shared through DCBS social media accounts

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

Information provided at application for child care assistance. Information is also available on our consumer education website on the Parent Information page. The Kentucky Department of Education and Department for Public Health also shares information on their website.

The Governor's Office for Early Childhood (GOEC) also shares information via their website and Facebook page

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

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

Description:

The Division of Child Care is developing and distributing content to Kentucky Credentialed Trainers concerning best practices on handling special needs in the early childhood setting. The Division of Child Care will be hosting training of the trainer sessions over the course of three (3) years to raise awareness of child development needs, resources, parent communication, and equity for young children with special needs in the early childhood setting. After determining focus topics, for example Introduction to Early Intervention in Kentucky, Communicating with Parents of Children with Special Needs and Autism 101, the Professional Development Team forms teams of field professionals throughout the state to develop the training content. A member of the Division of Child Care Professional Development staff leads these teams. Trainings are developed and distributed by a member of the Professional Development team. These individuals also adhere to [922 KAR 2:240](#) *Kentucky Early Care and Education Trainer's Credential and training approval*. Child Care Aware of Kentucky collaborates with The Division of Child Care to share the information via the Trainer ListServ and quarterly Trainer Talk Newsletter. See link:

<https://www.childcareawareky.org/tot-series-from-dcc/>. All Department for Public Health

regional offices provide child find/referral information for both HANDS and First Steps to the general public but target parents, physicians (family, ob/gyn, and pediatricians), birthing hospitals, child care and other state programs serving young children. The information packets include developmental milestones, access to developmental screening, and how to refer children to HANDS and/or First Steps. Some offices use social media to further the spread of information. A couple of offices use billboards. When allowed, regional offices often participate in community activities such as baby showers. The Division of Child Care partners with the Governor's Office of Early Childhood and the Division of Regulated Child Care to provide parents, providers, and the general public access to web-based information and electronic newsletters. Parents have access to electronic resources, including newsletters, parent guides, and additional print ready materials with tips and information regarding child development. The Division of Child Care partners with the University of Kentucky Human Development Institute to administer the statewide Child Care Aware Resource and Referral Network of Services, which provides technical assistance regarding health and safety and quality child care. The network includes content coordinators who maintain expertise in current best practice in order to equip technical assistance coaches with the resources necessary to encourage providers to share information with parents of the children they serve. The Lead Agency also partners with Department of Public Health to disseminate information about healthy eating. Child Care Health Consultants are available to help providers. The Lead Agency also partners with the University of Kentucky Human Development Institute to administer the statewide Child Care Aware Resource and Referral Network of Services, which provides technical assistance regarding health and safety and quality child care including health eating. The Lead Agency also recently updated the regulations pertaining to meals as directed by legislation passed in the 2020 legislative session. Training was developed and delivered to child care providers.

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

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

Description:

For Families/Providers/Public: The Early Childhood Mental Health Program is co-administered by the Department for Behavioral Health, Developmental and Intellectual Disabilities and the Department for Public Health. ECMHP supports Early Childhood Mental Health Specialist staff positions in all fourteen of the CMHCs. The goal for the Early Childhood Specialist is to build regional capacity to better meet the social, emotional, and behavioral needs of children birth through five and their families. The ECMHP can support childcare programs in several ways. Our Specialist offer a variety of trainings such as Early Childhood Development Attachment, Environmental Strategies, KY Strengthening Families, Connect the Dots, and others. ECMH Specialist can also provide program and child-level observations/consultation, assessments/screenings, individual and/or group therapy. : <https://dbhdid.ky.gov/dbh/ecmh.aspx>.

For Providers: The Division of Child Care is developing and distributing content to Kentucky Credentialed Trainers concerning best practices on handling special needs in the early childhood setting. The Division of Child Care will be hosting training of the trainer sessions over the course of three (3) years to raise awareness of child development needs, resources, parent communication, and equity for young children with special needs in the early childhood setting. After determining focus topics, for example Introduction to Early Intervention in Kentucky, Communicating with Parents of Children with Special Needs and Autism 101, the Professional Development Team forms teams of field professionals throughout the state to develop the training content. A member of the Division of Child Care Professional Development staff leads these teams. Trainings are developed and distributed by a member of the Professional Development team. These individuals also adhere to [922 KAR 2:240](#) Kentucky Early Care and Education Trainer's Credential and training approval.

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

Kentucky Child Care Aware Coaches provide technical assistance to prevent and address discipline issues in child care programs and recommend best practices to develop policies that support children's social-emotional and behavioral health to prevent suspension and expulsion from early childhood programs. Connect the Dots is a joint collaboration between multiple early education and mental health specialists across Kentucky. The collaboration was built to address a common need: The need for a short yet powerful skills-based training teaching the basics of social and emotional best practices. Connect the Dots highlights 4 easy to remember steps to address challenging behaviors. The 4 steps encompass both the "well-being" and the "well-doing" of children to ensure strong social and emotional skills needed for success in school and life. Connect the Dots resources and trainings are for anyone who works with children ages two to five years old.

<https://www.kentuckycchc.org/posters-handouts-1/>

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during

CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

2.5.1 Certify by describing:

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

DCC collaborates with The Early Childhood Mental Health Program, co-administered by the Department for Behavioral Health, Developmental and Intellectual Disabilities and the Department for Public Health. ECMH Specialist can also provide program and child-level observations/consultation, assessments/screenings, individual and/or group therapy. The Kentucky All STARS tiered quality rating and improvement system is a 5 star hybrid system that groups standards under four domains. The Classroom and Instructional Quality Domain includes completing a developmental screening within 90 days of enrollment and making a referral if needed. The system is intended to allow parents the ability to compare quality across all early care and education programs, including child care, public preschool, and Head Start. The lead agency works in close partnership with the Kentucky Child Care Aware coaches to ensure providers have access to resources for conducting developmental screenings, as well as relevant professional development opportunities.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

The Kentucky Division of Child Care promotes the referral of children to First Steps Early Intervention System that serves children from birth to age three who may have a developmental delay or a particular medical condition that is known to cause a developmental delay. First Steps services are provided statewide and are coordinated by the Kentucky Department for Public Health. The First Steps program provides a variety of services and supports including service coordination, evaluation, assessment,

developmental intervention, occupational therapy, speech therapy, physical therapy, audiology services, vision services, and nutrition counseling. Once determined eligible through comprehensive screening and assessment, families must pay a participation fee based on the family's total household income and household size. No family is denied services due to the lack of insurance or inability to pay.

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

Upon intake, Child Care providers may make referrals to Early Childhood Mental Health (ECMH) consultation services through the Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities and the Department for Public Health within the Cabinet for Health and Family Services. The ECMH Program provides program and child-level consultation on social, emotional, and behavioral issues that serve children birth through age five and their families including evaluation, assessment, and therapeutic services. In an effort to support timely developmental screenings, the All STARS tiered quality rating and improvement system has integrated developmental screening practices into the standards of quality. Information on All STARS is provided to the parent upon intake.

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

Families and child care providers have access to multiple agencies and/or programs within CHFS for screening and assessment. These programs include First Steps Early Intervention System, the Early Childhood Mental Health Program, and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Each of these programs accepts referrals from child care providers and/or individuals who may have a developmental and/or cognitive delay.

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

Through Child Care Aware Network Services Child care providers are assigned coaches to focus on health and safety, quality, and professional development. Each Child Care Aware coach is knowledgeable in developmental screenings and can provide technical

assistance for screening implementation, family involvement in screening, and the screening referral process. The process includes a needs assessment/self-evaluation, a technical assistance plan, and an action/implementation plan. In addition to these services, Child Care Aware coaches provide information on available training in developmental screening.

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

922 KAR 2:270 Kentucky All STARS quality-based Graduated Early Childhood Rating System for Licensed Child Care Centers and Certified Family Child Care Homes, Section 4.

<https://apps.legislature.ky.gov/law/kar/922/002/270.pdf>

2.6 Consumer Statement for Parents Receiving CCDF Funds

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

2.6.1 Certify by describing:

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

Anytime an application is initiated the client receives forms DCC-112 (Facts about Kentucky All STARS) and DCC-113 (Facts about the Child Care Assistance Program). These forms serve as the parent referral service to aid the client in choosing a quality child care provider and leads them to information regarding the provider.

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

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

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

DCC-112 and DCC-113 on the bottom of the page, under 'Documentation'

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/ccap.aspx>

3. Provide Stable Child Care Financial Assistance to Families

3. Provide Stable Child Care Financial Assistance to Families

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

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children

enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

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

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

3.1 Eligible Children and Families

3.1 Eligible Children and Families

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

3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

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

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

- No
 Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:
Means a child who has multiple or severe functional needs requiring ongoing specialized care.

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

- No.
 Yes

and the upper age is 18

(may not equal or exceed age 19)

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

i. "residing with":

Means eligible children who are living with a parent or parents (by blood, marriage or adoption), including a legal guardian or other person with standing in loco parentis, or a caretaker/relative considered to be "residing with" a family.

ii. "in loco parentis":

Means a caretaker/relative, a person acting in place of a parent, including a legal guardian, an individual related by blood, marriage, or adoption of a child or non-relative, if the non-relative is pursuing legal custody within one year of application.

3.1.2 Eligibility criteria: Reason for care

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

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

Work is defined as employment in either a public or private sector for which the recipient receives a wage, thus making them gainfully employed. It can be either permanent or seasonal. It also includes unpaid activities, such as student teaching, internships or practicums. A combination of employment activities can be used to meet the required number of hours per week. The requirement is a minimum of 20 hours per week for a single parent and a minimum of 40 hours per week for 2 parents, with one of those parent not working less than 5 hours.

If at the end of the minimum 3 month grace period, the client isn't meeting CCAP eligibilty requirement (e.g. combination of working and/or participating in a full time educational activity) their case would close.

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

Job Trainging is defined as an activity that KTAP/TANF recipients engage in to meet their KWP/Kentucky Work Program Requirements. This would be a minimum of 20 hours per week for a single parent.

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

Education is defined as middle school/high school, GED Classes, licensed or accredited vocational or technical schools, and accredited college or universities. The client must be a fulltime student, as defined by the school for a single parent home. For 2 parent homes, the second parent would also need to be meeting CCAP eligibility requirements.

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

Applicants must show 20 hours of combined work, job training, or education hours in order to qualify for CCAP. Travel time is not included in work, education, or job training hours.

3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

3.1.2 Eligibility criteria: Reason for care

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

No.

Yes. If yes:

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

This means an open and active case in which a child protective case file contains appropriate documentation that substantiates child abuse, neglect, dependency or exploitation. This category may include child care services to prevent abuse, neglect, or dependency with appropriate supervisory approval. "Dependency" means the quality of being dependent as defined per [KRS 600.020\(20\)](#):

"Dependent child" means any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship that is not due to an intentional act of the parent, guardian, or person exercising custodial control or supervision of the child.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective

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

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

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

3.1.3 Eligibility criteria: Family Income Limits

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

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

Countable income is any money received by any individual of a client's household which is not excluded and can reasonably be anticipated to continue. Countable income can be earned income from employment, tips, self-employment, contract or rental income.

Countable income can be unearned income from child support, SSI for adult members

only, RSDI, UIB, retirement and pensions, VA Compensation paid by the Department of Veterans Affairs Vocational Rehabilitation Program (Title 38 U.S.C. Chapter 31) or any other form of income for which no work is performed and which the household receives on a regular and ongoing basis. All countable income must be verified and documented at each application, recertification, and at any anticipated, known, reported, or suspected change in the individual's income.

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	0	0	0	0
2	\$4403	\$3742.55	\$2323	53%
3	\$5439	\$4623.15	\$2928	54%
4	\$6475	\$5503.75	\$3533	55%
5	\$7511	\$6384.35	\$4139	55%

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

N/A

d. SMI source and year. 2020 Census Bureau Median Family Income by Size

Reminder: Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census

(98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

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

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

Jefferson County

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 07/01/2021

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

<https://chfs.ky.gov/agencies/dcbbs/dfs/Documents/omvolviii.pdf> (Section MS 2505)

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

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

The Lead Agency requires families to certify that the family assets do not exceed \$1,000,000 by requiring response to this question during the application process, which may include verification of assets for other public assistance programs.

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

No.

Yes.

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

The Lead Agency does not require verification of assets for protection and prevention cases.

While we do waive the asset limit for families receiving protective services, there is currently nothing in our policy or regs that specifically addresses this. Draft verbiage for updates to our policy manual: Resource limits are waived for families receiving Protective/CCPO services. Please contact DCC through your chain of command for

processing instructions.

MS 3580 - Child Care Resource Limits states "To remain eligible for child care, resources must remain less than 1 million dollars."

Citation: [922 KAR 2:160 Child Care Assistance Program Section 8 \(3\)](#)

Citation: <https://chfs.ky.gov/agencies/dcbs/dfs/Documents/omvolviii.pdf>

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

a. eligibility determination.

CHFS limits any requirements for reporting changes in income unless the change would make a positive change in the case or that the income is above 85% of the SMI. Families that report a change and their income exceeds the income limits, but do not exceed 85% of the SMI, will remain eligible until recertification.

At **initial** application a client can receive CCAP eligibility by participating in a Job Search. This is a three (3) month minimum period of time from the date of initial application for the client to actively search for employment. The Job Search option can only be used once in a twelve (12) month period and is only offered at initial application.

b. eligibility redetermination.

At redetermination, all eligibility factors are reviewed and updated as needed. Any changes in the recipient's situation are verified and considered. The family can remain eligible as long as they are still meeting technical eligibility requirements and their gross income doesn't exceed the second tier level of 200 FPG/Federal Poverty Guideline.

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be

strictly based on the work, training, or education schedule of the parent (98.21 (g)).
Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.
- g. Providing more intensive case management for families with children with multiple risk factors;
- h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- i. Other.

Describe:

Licensed child-care centers and certified family child-care homes are required to report ages of children they are able to serve. Efforts are made to ensure that children are placed in settings that will serve all children in the family and will not require children to change placements as they age. Efforts are made to ensure full-day coverage of services for children that includes before- and after-school as needed. Regional needs assessments are conducted to look at child care partnerships and identify barriers to high quality services that meet the developmental needs of all children as well as family needs, including type and hours of care.

3.1.7 Fluctuation in earnings.

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

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

Describe:

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

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

Describe:

Driver's License, Student I.D., Military I.D., or two other forms of verification

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

Describe:

Birth Index, Birth Records

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

Required at Initial Determination

Required at Redetermination

Describe:

Birth Index, Birth Records, School Records

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Work Verification System, PAFS-700/Verification of Employment, Wage/Check Stubs, Federal Tax Forms, Written Statement from Employer, Employer Printout of actual wages, Employee Contract

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

DCC-90L/Student Work Verification Form, School Schedule or Written Statement from School Official

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Work Verification System, PAFS-700/Verification of Employment, Wage/Check Stubs, Federal Tax Forms, Written Statement from Employer, Employer Printout of actual wages, Employee Contract, Award Letters, Shared System Data.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

PAFS-76/Information Request, Current Lease, Written Statement from someone that knows the client or Collateral Contact

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

PAFS-76/Information Request, Current Lease, Written Statement from someone that knows the client or Collateral Contact

Other.

Required at Initial Determination

Required at Redetermination

Describe:

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

Time limit for making eligibility determinations

Describe length of time:

Thirty (30) days

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

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

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

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

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

a. Identify the TANF agency that established these criteria or definitions: DCBS Division of Family Support

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

i. "Appropriate child care":

Means an eligible child care provider as defined in [45 C.F.R. part 98.2](#)

ii. "Reasonable distance":

Means the distance customarily available within a locality.

iii. "Unsuitability of informal child care":

Means care, not regulated under Kentucky law, which does not meet the quality child

care needs as defined by the parent or the health and safety requirements applicable to regulated child care in the Commonwealth.

iv. "Affordable child care arrangements":

Means appropriate child care, at a reasonable distance, which is suitable and charges at or below the maximum provider payment rate under the CCDF Plan.

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

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

Describe:

A TANF recipient receives information from a DCBS worker regarding the exception to the individual penalties associated with work requirements for any single custodial parent who has a demonstrated inability to obtain needed childcare for a child under six years of age. Eligibility for TANF recipient is determined by the DCBS Family Support focused staff.

The recipients receive the information verbally at the time of application and in printed form on the application itself.

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

Citation: [921 KAR 2:370 Technical Requirements for Kentucky Works Program Section 6.](#)

3.2 Family Contribution to Payments

3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other

factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$900	\$43	4.8%	\$2323	\$260	11.1%
3	\$900	\$43	4.8%	\$2928	\$281	9.5%
4	\$900	\$43	4.8%	\$3533	\$325	9.1%
5	\$900	\$43	4.8%	\$4139	\$541	13%

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

i. N/A. Sliding fee scale is statewide

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

Jefferson County

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

N/A

c. What is the effective date of the sliding-fee scale(s)? 10/01/2017

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

[922 KAR 2:160 Section 11](#)

An updated chart will be in effect beginning October 1, 2021 when the Lead Agency files the updated regulation. The citation will be the same, but the info will be updated by LRC after that filing date.

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

Check all that apply under a. or b.

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

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

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

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

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

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

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

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

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

- iii. The fee is per child up to a maximum per family.
- iv. No additional percentage is charged after certain number of children.
- v. The fee is per family.
- vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- vii. Other.

Describe:

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

- No.
- Yes, check and describe those additional factors below.

- a. Number of hours the child is in care.

Describe:

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

Describe:

- c. Other.

Describe:

The number of children needing care is also taken into consideration when calculating the family's co-payment

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

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
 - a. Families with an income at or below the Federal poverty level for families of the same size.

Describe the policy and provide the policy citation.

The Lead Agency is currently using Coronavirus Response and Relief Supplemental Appropriations (CRRSA) funds to cover family co-payments. This will continue until those funds have been exhausted.

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

Describe the policy and provide the policy citation.

Department for Community Based Services, Division of Protection and Permanency are authorized to waive co-payments for protective cases and indicate the wavier on the DCC-85, Approval for Child Care form.

<https://chfs.ky.gov/agencies/dcbs/dfs/Documents/omvolviii.pdf> Section 2000

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

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

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

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

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

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

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

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

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

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

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

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

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

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

200% FPG

B. Describe how the second eligibility threshold:

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

The Lead Agency determines income eligibility based only on monthly gross wages from earned, contract, or self-employment. Raising the redetermination level to 200%, gives the family the means to maintain with the rising costs of living associated with goods and services that are considered necessities such as food, clothing and housing. The FPG also takes into consideration the differences in family size and monthly incomes levels.

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

The Lead Agency sets the income eligibility threshold at 160 percent of the Federal Poverty Guideline at initial application and at 200 percent of the Federal Poverty Guideline for recertification.

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

The Lead Agency allows for continued child care services without unnecessary disruption if the change is the result of a temporary increase or decrease in income.

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

[922 KAR 2:160 Child Care Assistance Program/Section 8](#)

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

No

Yes

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

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

No.

Yes.

Describe:

3.3 Increasing Access for Vulnerable Children and Families

3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

3.3.1 Describe how the Lead Agency defines:

a) "Children with special needs":

A child with special needs is defined as a child who has multiple or severe functional needs requiring ongoing specialized care with priority given over other CCDF families. This includes children in need of child care for the purpose of protection or prevention.

b) "Families with very low incomes":

A family whose income does not exceed 100% of the Federal Poverty Level. These families receive priority over other eligible CCDF families.

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

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3

and using grants or contracts to reserve spots is addressed in 4.1.6.

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

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

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

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

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

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

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

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

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

Using grants or contracts to reserve spots

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

Income based sliding scale is utilized for assigning co-payments. Homeless households during an initial application are unique from other eligibility types as the household is entitled to up to three calendar months from the date of application to return verification. This allows the household to return all required documentation gradually, if needed. Homeless cases are approved and enrollment starts when the head of household provides ID. (If a driver's license is provided, it does not matter if it is expired.) Households that return all required information and are technically and financially eligible at the end of the three (3) calendar month period, will not see a change in the certification period at approval of application. Homeless households must meet all other technical and financial eligibility criteria in order to continue with the program. Homeless households can qualify to gain initial eligibility via Job Search if the client does not meet the work requirement and wants to use the once in twelve (12) months Job Search at the time of application.

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

Protection and Permanency (P&P) staff may approve child care when families need services for purposes of protection or prevention. A case is deemed to be a Protection or Prevention case when one of the following apply: 1) Prevention service to meet the child care needs of a family with a case opened due to the submission of a Family in Need of Services Assessment (FINSAs). Care is provided in order to stabilize the family situation and prevent escalation to an environment at increased risk of abuse or neglect. 2) Protective service provided when abuse, neglect, or dependency is substantiated and the family has need for child care services, as indicated in the case plan and/or after care.

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

Form DCC-85 Approval for Child Care Assistance is used by the Protection & Permanency

staff to notify the local child care worker that a client is approved and eligible for the Child Care Assistance Program (CCAP).

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

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

Families experiencing homelessness are eligible for expedited services. They are entitled to immediate approval of cases and pend for lack of verification. During eligibility, homeless families have a three (3) calendar month period to return all verifications. Families that return all required information at the end of the three (3) calendar month period, will not see a change in their certification as the maximum allowable certification period as assigned based on program rules. Families experiencing homelessness must meet all other technical eligibility criteria in order to continue with the program. If information has not been provided within the three (3) calendar month timeframe, the application will be discontinued

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

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

Information regarding the Lead Agency's child care assistance program is provided to entities serving families experiencing homelessness across the state. Regional

leads are familiar with resources for families experiencing homelessness and can connect them to the supportive services when needed. Through the Child Care Resource and Referral Network of Services, coordinators participate in regular meetings to promote outreach to families experiencing homelessness, such as through the Central Kentucky Housing and Homeless Initiative.

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

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

Note:

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

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

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

During eligibility, families experiencing homelessness have a three calendar month period to return all verifications. Households that return all required information by the end of the three (3) calendar month period will not see a change in their certification period as the maximum allowable certification period as assigned based on program rules .

Provide the citation for this policy and procedure.

[922 KAR 2:160 Child Care Assistance Program Section 2 \(4\) \(c\)](#)

ii. Children who are in foster care.

Child care for foster children is built into foster care reimbursement rates and is not funded by CCDBG funds. Therefore, foster families are not eligible for CCAP subsidies. However, children approved through the DCC-85, P&P Approval for Child Care, as preventive or protective care are eligible for CCAP

Provide the citation for this policy and procedure.

[Division of Child Care Operation Manual, Vol VIII, MS 2000](#)

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

During eligibility, homeless households are placed in their applicable eligibility, but have a three calendar month period to return all verifications. To better serve our providers, we have a provision in our regulation that gives the providers a 30 day window to obtain the child's immunization report. We also have an exception for this, in that the providers are not required to obtain an immunization report on children that are attending public school or are enrolled in Head Start, as these are entities that already require the report. The lead agency is exploring the possibility of adding the immunization requirement to our current application flow which would require the Family Support Staff to communicate with the client the requirement. This requirement and available resources could be added to our Fact Sheet that the client receives with their application.

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

No.

Yes.

Describe:

Families engaged in a job search can qualify immediately for child care for a minimum three month period.

3.4 Continuity for Working Families

3.4.1 Minimum 12-month eligibility.

3.4.1 Minimum 12-month eligibility.

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

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

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

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

If an initial application is approved for benefits, the certification is valid for 12 months.

A family experiencing a temporary change in activity as outlined in 922 KAR 2:160 Child Care Assistance Program Section 4 is given a three month grace period. It is correct, that if at the end of the minimum 3 month grace period the client is not meeting CCAP

eligibility requirements, their case will close and they will not receive the remainder of the 12 months. There is an exception to this policy, if it is due to a medical condition that requires additional leave time.

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

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

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

Describe or define your Lead Agency's policy:

A recipient on medical leave from employment as verified by a health professional can continue to receive CCAP for a period of no less than 3 months. Provisions are made for those with temporary disabilities that exceed 3 months that are verified by a health professional.

It is correct, that if at the end of the minimum 3 month grace period the client is not meeting CCAP eligibility requirements, their case will close and they will not receive the remainder of the 12 months. There is an exception to this policy, if it is due to a medical condition that requires additional leave time.

Citation:

[922 KAR 2:160 Section 4](#)

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

Describe or define your Lead Agency's policy:

A recipient after the loss of employment, a reduction in the required number of employment hours, or cessation of attendance at a job training or educational program can continue to receive CCAP for a period of no less than 3 months to allow for a resumption of work or attendance at job training or educational program.

Citation:

[922 KAR 2:160 Section 4](#)

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

Describe or define your Lead Agency's policy:

A recipient after the cessation or reduction of attendance at a job training or educational activity can continue to receive CCAP for a period of no less than 3 months to allow for a resumption of work or attendance at job training or educational program.

Citation:

[922 KAR 2:160 Section 4](#)

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

Describe or define your Lead Agency's policy:

A recipient after the loss of employment, a reduction in the required number of employment hours, or cessation of attendance at a job training or educational program can continue to receive CCAP for a period of no less than 3 months to allow for a resumption of work or attendance at job training or educational program.

Citation:

[922 KAR 2:160 Section 4](#)

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

Describe or define your Lead Agency's policy:

A recipient after the loss of employment, a reduction in the required number of employment hours, or cessation of attendance at a job training or educational program can continue to receive CCAP for a period of no less than 3 months to allow for a resumption of work or attendance at job training or educational program.

Citation:

[922 KAR 2:160 Section 4](#)

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

Describe or define your Lead Agency's policy:

A twelve (12) year old child turning (thirteen) 13 may continue to receive child care assistance until the end of the twelve (12) month eligibility period if technical and financial eligibility is met.

Citation:

[Division of Child Care Operation Manual, Vol VII, MS 3000](#)

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

Describe or define your Lead Agency's policy:

Part of CCAP technical eligibility is that a child be a resident of the state of Kentucky.

Citation:

[922 KAR 2:160 Section 3 \(1\) A-1](#)

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

N/A

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

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

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

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

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

No.

Yes.

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

At initial application a client can receive CCAP eligibility by participating in a Job Search. This is a three (3) month minimum period of time from the date of initial application for the client to actively search for employment. The Job Search option can only be used once in a twelve (12) month period and is only offered at initial application. It does not apply at redetermination. If a client has a job loss or disruption in their eligibility requirement, they will receive a minimum 3 month grace period that can be used to seek employment or enroll in a full-time educational activity. As long as the client is meeting the eligibility requirements by the end of the grace period, this provision can be used again during the 12 month eligibility period.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a

minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

- No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
 - i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

If the client has a disruption of work, training, or education they are given a minimum of 3 calendar months as a grace period. Grace periods do not extend past the client's recertification date. If the disruption proves to not be temporary, the case closes at the end of the grace period.

This can be defined as an interruption or change to the client's eligibility activity that puts them into a position of no longer meeting the eligibility requirements. It can include decreases in work hours, layoffs, health related breaks in employment, withdrawing from school, etc. The client that is no longer meeting minimum eligibility requirements receives a grace period that is no less than 90 days to get back on track with their previous eligibility activity or to start engaging in another one.

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

An applicant for a child served by CCAP shall advise the cabinet or its designee of a change in circumstance within ten (10) days of the day the change is known. Once the change is reported and entered into the system, the grace period is triggered. The client then has the minimum 3 month period to verify they are meeting CCAP eligibility requirements.

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

On cases that have active eligibility, the client receives a minimum 3 month grace period that can be used to search for new employment. Example: Client loses their employment on April 10. They will have a grace period that extends until July 31 to verify they are meeting CCAP eligibility requirements.

iv. Provide the citation for this policy or procedure.

[Division of Child Care Operation Manual, Vol VII, MS 3045](#)

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

i. Not applicable.

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

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

B. Provide the citation for this policy or procedure:

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

Provide the citation for this policy or procedure:

[922 KAR 2:160 Child Care Assistance Program Section 3 \(1\)](#)

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

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

[KAR 922 2:020 Child Care Assistance Program Improper Payments, Claims and Penalties](#)

- 1) Misrepresentation of information by making a false statement either orally or in writing to obtain or attempt to obtain services for which they are not eligible.
- 2) Concealment of information to obtain services to which they are not eligible.
- 3) Deliberately withheld information needed to accurately determine eligibility.
- 4) Deliberate failure to report a change timely in order to continue to receive services to which they are not entitled.
- 5) Falsification or alteration of documents to obtain services to which they are entitled.

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

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

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

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

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

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

No

Yes

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

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

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

Describe:

The client is required to report any of the listed changes that apply for their situation.

- 1) Change in an employer;
- 2) Increase or decrease in the number of work hours;
- 3) Increase or decrease in the rate of pay;
- 4) Increase or decrease in recipient members;
- 5) Change in self-employment activities;
- 6) Change in the scheduled hours of care is needed;
- 7) Beginning or ending of an educational activity;
- 8) Change in marital status;
- 9) Beginning or ending of receipt of any type of unearned income; and
- 10) Increase or decrease in any type of unearned income. If there's a change in circumstances such as an increase or decrease in the number of work hours a child shall be eligible to continue CCAP if the following requirements are met: An applicant has employment an average twenty (20) hours per week; An applicant and a responsible adult have employment an average of forty (40) hours per week combined, if the individual with the least employment has an average of at least five (5) hours of employment per week; An applicant and a responsible adult if either the applicant or the responsible adult has employment an average of twenty (20) hours per week, and the other is physically or mentally unable to provide adequate care or supervision as documented by a written statement from a health professional;

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

Describe:

- 1) Change in address or residence; and
- 2) Unreported change in phone/cell number.

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

Describe:

Criteria for nonpayment to provider according to 922 KAR 2:160 include: 1) Death of child or applicant; 2) The family or provider defaults on a payment of claim as

outlined in 922 KAR 2:020; 3) Family no longer meets the technical or financial eligibility requirements; and 4) Provider denies access to child in care to parent of a child in care, CHFS, CHFS' designee, or a representative of an agency with regulatory authority.

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

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

Describe:

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

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

Families are required to report the following: Beginning or ending employment, change in employers, change in number of hours worked, change in pay rate, change in household members, change in self-employment activities, change in the scheduled hours care is needed, beginning or ending a full-time educational activity, change in child care provider, change in address or residence, change in marital status, change

in unearned income, beginning or ending participation in SNAP Employment & Training Program.

ii. Provide the citation for this policy or procedure.

This policy is outlined at

<https://chfs.ky.gov/agencies/dcbs/dfs/Documents/omvolviii.pdf> in sections MS 4500, MS 4505 and MS 4515.

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

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

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

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

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

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

- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

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

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

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

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

4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

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

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

The certificate is issued after a provider is selected. To enroll a child with a provider, the DCC-94 Child Care Service Agreement and Certificate, must be signed and dated by the client and the provider. If the client chooses a new provider, the DCC-94 is again sent to the client and the provider for signatures. The DCC-94 includes family information, child name, date of birth, care level, notes regarding special needs or need for non-traditional hours for care, start and end date of enrollment, scheduled days of care, daily rate amount for full day or part day, amount of daily co-pay, and the rights and responsibilities of parent and provider.

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

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

Describe:

Information is also available through the Division of Child Care website..

Web Link: [Division of Child Care](#)

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

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

All licensed and certified child care providers are listed on the Kentucky Child Care Provider search. The Child Care Provider search provides information about the provider including a history of licensing surveys and complaints as well as All STARS rating.

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

As of June 25, 2021, Kentucky has 1967 certified and licensed providers, 74.8% of which participate in the CCDF system.

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

Parents and providers have voiced concerns about the paperwork burden and

processing time for subsidy payments. Providers also state that reimbursement rates are too low to sustain quality. To address these issues, the Benefind portal has automated the subsidy payment process. Payment requests are now submitted digitally and processing times have been significantly reduced. Technical assistants have helped providers navigate the new system.

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

Parental rights are outlined in KRS 199.898 and include the rights of parents to access their children at all times that the children are in care. The parental rights are distributed to parents and providers when a child care certificate and agreement is issued.

Citation: KRS [198.898 Rights for children in child-care programs](#)

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

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.
Describe:

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

Describe:

In accordance with 922 KAR 2:180, any person making application to provide care in the child's own home must show proof of photo identification or birth certificate that the individual is a least eighteen years of age

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

Describe:

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

Describe:

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

Describe:

922 KAR 2:180 Section 2 requires that in-home providers shall provide verification of six hours of training approved by the cabinet in the areas of: 1) Health, safety, and sanitation; 2) Recognition of child abuse and neglect, which may include cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.896(16); and 3) Developmentally appropriate child care practice. Citation: 922 KAR 2:180 Requirements for registered child care providers

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

Describe:

- g. Other.

Describe:

4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots. The Lead Agency will be using American Rescue Plan funds to pilot an Infant and Toddler Care project with contracted slots for infants and toddlers. Details are still be finalized, but this will be available to high-quality child care providers (Levels 3-5).

Yes, statewide. If yes, describe:

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

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

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

4.1.6 Child care services available through grants or contracts.

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

No

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

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

Describe

The Lead Agency will be using American Rescue Plan funds to pilot an Infant and Toddler project.

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

a. In child care centers.

The Lead Agency continuously evaluates the child care landscape in the state using data collected from the Kentucky Integrated Child Care System (KICCS). The active provider listing for licensed child care programs is analyzed by region, county, and zip code. This data is used to inform provider recruitment of licensed child care providers. Staff from the Lead Agency and contracted partners frequently participate in continuing education and technical assistance opportunities to help address child care deserts in the state.

b. In child care homes.

The Lead Agency continuously evaluates the child care landscape in the state using data collected from the Kentucky Integrated Child Care System (KICCS). The active provider listing for licensed child care programs is analyzed by region, county, and zip code. This data is used to inform provider recruitment of licensed family providers. Staff from the Lead Agency and contracted partners frequently participate in continuing education and technical assistance opportunities to help address child care deserts in the state.

c. Other.

N/A

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

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

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

Describe:

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

Describe:

The Lead Agency has contracted with Western Kentucky University to staff a Family Child Care Network statewide. WKU may subcontract with agencies throughout the 8 child care regions.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

The Division of Child Care, through contractual services provided by the Child Care Resource and Referral Network of Services, provides regional coaching, technical assistance, and resources to support prospective and current child care providers. A DCC developed and approved training is delivered by coaches as a requirement of licensure. This training includes information pertinent to the successful operation of a child care program to deliver quality child care.

v. Recruitment of providers.

Describe:

Designated regional staff respond to expressed shortages and are available to assist in targeted recruiting efforts through community partnerships. Child Care Aware staff are employed and supported by the Human Development Institute/University of Kentucky.

vi. Tiered payment rates (as in 4.3.3).

Describe:

Kentucky All STARS QRIS subsidy enrollment incentives grant monetary incentives to child care providers operating at high quality (All STARS levels 3-5) while serving families receiving subsidies. Quality incentives are higher for serving infants/toddlers.

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

Describe:

viii. Accreditation supports.

Describe:

Licensed or certified providers who are accredited by a national organization will receive an additional two (2) dollars per day above the maximum rate of pay.

ix. Child Care Health Consultation.

Describe:

The Child Care Health Consultation for Healthy Start in Child Care Program, through the Department for Public Health, provides training and technical assistance to child care providers.

x. Mental Health Consultation.

Describe:

Families and child care providers have access to multiple agencies and/or programs within CHFS for screening and assessment. These programs include First Steps Early Intervention System, the Early Childhood Mental Health Program, and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Each of these programs accepts referrals from child care providers and/or individuals who may have a developmental and/or cognitive delay.

xi. Other.

Describe:

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

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

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

Describe:

The Lead Agency will allocate American Rescue Plan (ARP) funds to pilot for CCAP Contracts for infant and toddler care throughout the state. This program would be used to combat the decrease in programs currently accepting families using CCAP and to increase infant and toddler care for our most vulnerable population.

ii. Family Child Care Networks.

Describe:

The Lead Agency has contracted with Western Kentucky University to operationalize a staffed Family Child Care Network across the eight child care regions. WKU will subcontract with local training agencies to fulfill the objectives of the contract.

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

The Division of Child Care, through contractual services provided by the Child Care Resource and Referral Network of Services, provides regional coaching, technical assistance, and resources to support prospective and current child care providers. A DCC developed and approved training is delivered by coaches as a requirement of licensure. This training includes information pertinent to the successful operation of a child care program to deliver quality child care.

v. Recruitment of providers.

Describe:

Designated regional staff respond to expressed shortages and are available to assist in targeted recruiting efforts through community partnerships. Child Care Aware staff are employed and supported by the Human Development Institute/University of Kentucky.

vi. Tiered payment rates (as in 4.3.3).

Describe:

Rates differ for infants and toddlers accordance with the Market Rate Survey based on region. Web Link: [Kentucky Child Care Maximum Payment Rate Chart Kentucky All STARS QRIS subsidy enrollment incentives grant monetary incentives to child care providers operating at high quality \(All STARS levels 3-5\) while serving families receiving subsidies. Providers receive higher rates for serving infants and toddlers. Web Link: Kentucky All STARS Regulated Incentives](#)

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

Describe:

- viii. Accreditation supports.

Describe:

Licensed or certified providers who are accredited by a national organization will receive an additional two dollars per day above the maximum rate of pay.

- ix. Child Care Health Consultation.

Describe:

The Child Care Health Consultation for Healthy Start in Child Care Program, through the Department for Public Health, provides training and technical assistance to child care providers.

- x. Mental Health Consultation.

Describe:

Families and child care providers have access to multiple agencies and/or programs within CHFS for screening and assessment. These programs include First Steps Early Intervention System, the Early Childhood Mental Health Program, and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Each of these programs accepts referrals from child care providers and/or individuals who may have a developmental and/or cognitive delay.

- xi. Other.

Describe:

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

c. Children with disabilities. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6).

Describe:

- ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

Designated regional staff respond to expressed shortages and are available to assist in targeted recruiting efforts through community partnerships. Child Care Aware staff are employed and supported by the Human Development Institute/University of Kentucky. Because HDI is a University Center for Excellence in Developmental Disabilities, staff have access to support providers working with children with disabilities and work to ensure access to quality care for this population.

- v. Recruitment of providers.

Describe:

Designated regional staff respond to expressed shortages of child care centers serving children with disabilities and are available to assist in targeted recruiting efforts through community partnerships. Child Care Aware staff are employed and supported by the Human Development Institute/University of Kentucky.

- vi. Tiered payment rates (as in 4.3.3).

Describe:

Licensed, certified, or registered child care providers may receive an additional one dollar per day to serve a child with special needs.

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

Describe:

- viii. Accreditation supports.

Describe:

Licensed or certified providers who are accredited by a national organization will receive an additional two dollars per day above the maximum rate of pay.

- ix. Child Care Health Consultation.

Describe:

The Child Care Health Consultation for Healthy Start in Child Care Program, through the Department for Public Health, provides training and technical assistance to child care providers

- x. Mental Health Consultation.

Describe:

Families and child care providers have access to multiple agencies and/or programs within CHFS for screening and assessment. These programs include First Steps Early Intervention System, the Early Childhood Mental Health Program, and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Each of these programs accepts referrals from child care providers and/or individuals who may have a developmental and/or cognitive delay.

- xi. Other.

Describe:

The Lead Agency, through contractual services provided by the Child Care Resource and Referral Network, provides regional coaching, technical assistance, and resources to support prospective and current child care providers. Coaches deliver CHFS-approved training as a requirement of licensure. This training includes information pertinent to the successful operation of a child care program to deliver quality child care including, but not limited to, fiscal management, human resource management, risk management, public relations and communications.

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

d. Children who receive care during non-traditional hours. Check and describe all that apply.

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

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

Licensed child-care centers and certified family child-care homes providing non-traditional care (i.e. non-traditional hours of evening and nights) receive technical assistance regarding Health, safety and quality child care.

v. Recruitment of providers.

Describe:

Designated regional staff respond to expressed shortages in non-traditional childcare and are available to assist in targeted recruiting efforts through community partnerships. Child Care Aware staff are employed and supported by the Human Development Institute/University of Kentucky. Designated regional staff respond to expressed shortages in non-traditional child care and are available to assist in targeted recruiting efforts through community partnerships. Child Care Aware staff are employed and supported by the Human Development Institute/University of Kentucky.

- vi. Tiered payment rates (as in 4.3.3).

Describe:

Licensed or certified providers may also receive an additional one dollar per day to provide child care during non-traditional hours.

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

Describe:

- viii. Accreditation supports.

Describe:

Licensed or certified providers who are accredited by a national organization will receive an additional two dollars per day above the maximum rate of pay.

- ix. Child Care Health Consultation.

Describe:

The Child Care Health Consultation for Healthy Start in Child Care Program, through the Department for Public Health, provides training and technical assistance to child care providers.

- x. Mental Health Consultation.

Describe:

Families and child care providers have access to multiple agencies and/or programs within CHFS for screening and assessment. These programs include First Steps Early Intervention System, the Early Childhood Mental Health Program, and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Each of these programs accepts referrals from child care providers and/or individuals who may have a developmental and/or cognitive delay.

- xi. Other.

Describe:

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

e. Other. Check and describe all that apply.

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

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

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

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Lead Agency refers to current census data and Kentucky unemployment rates reported by Bureau of Labor Statistics to compare with regional populations to determine the areas with greatest concentration of poverty and unemployment.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

The Lead Agency focuses on targeted recruitment and retention of high quality programs in areas of high poverty and with high unemployment rates. This includes regional focus on outreach to local government and small business to enhance knowledge of quality child care and benefit of this service to help retain a stable workforce.

4.2 Assess Market Rates and Analyze the Cost of Child Care

4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative

methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

December 2020-January 2021

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate

Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2.

4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

The Market Rate Survey is developed in collaboration with the Division of Child Care, University of Kentucky Human Development Institute, and Child Care Aware of Kentucky. The Child Care Advisory Council (CCAC) was consulted regarding the development and launch of the Market Rate Survey.

b) Local child care program administrators:

Per KRS 199.892, child care providers are consulted through membership on the CCAC.

c) Local child care resource and referral agencies:

CCAC membership is available to Child Care Resource and Referral Agencies across Kentucky. Meetings are also open to the public for attendance. The Lead Agency also has held numerous "town hall" type meetings to allow all stakeholders, including the current CCR&R (UK - Child Care Aware) and the former CCR&Rs, to participate. The Lead Agency holds a monthly meeting with the executive director of the CCR&R to discuss contractual obligations and deliverables. The Lead Agency and CCR&R also are involved in a multitude of monthly meetings discussing early care and education.

d) Organizations representing caregivers, teachers, and directors:

Quarterly meetings are held by the lead agency with various advocacy groups representing child care providers to discuss child care issues, including the development of the Market Rate Survey.

e) Other. Describe:

N/A

4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.

i. Represent the child care market: [Click or tap here to enter text.](#)

A Market Rate Survey was conducted by Child Care Aware of Kentucky, the contracted statewide CCR&R network housed at the Human Development Institute of the University of Kentucky. The entire population of child care providers was invited to participate in the Market Rate Survey. The survey asked for full-time and part-time rates for children by age (infant, toddler, preschool, and school age). Individualized email invitations were sent to each provider email on record with one automated reminder. Additional reminders to participate in the survey were shared by DCC ListServ messages, on social media, in stakeholder meetings, and by Child Care Aware of Kentucky Early Care and Education Coaches. A random drawing for one of eight Visa gift cards was offered for any provider who completed the survey.

ii. Provide complete and current data:

The overall statewide response rate to the Market Rate Survey across provider types was 50.15%. Below is a table with response rates by provider type.

Provider Type Responses Population Response Rate

Type I 884 1797 49.19%

Type II 33 39 84.62%

Certified 112 216 51.85%

Total 1029 2052 50.15%

iii. Use rigorous data collection procedures:

Data were collected from each of the eight regions across the state and represent a majority of providers across the state. The online data collection software (Qualtrics) allowed for collection by special invitation for the majority of responses. For those providers who could not find the original email invitations, an alternative online survey was made available. This survey required them to share their license number and facility name in order to connect it to the list of licensed child care centers of certified child care homes who had been open for any period of time during the 2020 calendar year.

iv. Reflect geographic variations:

This survey was representative of all regions of the state, and both urban and rural providers.

v. Analyze data in a manner that captures other relevant differences:

Rates were examined by geographic area, type of provider, age of child. In addition data were analyzed by CCAP acceptance and quality rating.

b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?

No

Yes.

If yes, why do you think the data represents the child care market?

The response rate was more than 50% and it covers all regions of the state.

4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:

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

This survey analysis includes a rate breakdown by geographic region (East, Central, West), by Child Care Aware region (8 areas that cover all 120 counties), urban/rural.

b) Type of provider. Describe:

This survey includes Type I and Type II Child Care Centers and Certified Family Child Care Homes.

c) Age of child. Describe:

Rates include infants, toddlers, preschool, and school age children.

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

Rates are also examined by quality level and CCAP acceptance.

4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?

No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.

Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan, including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

The Market Rate Survey estimates cost of care based on rates set by providers broken down by geographic location, provider type, and age of child.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and

regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

All licensed and certified providers are meeting minimum regulatory compliance and rates are broken down to reflect this by geographic location, provider type, and age of child.

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

Rates of high quality (3 - 5 STARS in our QRIS system) are compared to those facilities who are only meeting regulatory compliance. This is broken down by geographic location, provider type, and age of child.

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

The rates are calculated as the 75th percentile so that the subsidy amount can take this into account.

4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. 03/30/2021

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

Child Care Aware of Kentucky, Human Development Institute, University of Kentucky made the results available on their website. The Lead Agency also added a link to the report on the Lead Agency's website.

<https://chfs.ky.gov/agencies/dcbs/dcc/Documents/2020marketrates.pdf>

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

The survey conducted with an analysis report through a contract with the University of Kentucky Human Development Institute. No public comments were solicited during the survey and final summary of survey results were posted on the Division of Child Care website for public view.

4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those

provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

- a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly

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

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$30/day

Full-time weekly base payment rate: \$150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 57

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

ii. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Center care:

Base payment rate:\$30/day

Full-time weekly base payment rate: \$150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 62

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Center care:

Base payment rate:\$27/day

Full-time weekly base payment rate: \$135

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 57

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

iv. Age of child in what type of licensed child care setting (All rates are full-time) -

School-age child (6 years) Center care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$23/day

Full-time weekly base payment rate: \$115

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 47

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Family Child Care:

Base payment rate:\$27/day

Full-time weekly base payment rate: \$135

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 69

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:\$27/day

Full-time weekly base payment rate: \$135

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 75

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:\$26/day

Full-time weekly base payment rate: \$150

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 79

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$22/day

Full-time weekly base payment rate: \$110

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 64

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? N/A

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Daily rates multiplied by 5.

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

Full-time care is defined as care provided for 5 or more hours per day. Part-time care is care provided less than 5 hours per day.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). 07/01/2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

Jefferson County

f. Provide the citation, or link, if available, to the payment rates

<https://chfs.ky.gov/agencies/dCBS/dcc/Pages/default.aspx>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

a. Geographic area.

Describe:

The Lead Agency sets differential rates based on urban and rural designation asset by the state and consideration of regional differences reported in the Market Rate Study.

b. Type of provider.

Describe:

The Lead agency sets provider rates based on provider type of License Child Care Center Type I, Licensed Child Care Homes Type II, Certified Child Care Home Provider.

c. Age of child.

Describe:

The Lead Agency sets differential rates for the following age groups. **Infant** - Child, who is less than one year old **Toddler** - Child, who has reached the first birthday up to, but not including, the third birthday. **Preschool child** - Child, who has reached the third birthday up to, but not including, the sixth birthday. **School-age child** - Child, who has reached the sixth birthday.

d. Quality level.

Describe:

The Lead Agency sets differential rates for higher quality centers in form of monthly quality incentive payments based on number of children receiving CCDF payments.

e. Other.

Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).

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

No.

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

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

Licensed or certified providers may also receive an additional one (1) dollar per day to provide child care during non-traditional hours.

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

Licensed, certified, or registered child care providers may receive an additional one (1)dollar per day to serve a child with special needs

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

Describe:

Rates differ for infants and toddlers accordance with the Market Rate Survey based on region. If a provider is enrolled in the Kentucky All STARS tiered quality rating and improvement system at a level 3 or higher and serves CCAP-eligible children, the provider will be awarded a subsidy enrollment award. This award pays higher rates for providers serving infants and toddlers

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

Describe:

- f. Differential rate for higher quality, as defined by the state/territory.

Describe:

Through the Kentucky All STARS tiered quality rating and improvement system, providers serving CCAP children while operating at high quality (Levels 3-5) receive a subsidy enrollment award. The subsidy enrollment award awards pay higher awards for providers serving infants and toddlers.

Citation: [Kentucky All STARS quality-based graduated early childhood rating system](#)

- g. Other differential rates or tiered rates.

Describe:

Licensed or certified providers who are accredited by a national organization will receive an additional two (2) dollars per day above the maximum rate of pay

4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Current payment rates are based on the 2017 MRS. The 2020 MRS (completed March 2021) saw an increase to cost of part time and full time care for all provider types.

The Lead Agency is conducting a fiscal analysis of reimbursement rates based on the 2020 MRS as well as available funds from the American Rescue Plan.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The Lead Agency has been reimbursing providers based on enrollment versus attendance throughout the pandemic. The Lead Agency will evaluate this practice on a quarterly basis to ensure funds are available. The Lead Agency has issued sustainment payments utilizing CARES and CRRSA funds in an effort to sustain overall child care capacity while the state imposed mandates prevented child care programs from

operating at full capacity. The Lead Agency is paying all fees associated with background checks, is offering a number of free professional development opportunities with incentives.

4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).

The Market Rate Study indicates the Kentucky ALL STARS program, Type I providers at the highest levels charge higher prices for full-time care statewide. The highest prices for Type II and Certified homes vary by age group. Overall, the cost of care is highest in the Central region for Level 4-5 programs. Determined by provider type, region, daily rates, and the current quality rating standards and trend analysis of the prior 4 Star Quality Rating System were all considered in setting monetary incentives for reaching and maintain quality at each of the 5-tiered rating levels. The Lead Agency recognizes the cost of delivering higher quality through the integration of monetary incentives for programs operating at high quality while serving CCAP Children. Through the Kentucky All STARS tiered quality rating and improvement system, providers serving CCAP children while operating at high quality (Levels 3-5) receive additional monetary incentives. This incentive is paid annually upon verification of quality standards and is calculated based on an average number of CCAP children served per month. Licensed or certified providers who are accredited by a national organization will receive an additional two (2) dollars per day above the maximum rate of pay.

Citation: All STARS Monetary Incentives

<https://apps.legislature.ky.gov/law/kar/922/002/270.pdf>

4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.

Current rates are based on the 2018 MRS. The 2020 Market rate survey was made available in March 2021. The Lead Agency is filing an emergency regulation on July 1, 2021 to increase the full-time care rate by \$2/day and the part-time care rate by \$1/day. This is a direct result of an infusion of state dollars made by the General Assembly during the 2021 regular legislative session. The Lead Agency is reviewing current budgets as well as the American Rescue Plan funds to determine what type of rate increase can be offered and sustained.

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular

categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

The Lead Agency policy is to issue payment within ten (10) days of receipt of completed invoice for prior month services.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

The Lead Agency will continue to pay based on child's enrolment rather than attendance through December 31, 2021.

- ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

Licensed and certified providers may receive payment for up to five absences per month. Payments for more than five excused absences per child per month may be approved if the absence meets the following criteria for an extraordinary absence. An extraordinary absence is defined as: a) a death in the family; b) illness of the child or applicant; or c) a disaster verified by utility, local, state or federal government.

- iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Payment rates are based on a full day, which is defined as care five or more hours per day, or part day defined as less than five hours of care per day.

- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

Enrollment fees are paid to Licensed Type I and Type II and Certified Family Child-Care Homes who charge enrollment fees to the public for recipients receiving Kentucky Transitional Assistance Program (K-TAP) or having a referral under child protection and prevention.

d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:

Family and provider both sign a service agreement for child care services detailing the daily payment rate, copay payment amount, and child schedule. It also includes appeal process.

e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

Changes that reduce benefits, such as removing a child from the assistance case or income change resulting in a decrease in co-pay and/or provider subsidy rate, require ten days advanced notice prior to case action being processed.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

An administrative hearing is a formal process by which an applicant, recipient, or provider may appeal an action or inaction taken by the agency with which they do not agree. A client or provider must appeal a claim within 30 days of the date the claim was established.

g. Other. Describe:

N/A

4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

The Lead Agency considers provider fees based on results of Market Rate survey and take into consideration regional differences; type of care provided; and rates of programs that do and do not accept CCDF funding. There is a range of child care provider types supporting parental choice such as-Licensed Type I, Licensed Type II, Certified and Family Friend and Neighbor. There are various payment options such as on-line billing and paper billing. Providers can submit CCAP billing the first day of the month. 90 % of providers who submit payment through the online billing portal are issued payment within the 1st two weeks of the month. Payments are issued monthly and daily. Providers also have access to receive their CCDF payments via direct deposit, whereas payments are issued within the first 4 days of the month.

4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

a. Limit the maximum co-payment per family.

Describe: .

The maximum co-pay is based upon family size and income limits.

b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

The maximum co-pay is based upon family size and income limits.

c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

At initial application, families must not exceed 160% of the federal poverty limit.

Upon renewal, the family must not exceed 200%. Families can retain eligibility, as long as they do not exceed 85% of the state median income. The copay does not adjust as there is not a graduated phase-out policy in place. The Lead Agency is researching a graduated phase-out policy.

d. Other.

Describe:

Sliding scale fees are determined based on results of Market Rate Survey, considering regional differences; differences based on age of children served; and, income of family

4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

The provider understands and agrees that the cabinet shall reimburse the lesser amount of: (a) the customary and usual rate that is charged to the public, less the family co-pay, or (b) the state maximum payment rate, less the family co-pay.

Providers may NOT charge families receiving CCAP benefits more than the rate charged to parents whose children do not receive CCAP benefits. The Lead Agency allows providers to charge an overage in order to increase the number of providers who participate in the CCAP program. This increases access and availability for families seeking subsidized child care.

A provider may charge CCAP families an overage in addition to the assessed copay. An overage is the difference between the provider's commercial rates and the subsidized rates. Providers have freedom to make a business decision when setting the commercial rates for care provided in their area. CCAP participants are made aware during the application process that a copay will be assessed and that overages may occur.

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.

N/A

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

The Lead Agency uses current MRS data to identify the gaps between the private pay rates and the subsidy rates. We have identified the need to increase rates in some areas. The fiscal impact analysis has been conducted and the state will be making regulatory changes to address these concerns.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important

to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.

a. Center-based child care.

i. Identify the providers subject to licensing:

Licensed Type I child care centers provide care for 4 or more children in a non-residential setting or 13 or more children in a designated space separate from the primary residence of the licensee. Exemptions from licensing requirements are outlined in 922 KAR 2:090

ii. Describe the licensing requirements:

KRS 199.892

KRS 199.896 - License Requirement

- (1) No person, association, or organization shall conduct, operate, maintain, or advertise any child-care center without obtaining a license as provided in KRS 199.892 to 199.896.
- (2) The cabinet may promulgate administrative regulations pursuant to KRS Chapter 13A relating to license fees and may establish standards of care and service for a child-care center, criteria for the denial of a license if criminal records indicate convictions that may impact the safety and security of children in care, and procedures for enforcement of penalties.
- (3) Each initial application for a license shall be made to the cabinet and shall be accompanied by a fee that shall not exceed administrative costs of the program to the cabinet and shall be renewable annually upon expiration and reapplication when accompanied by a renewal fee that shall not exceed administrative costs of the program to the cabinet. Regular licenses and renewals thereof shall expire one (1) year from their effective date.
- (4) No child-care center shall be refused a license or have its license revoked for failure to meet standards set by the secretary until after the expiration of a period not to exceed six (6) months from the date of the first official notice that the standards have not been met. If, however, the cabinet has probable cause to believe that an immediate threat to the public health, safety, or welfare exists, the cabinet may take emergency action pursuant to KRS 13B.125. All administrative hearings conducted under authority of KRS 199.892 to 199.896 shall be conducted in accordance with KRS Chapter 13B.
- (5) If, upon inspection or investigation, the inspector general finds that a child-care center licensed under this section has violated the administrative regulations, standards, or requirements of the cabinet, the inspector general shall issue a statement of deficiency to the center containing:
 - (a) A statement of fact;
 - (b) A statement of how an administrative regulation, standard, or requirement of the cabinet was violated; and
 - (c) The timeframe, negotiated with the child-care center, within which a violation is to be corrected, except that a violation that poses an immediate threat to the health, safety, or welfare of children in the center shall be corrected in no event later than five (5) working days from the date of the statement of deficiency.
- (6) The Cabinet for Health and Family Services, in consultation with the Office of the

Inspector General, shall establish by administrative regulations promulgated in accordance with KRS Chapter 13A an informal dispute resolution process through which a child-care provider may dispute licensure deficiencies that have an adverse effect on the child-care provider's license.

(7) A child-care center shall have the right to appeal to the Cabinet for Health and Family Services under KRS Chapter 13B any action adverse to its license or the assessment of a civil penalty issued by the inspector general as the result of a violation contained in a statement of deficiency within twenty (20) days of the issuance of the action or assessment of the civil penalty. An appeal shall not act to stay the correction of a violation.

(8) In assessing the civil penalty to be levied against a child-care center for a violation contained in a statement of deficiency issued under this section, the inspector general or the inspector general's designee shall take into consideration the following factors:

- (a) The gravity of the threat to the health, safety, or welfare of children posed by the violation;
- (b) The number and type of previous violations of the child-care center;
- (c) The reasonable diligence exercised by the child-care center and efforts to correct the violation; and
- (d) The amount of assessment necessary to assure immediate and continued compliance.

(9) Upon a child-care center's failure to take action to correct a violation of the administrative regulations, standards, or requirements of the cabinet contained in a statement of deficiency, or at any time when the operation of a child-care center poses an immediate threat to the health, safety, or welfare of children in the center, and the child-care center continues to operate after the cabinet has taken emergency action to deny, suspend, or revoke its license, the cabinet or the cabinet's designee shall take at least one (1) of the following actions against the center:

- (a) Institute proceedings to obtain an order compelling compliance with the administrative regulations, standards, and requirements of the cabinet;
- (b) Institute injunctive proceedings in Circuit Court to terminate the operation of the center;
- (c) Institute action to discontinue payment of child-care subsidies; or
- (d) Suspend or revoke the license or impose other penalties provided by law.

(10) Upon request of any person, the cabinet shall provide information regarding the denial, revocation, suspension, or violation of any type of child-care center license of

the operator. Identifying information regarding children and their families shall remain confidential.

(11) The cabinet shall provide, upon request, public information regarding the inspections of and the plans of correction for the child-care center within the past year. All information distributed by the cabinet under this subsection shall include a statement indicating that the reports as provided under this subsection from the past five (5) years are available from the child-care center upon the parent's, custodian's, guardian's, or other interested person's request.

(12) All fees collected under the provisions of KRS 199.892 to 199.896 for license and certification applications shall be paid into the State Treasury and credited to a special fund for the purpose of administering KRS 199.892 to 199.896 including the payment of expenses of and to the participants in child-care workshops. The funds collected are hereby appropriated for the use of the cabinet. The balance of the special fund shall lapse to the general fund at the end of each biennium.

(13) Any advertisement for child-care services shall include the address of where the service is being provided.

(14) All inspections of licensed and unlicensed child-care centers by the Cabinet for Health and Family Services shall be unannounced.

(15) All employees and owners of a child-care center who provide care to children shall demonstrate within the first three (3) months of employment completion of at least a total of six (6) hours of orientation in the following areas: (a) Basic health, safety, and sanitation; (b) Recognizing and reporting child abuse; and (c) Developmentally appropriate child-care practice. All employees and owners of a child-care center who provide care to children shall annually demonstrate to the department completion of at least six (6) hours of training in child development. These hours shall include but are not limited to one and one-half (1.5) hours one (1) time every five (5) years of continuing education in the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric head trauma approved by the secretary of the Cabinet for Health and Family Services. The one and one-half (1.5) hours required under this section shall be included in the current number of required continuing education hours.

(17) The Cabinet for Health and Family Services shall make available either through the development or approval of a model training curriculum and training materials,

including video instructional materials, to cover the areas specified in subsection (15) of this section. The cabinet shall develop or approve the model training curriculum and training materials to cover the areas specified in subsection (15) of this section. (18) Child-care centers licensed pursuant to this section and family child-care homes certified pursuant to KRS 199.8982 shall not use corporal physical discipline, including the use of spanking, shaking, or paddling, as a means of punishment, discipline, behavior modification, or for any other reason. For the purposes of this section, "corporal physical discipline" means the deliberate infliction of physical pain and does not include spontaneous physical contact that is intended to protect a child from immediate danger.

(19) Child-care centers that provide instructional and educational programs for preschool-aged children that operate for a maximum of twenty (20) hours per week and that a child attends for no more than fifteen (15) hours per week shall:

- (a) Notify the cabinet in writing that the center is operating;
- (b) Meet all child-care center licensure requirements and administrative regulations related to employee background checks;
- (c) Meet all child-care center licensure requirements and administrative regulations related to tuberculosis screenings; and
- (d) Be exempt from all other child-care center licensure requirements and administrative regulations.

(20) Child-care centers that provide instructional and educational programs for preschool-aged children that operate for a maximum of twenty (20) hours per week and that a child attends for no more than ten (10) hours per week shall be exempt from all child-care licensure requirements and administrative regulations.

(21) Instructional programs for school-age children shall be exempt from all child-care licensure administrative regulations if the following criteria are met:

- (a) The program provides direct instruction in a single skill, talent, ability, expertise, or proficiency;
- (b) The program does not provide services or offerings that are not directly related to the single talent, ability, expertise, or proficiency;
- (c) The program operates outside the time period when school is in session, including before or after school hours, holidays, school breaks, teaching planning days, or summer vacation;
- (d) The program does not advertise or otherwise represent that the program is a licensed child-care center or that the program offers child-care services;

(e) The program informs the parent or guardian: 1. That the program is not licensed by the cabinet; and 2. About the physical risks a child may face while participating in the program; and

(f) The program conducts the following background checks for all program employees and volunteers who work with children:

1. Check of the child abuse and neglect records maintained by the cabinet; and
2. In-state criminal background information check from the Justice and Public Safety Cabinet or Administrative Office of the Courts.

(22) Directors and employees of child-care centers in a position that involves supervisory or disciplinary power over a minor, or direct contact with a minor, shall submit to a criminal record check in accordance with KRS 199.8965.

(23) A director or employee of a child-care center may be employed on a probationary status pending receipt of the criminal background check. Application for the criminal record of a probationary employee shall be made no later than the date probationary employment begins

iii. Provide the citation:

i. Type I child care centers are regulated by the following:

[KRS 199.896](#) - License Requirements

[922 KAR 2:020](#) - Child Care Assistance Program (CCAP) Improper Payments, Claims and Penalties

[922 KAR 2:090](#) - Child Care Center Licensure

[922 KAR 2:120](#) - Child Care Facility Health and Safety Standards

[922 KAR 2:120](#) - Child Care Facility Health and Safety Standards*

[922 KAR 2:160](#) - Child Care Assistance Program

[922 KAR 2:190](#) - Civil Penalties

[922 KAR 2:170](#) - Kentucky All STARS Quality-based Graduated Early Childhood Rating System for Licensed Child Care Centers and Certified Family Child Care Homes

[922 KAR 2:280](#) - Background Checks for Child Care Staff Members, Reporting Requirements and Appeals

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

A Type II child care provider delivers care in the residence of the licensee in which

child care is regularly provided for seven (7), but no more than twelve (12), children including children related to the licensee. Exemptions from licensing requirements are outlined in 922 KAR 2:090 Section 3.

A Certified Family Child Care provider shall apply for certification of the provider's home if the provider is caring for four (4) to six (6) children unrelated to the provider. A family child-care provider caring for three (3) or fewer children may apply for certification of the provider's home at the discretion of the provider.

ii. Describe the licensing requirements:

KRS 199.892

KRS 199.896

iii. Provide the citation:

Type II child care providers are regulated by the following:

[KRS 199.896](#) - License Requirements

[922 KAR 2:020](#) - Child Care Assistance Program (CCAP) improper payments, claims and penalties

[922 KAR 2:090](#) - Child Care Center Licensure

[922 KAR 2:120](#) - Child Care Facility Health and Safety Standards

[922 KAR 2:120](#) - Child Care Facility Health and Safety Standards*

[922 KAR 2:160](#) - Child Care Assistance Program

[922 KAR 2:180](#) - Requirements for Registered Child Care Providers in the Child Care Assistance Program

[922 KAR 2:190](#) - Civil Penalties

[922 KAR 2:270](#) - Kentucky All STARS Quality-based Graduated Early Childhood Rating System for Licensed Child Care Centers and Certified Family Child Care Homes

[922 KAR 2:280](#) - Background Checks for Child Care Staff Members, Reporting Requirements and Appeals

Certified providers are regulated by the following:

[KRS 199.896](#) - License Requirements

[922 KAR 2:020](#) - Child Care Assistance Program (CCAP) improper payments,

claims and penalties

[922 KAR 2:100](#) - Certification of Family Child Care Homes

[922 KAR 2:120](#) - Child Care Facility Health and Safety Standards

[922 KAR 2:120](#) - Child Care Facility Health and Safety Standards*

[922 KAR 2:260](#) - Child Care Service Appeals

[922 KAR 2:270](#) - Kentucky All STARS Quality-based Graduated Early Childhood Rating System for Licensed Child Care Centers and Certified Family Child Care Homes

[922 KAR 2:280](#) - Background Checks for Child Care Staff Members, Reporting Requirements and Appeals

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

A registered child care provider is not subject to licensure or certification by the state or federal government but must meet all requirements of the Child Care Assistance Program (CCAP) as outlined in 922 KAR 2:180. Registered providers must meet the minimum health, safety and training requirements and not live within the same household as the child.

During hours of operation, a registered child care provider shall not care for more than:

1. Three (3) children receiving CCAP per day;
2. Six (6) children receiving CCAP per day, if those children are:
 1. A part of a sibling group; and
 2. Related to the provider; or
 3. A total of (8) children inclusive of the providers own children.

ii. Describe the licensing requirements:

922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program

Section 2. Application Rights and Requirements for Child Care Provider Registration.

(1) An individual shall notify the cabinet or its designee of the individual's intent to apply for child care provider registration:

(a) Directly by:

1. Telephone; or
2. Written statement; or

(b) Indirectly by being designated as the choice for providing unregulated child care by an applicant for benefits under the Child Care Assistance Program (CCAP) in accordance with 922 KAR 2:160.

(2) An individual may apply or reapply for child care provider registration on the same day that the notice of intent to apply in accordance with subsection (1) of this section is made with the cabinet or its designee.

(3) An individual who intends and requests to apply for registration as a child care provider shall not be required to appear in person to complete an application and supporting documentation in accordance with subsections (4) and (5) of this section, but may receive all necessary forms and instructions by mail. (4) To apply for child care provider registration in CCAP, an individual shall, within thirty (30) calendar days of giving notice of intent to apply pursuant to subsection (1) of this section:

(a) Submit:

1.a. A completed DCC-95, Application for Registered Child Care Provider in Provider's Home; or

b. A completed DCC-96, Application for Registered Child Care Provider in Child's Home;

2. Written verification from a health professional that the individual is:

a. Free of active tuberculosis; and

b. In good general health and able to care for children;

3. A completed DCC-94A, Registered Child Care Provider Information Form;

4. A completed IRS W-9, Request for Taxpayer Identification Number and Certification; and

5. A written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care that includes:

a. A designated relocation site;

b. Evacuation routes;

c. Measures for notifying parents of the relocation site and ensuring a child's return to the child's parent; and

d. Actions to address the needs of an individual child to include a child with a special need.

The cabinet shall post an online template of an evacuation plan that fulfills requirements of this administrative regulation for an individual's free and optional use;

(b) Show proof by photo identification or birth certificate that the individual is eighteen (18) years or older;

- (c) Show verification of Social Security number; and
- (d) Submit to background checks in accordance with 922 KAR 2:280.
- (5)(a) An applicant may receive conditional approval in accordance with Section 4(2) of this administrative regulation.
- (b) Within ninety (90) calendar days of giving notice of intent to apply for registration as a child care provider in CCAP pursuant to subsection (1) of this section, the applicant shall provide verification that the applicant has obtained six (6) hours of training approved by the cabinet or its designee, in the areas of:
 - 1. Health, safety, and sanitation;
 - 2. Recognition of child abuse and neglect, which may include cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.896(16); and
 - 3. Developmentally appropriate child care practice.
- (c) An applicant who fails to complete training in accordance with paragraph (b) of this subsection shall be subject to cabinet action in accordance with Section 4(4) of this administrative regulation.

Section 3. Additional Requirements for Registered Providers in Provider's Home.

- (1) If a registered child care provider provides child care services in the provider's home, the provider shall:
 - (a) Submit written verification from a health professional that each member of the provider's household age eighteen (18) or older is free from tuberculosis;
 - (b) Provide written verification that each member of the provider's household who is age eighteen (18) or older has submitted to background checks in accordance with 922 KAR 2:280; and
 - (c) Complete and sign the DCC-107A, Registered Provider Home Safety Checklist, with a cabinet representative.
- (2) A registered child care provider shall certify that the provider's home and each play area used for child care are safe and have adequate:
 - (a) Heat;
 - (b) Light; and
 - (c) Ventilation.
- (3) Each floor of a registered child care provider's home used for child care shall have at least one (1):
 - (a) Unblocked exit to the outside;
 - (b) Smoke detector;

- (c) Fire extinguisher; and
- (d) Carbon monoxide detector if the home:
 - 1. Uses fuel burning appliances; or
 - 2. Has an attached garage.
- (4) A registered child care provider's home and areas accessible to children in care shall be free of hazards, and the following items shall be inaccessible to a child in care:
 - (a) Cleaning supplies, poisons, paints, and insecticides;
 - (b) Knives, scissors, and other sharp objects;
 - (c) Power tools, lawn mowers, hand tools, nails, and other similar equipment;
 - (d) Matches, cigarettes, vaping devices, lighters, combustibles, and flammable liquids;
 - (e) Alcoholic beverages; and
 - (f) Medications.
- (5) In accordance with KRS 527.070(1), firearms and ammunition shall be stored and locked in locations separate from each other and inaccessible to a child in care.
- (6) Electrical outlets not in use shall be covered.
- (7) An electric fan, floor furnace, freestanding heater, wood burning stove, or fireplace, shall:
 - (a) Be out of the reach of a child; or
 - (b) Have a safety guard to protect a child from injury.
- (8) A registered child care provider shall use protective gates to block all stairways if a child in care is under age three (3).
- (9) Stairs and steps shall:
 - (a) Be in good repair; and
 - (b) Include railing of comparable length to the stairs or steps.
- (10) A registered child care provider's home shall have:
 - (a) At least one (1) working telephone with a residential line or an active mobile service; and
 - (b) An accessible list of emergency telephone numbers, including the numbers for the:
 - 1. Police;
 - 2. Fire station;
 - 3. Emergency medical care;
 - 4. Poison control center; and

5. Reporting of child abuse and neglect.

(11) A registered child care provider's home shall have a:

- (a) Refrigerator in working order that maintains a temperature of forty-five (45) degrees Fahrenheit or below; and
- (b) Freezer that maintains a temperature of zero degrees Fahrenheit.

(12) A registered child care provider shall maintain first aid supplies that include:

- (a) Liquid soap;
- (b) Band aids;
- (c) Sterile gauze; and
- (d) Adhesive tape.

(13) A registered child care provider shall wash hands with liquid soap and running water:

- (a) Before and after diapering a child;
- (b) Before and after food preparation;
- (c) Before feeding a child;
- (d) After smoking or vaping; and
- (e) At other times as necessary to prevent the spread of disease.

(14) In accordance with KRS 199.896(18), a registered child care provider shall not use corporal physical discipline on a child entrusted to the provider's care.

(15) Pets or livestock shall be vaccinated and not left alone with a child.

(16) If transportation is provided by a registered child care provider, the provider shall:

- (a) Have written permission from a parent or guardian to transport the child;
- (b) Have a vehicle equipped with seat belts; and
- (c) Comply with KRS 189.125 regarding child restraint and seating.

(17)(a) If a registered provider provides child care in the provider's home, the cabinet or its designee shall complete an initial or an annual home inspection of the registered child care provider in accordance with 42 U.S.C. 9858c(c)(2)(K)(i)(IV) and this administrative regulation.

(b) If the cabinet or its designee finds that the registered provider is noncompliant with Sections 2(4), 5, 6, or 7(2) of this administrative regulation or this section, the registered provider shall submit a written corrective action plan to the cabinet or its designee within ten (10) calendar days from the cabinet's statement of noncompliance.

(c) A corrective action plan shall include:

1. Specific action undertaken to correct a violation;

2. The date action was or shall be completed;
3. Action utilized to assure ongoing compliance;
4. Supplemental documentation requested as a part of the plan; and
5. Signature of the provider and the date of signature.

(d) The cabinet or its designee shall review the plan and notify a registered provider within thirty (30) calendar days from receipt of a plan, in writing, of the decision to:

1. Accept the plan;
2. Not accept the plan; or
3. Take negative action in accordance with Section 8 of this administrative regulation.

(e) A notice of unacceptability shall state the specific reasons a plan was not accepted.

(f) A registered provider notified of an unaccepted plan shall:

1. Submit an amended plan within ten (10) calendar days of notification; or
2. Be subject to negative action in accordance with Section 8 of this administrative regulation.

(g) If a registered provider fails to submit an acceptable corrective action plan or does not implement corrective measures in accordance with the corrective action plan, the cabinet shall take negative action in accordance with Section 8 of this administrative regulation.

(h) The cabinet shall not review or accept more than three (3) corrective action plans from a registered provider in response to the same written statement of deficiency.

(18) A registered provider's voluntary closure shall not preclude the cabinet's pursuit of negative action.

Section 4. Actions on Applications.

(1) The cabinet or its designee shall approve, deny, or withdraw an individual's application for registration within thirty (30) calendar days from receipt of the individual's notice of intent to apply made in accordance with Section 2(1) of this administrative regulation.

(2) The cabinet or its designee may conditionally approve an individual who made a notice and application pursuant to Section 2(1) and (4) of this administrative regulation, to provide child care services to a child for ninety (90) calendar days, if the applicant complies with:

- (a) Sections 2(4), 5, and 6 of this administrative regulation;
- (b) Section 3 of this administrative regulation, if child care is given in the home of the provider; and

(c) 922 KAR 2:280.

(3) The cabinet or its designee shall approve an individual who made a notice and application pursuant to Section 2(1) and (4) of this administrative regulation as a registered child care provider for one (1) year, if the applicant complies with:

(a) Sections 2(4) through (5), 5, and 6 of this administrative regulation;

(b) Section 3 of this administrative regulation if child care is given in the home of the provider; and

(c) 922 KAR 2:280 for:

1. The applicant; and

2. Any member of the applicant's household who is age eighteen (18) or older if child care is given in the home of the provider.

(4) If a conditionally approved provider, as specified in subsection (2) of this section, has not completed the training requirement pursuant to Section 2(5) of this administrative regulation, or if a background check has not been completed in accordance with 922 KAR 2:280, the cabinet or its designee shall:

(a) Not approve an applicant for payment pursuant to 922 KAR 2:160 past the ninety (90) days of conditional approval; and

(b) Deny another:

1. Period of conditional approval for the same applicant; or

2. Application from the same applicant unless:

a. Training has been completed in accordance with Section 2(5) of this administrative regulation; and

b. Background checks have been completed in accordance with 922 KAR 2:280.

(5) The cabinet may confirm training verification provided by an applicant, conditionally approved applicant, or registered child care provider through the cabinet-approved training data- base maintained in accordance with 922 KAR 2:240.

Section 5. General Requirements for Registered Child Care Providers.

(1) A registered child care provider shall not:

(a) Live in the same residence as the child in care;

(b) Hold a license to provide child care in accordance with 922 KAR 2:090;

(c) Hold certification to provide child care in accordance with 922 KAR 2:100; or

(d) Provide care for more than three (3) children unrelated to the provider in accordance with KRS 199.8982(1)(a).

(2) A registered child care provider shall not provide other home based services, including services, such as:

- (a) A personal care home in accordance with 902 KAR 20:036;
 - (b) A family care home in accordance with 902 KAR 20:041;
 - (c) An adult day care in accordance with 910 KAR 1:160; or
 - (d) Supports for community living in accordance with 907 KAR 1:145 or 907 KAR 12:010.
- (3) A registered child care provider shall:
- (a) Comply with the:
 - 1. Provisions of KRS 199.898; and
 - 2. Provider requirements in accordance with 922 KAR 2:160, Section 13;
 - (b) Allow the cabinet, the cabinet's designee, another agency with regulatory authority, and a parent of a child in care access to the premises where a child receives care during the hours that the child care services are provided; and
 - (c) Report within ten (10) calendar days any change to the provider's:
 - 1. Address;
 - 2. Name;
 - 3. Telephone number;
 - 4. Household members; or
 - 5. Location where the child care is provided.
- (4)(a) A registered child care provider who gives care in the provider's home shall comply with the requirements of Section 3(1) of this administrative regulation within thirty (30) calendar days for a:
- 1. New household member who is eighteen (18) years or older; or
 - 2. Household member who turns age eighteen (18).
- (b) If a background check in accordance with Section 3(1) and 922 KAR 2:280 is pending on a member of the registered provider's household who is eighteen (18) years or older, the registered child care provider who gives care in the provider's home shall prohibit unsupervised contact between the household member and a child in care.
- (5)(a) A registered child care provider shall maintain an attendance sheet in which the daily arrival and departure times of each child are recorded in accordance with 922 KAR 2:160, Section 13.
- (b) A registered child care provider shall retain attendance sheets completed in accordance with paragraph (a) of this subsection for five (5) years.
- (6)(a) Care for a child with a special need shall be consistent with the nature of the need as documented by the child's health professional.

(b) A child may include a person eighteen (18) years of age if the person has a special need for which child care is required.

(7) While providing child care services, a registered provider and another person in the provider's home shall:

(a) Be free of the influence of alcohol or a controlled substance, except for use of a controlled substance as prescribed by a physician; and

(b) Prohibit smoking or vaping in the presence of a child in care.

(8) A registered child care provider shall report to the cabinet or designee:

(a) Within twenty-four (24) hours from the time of discovery:

1. A communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010;

2. An accident or injury to a child that requires medical care;

3. An incident that results in legal action by or against the registered child care provider that:

a. Affects:

(i) A child in care;

(ii) The registered child care provider; or

(iii) An adult residing in the registered child care provider's household if child care services are provided in the provider's home; or

b. Includes the provider's discontinuation or disqualification from a governmental assistance program due to fraud, abuse, or criminal conviction related to that program;

4. An incident involving a fire or other emergency, including a vehicular accident while the provider is transporting a child receiving child care services;

5. A report of child abuse or neglect that:

a. Has been accepted by the cabinet in accordance with 922 KAR 1:330; and

b. Names:

(i) The registered child care provider as the alleged perpetrator; or

(ii) A member of the registered child care provider's household as alleged perpetrator if child care services are provided in the provider's home; or

6.a. The registered child care provider is disqualified in accordance with 922 KAR 2:280; or

b. If child care is given in the provider's home, a member of the registered provider's household who is eighteen (18) years or older meets a disqualifying criterion or background check result in accordance with 922 KAR 2:280;

(b) An incident of child abuse or neglect pursuant to KRS 620.030;

- (c) The death of a child in care within one (1) hour; or
- (d) The provider's temporary or permanent closure as soon as practicable, which shall also be given to the parent of a child in care.

Section 6. Child Ratios. During hours of operation, a registered child care provider shall not care for more than:

- (1) Three (3) children receiving CCAP per day;
- (2) Six (6) children receiving CCAP per day, if those children are:
 - (a) A part of a sibling group; and
 - (b) Related to the provider; or
- (3) A total of eight (8) children inclusive of the provider's own children.

Section 7. Renewal of Registration.

- (1) The cabinet or its designee shall send a reminder notice to a registered child care provider at least forty-five (45) calendar days prior to the expiration date of the provider's registration issued in accordance with Section 4(3) of this administrative regulation.
- (2) To renew child care provider registration prior to the expiration of the registration, a registered child care provider shall:
 - (a) Meet the requirements specified in:
 - 1. Sections 2(4), 5, and 6 of this administrative regulation; and
 - 2. 922 KAR 2:280;
 - (b) Complete, and provide verification of, three (3) hours of training in early care and education approved by the cabinet or its designee:
 - 1. To include one and one-half (1 1/2) hours of pediatric abusive head trauma training:
 - a. Within first year of employment or operation as a child care provider; and
 - b. Completed once during each subsequent five (5) years of employment or operation as a child care provider; and
 - 2. In one (1) or more of the following subjects:
 - a. Child growth and development;
 - b. Learning environments and nutrition;
 - c. Health, safety, and nutrition;
 - d. Family and community partnerships;
 - e. Child assessment;
 - f. Professional development and professionalism; or
 - g. Program management and evaluation;

(c) Submit an updated version of the evacuation plan established in Section 2(4)(a)5 of this administrative regulation;

(d) Retain a copy of the updated evacuation plan; and

(e) Provide a copy of the updated evacuation plan to each parent of a child in care.

(3) In addition to the requirements of subsection (2) of this section, a registered provider who gives care in the provider's home shall also comply with the requirements of Section 3 of this administrative regulation.

Section 8. Negative Action for An Applicant or A Registered Child Care Provider.

(1) If a registered child care provider or a member of the provider's household is named as the alleged perpetrator in a child abuse or neglect report accepted by the cabinet in accordance with 922 KAR 1:330, the individual shall be removed from direct contact with a child in care:

(a) For the duration of the investigation; and

(b) Pending completion of an administrative appeal process for a cabinet substantiation of child abuse or neglect in accordance with 922 KAR 1:320 or 922 KAR 1:480.

(2) The cabinet or its designee shall send written notice of negative action to: (a) An applicant for registration, if the application is:

1. Withdrawn; or

2. Denied; or

(b) A registered child care provider, if the provider's registration is: 1. Closed; or
2. Revoked.

(3) The notice of negative action shall include the:

(a) Reason for the negative action; and

(b) Effective date.

(4) An application for registration shall be denied or a registered provider's registration shall be revoked if:

(a) Written verification from a health professional confirms a diagnosis of tuberculosis;

(b) A disqualifying criterion or background check result in accordance with 922 KAR 2:280 is met;

(c) A history of behavior exists that may impact the safety or security of a child in care including:

1. A conviction, an Alford plea, or a guilty plea related to the abuse or neglect of an adult; or

2. Other behavior or condition indicating inability to provide reliable care to a child;
 - (d) The provider uses or allows the use of any form of corporal physical discipline on a child entrusted to the provider's care;
 - (e) The cabinet has probable cause to believe there is an immediate threat to the health, safety, or welfare of a child;
 - (f) The applicant or provider has been discontinued or disqualified from participation in:
 1. CCAP, including an intentional program violation in accordance with 922 KAR 2:020; or
 2. Another governmental assistance program due to fraud, abuse, or criminal conviction related to that program;
 - (g) The applicant or provider knowingly misrepresents or submits false information on a form required by the cabinet; or
 - (h) During the hours that child care services are provided, the provider refuses access by:
 1. A parent of a child in care, the cabinet, the cabinet's designee, or another agency with regulatory authority to:
 - a. A child in care; or
 - b. The location of the child care; or
 2. The cabinet, the cabinet's designee, or another agency with regulatory authority to the provider's records.
- (5) If an applicant has had a previous ownership interest in a child-care provider that had a prior certification, license, registration, or permit to operate denied, suspended, revoked, or voluntarily relinquished as a result of an investigation or a pending adverse action in accordance with 922 KAR 2:090, 2:100, 2:120, or this administrative regulation, the cabinet shall grant the applicant registration if: (a) A seven (7) year period has expired from the:
1. Date of the prior denial, suspension, or revocation;
 2. Date the certification, license, registration, or permit was voluntarily relinquished as a result of an investigation or a pending adverse action;
 3. Last day of legal remedies being exhausted; or
 4. Date of the final order from an administrative hearing; and
- (b) The applicant complies with:
1. Sections 2, 5, and 6 of this administrative regulation;
 2. If care is given in the home of the provider, Section 3 of this administrative

regulation; and 3. 922 KAR 2:280;

(c) The applicant completes, and provides verification of, an additional twelve (12) hours of training approved by the cabinet or its designee in early care and education;

(d) The applicant has not had an application, certificate, license, registration, or permit to operate as a child care provider denied, revoked, or voluntarily relinquished for:

1. A disqualifying criterion or background check result in accordance with 922 KAR 2:280; or

2. Discontinuance or disqualification from participation in:

a. CCAP, including an intentional program violation in accordance with 922 KAR 2:020; or

b. Another governmental assistance program due to fraud, abuse, or criminal conviction related to that program.

(6) An application may be withdrawn:

(a) If all required documentation for the application process is not received within thirty (30)

calendar days in accordance with Section 2(4) of this administrative regulation; or

(b) At the request of the applicant.

(7) A registered child care provider's status may be closed:

(a) At the request of the provider; or

(b) If the provider fails to comply with requirements in Section 3, 5, 6, or 7(2) of this administrative regulation.

(8) The voluntary withdrawal, closure, or relinquishment of a provider's registration shall not preclude the cabinet's pursuit of adverse action.

Section 9. Appeal of Negative Action. If the cabinet or its designee denies or withdraws an application for registration, revokes a provider's registration, or closes a provider, the applicant or provider may request an appeal in accordance with 922 KAR 2:260.

iii. Provide the citation:

[922 KAR 2:020](#) - Child Care Assistance Program (CCAP) improper payments, claims and penalties

[922 KAR 2:120](#) - Child Care Facility Health and Safety Standards*

[922 KAR 2:160](#) - Child Care Assistance Program

[922 KAR 2:180](#) - Requirements for Registered Child Care Providers in the Child Care Assistance Program

5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Kentucky Administrative Regulation, 922 KAR 2:090, provides limited exemptions from child care licensing. Programs who are exempt from child care licensing and regulations are typically regulated by another agency, such as the Kentucky Department of Education. These exemptions do not endanger the health, safety and welfare of the children, because in the majority of cases, the programs require background checks and have infectious disease requirements for participation. In Kentucky, per statutorily established exemption in KRS 199:896, programs that operate for less than 20 hours per week, in which children attend less than 10 hours, shall be exempt from child care licensing requirements. Licensed-exempt programs are not able to participate in CCDF.

922 KAR 2:090, Section 3, outlines the exempt child care settings:

The following child-care settings shall be exempt from licensure requirements of this administrative regulation, 922 KAR 2:120, and 922 KAR 2:280:

(1) Summer camps permitted by the cabinet as youth camps that serve school-age children;

- (2) Kindergarten through grade 12 in private schools while school is in session;
- (3) All programs and preschools regulated by the Kentucky Department of Education governed by KRS Chapter 157
- (4) Summer programs operated by a religious organization that a child attends no longer than two weeks;
- (5) Child care provided while parents are on the premises, other than the employment and education site of parents;
- (6) Child care programs operated by the armed services located on an armed forces base;
- (7) Child care provided by educational programs that include parental involvement with the care of the child and the development of parenting skills;
- (8) Facilities operated by a religious organization while religious services are being conducted;
- (9) A program providing instructional and educational programs that:
 - (a) Operates for a maximum of twenty (20) hours per week; and
 - (b) A child attends for no more than 10 (10) hours per week;
- (10) A child-care center that meets requirements of KRS 199.896(19) or (20); and (11) An after-school program, which is:
 - (a) A continuation of the school day during the academic year;
 - (b) Operated and staffed by an accredited private or public school under the purview of the Kentucky Department of Education; and
 - (c) Not participating in the Child Care Assistance Program in accordance with 922 KAR 2:160

ii. Provide the citation to this policy:

Citation: [922 KAR 2:090](#) Child-care center licensure

Citation: [KRS 199.896](#) License requirement

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

DCBS ensures exemptions do not endanger the health, safety and welfare of children

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

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

A registered child care provider is not subject to licensure or certification by the state or federal government but must meet all requirements of the Child Care Assistance Program (CCAP) as outlined in 922 KAR 2:180. Registered providers must meet the minimum health, safety and training requirements and not live within the same household as the child.

ii. Provide the citation to this policy:

Citation: 922 KAR 2:020 - Child Care Assistance Program (CCAP) improper payments, claims and penalties.

Citation: 922 KAR 2:160 - Child Care Assistance Program.

Citation: 922 KAR 2:180 - Requirements for Registered Child Care Providers in the Child Care Assistance Program.

Citation: 922 KAR 2:280 - Background checks for child care staff members, reporting requirements, and appeals

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Registered providers are eligible for Child Care Assistance Program (CCAP) funds in Kentucky. Registered providers must adhere to the following regulations: 922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program and 922 KAR 2:160. Child Care Assistance Program. More specifically: 922 KAR 2:160 Section 14 (5) (5) A registered child care provider in CCAP shall comply with an inspection in accordance with 42 U.S.C. 9858c(c)(2)(K)(i)(IV) and 922 KAR 2:180 conducted by the cabinet or its designee.

c. In-home care (care in the child's own home by a non-relative): Describe and provide the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the

exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

A registered child care provider is not subject to licensure or certification by the state or federal government but must meet all requirements of the Child Care Assistance Program (CCAP) as outlined in 922 KAR 2:180.

Registered providers must meet the minimum health, safety and training requirements and not live within the same household as the child.

During hours of operation, a registered child care provider shall not care for more than:

Three (3) children receiving CCAP per day;

Six (6) children receiving CCAP per day, if those children are:

A part of a sibling group; and Related to the provider; or

A total of (8) children inclusive of the providers own children.

ii. Provide the citation to this policy:

Registered providers are regulated by the following:

[922 KAR 2:020](#) - Child Care Assistance Program (CCAP) improper payments, claims and penalties

[922 KAR 2:160](#) - Child Care Assistance Program

[922 KAR 2:180](#) - Requirements for Registered Child Care Providers in the Child Care Assistance Program

[922 KAR 2:280](#) - Background Checks for Child Care Staff Members, Reporting Requirements and Appeals

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

A registered child care provider is not subject to licensure or certification by the state or federal government but must meet all requirements of the Child Care Assistance Program (CCAP) as outlined in 922 KAR 2:180.

5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.

a. Infant. Describe:

A child who is less than 12 months old

b. Toddler. Describe:

A child between the ages of twelve (12) months and thirty-six (36) months

c. Preschool. Describe:

A child between the ages of two and five years old

d. School-Age. Describe:

A child attending kindergarten, elementary and secondary education

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

a) Licensed CCDF center-based care

i. Infant

A. Ratio:

: 1 staff for 5 children (1:5)

B. Group size:

10

ii. Toddler

A. Ratio:

Age 12-24 months: 1 staff for 6 children (1:6)

Age 24-36 months: 1 staff for 10 children (1:10)

B. Group size:

Age 12-24 months: 12

Age 24-36 months: 20

iii. Preschool

A. Ratio:

Age 3-4 years: 1 staff for 12 children (1:12)

Age 4-5 years: 1 staff for 14 children (1:14)

B. Group size:

Age 3-4 years: 24

Age 4-5 years: 28

iv. School-age

A. Ratio:

Age 5-7 years: 1 staff for 15 children (1:15)

Age 7 and older: 1 staff for 25 children (1:25) before or after school

Age 7 and older: 1 staff for 20 children (1:20) full day of care

B. Group size:

Age 5-7 years: 30

Age 7 and older: 30 (for before or after school and full day of care)

v. Mixed-Age Groups (if applicable)

A. Ratio:

The age of the youngest child in the group shall determine the staff to child ratio and maximum group size

B. Group size:

The age of the youngest child in the group shall determine the staff to child ratio and maximum group size

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

N/A

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

b. Licensed CCDF family child care home providers:

i. Mixed-Age Groups

A. Ratio:

Maximum number of unrelated children in the care of a certified family child care provider shall not exceed six at any one time. A provider may care for four related children in addition to six unrelated children for a maximum child care capacity of 10 at any one time.

B. Group size:

1 staff for 10 children

ii. Infant

A. Ratio:

1 staff for 4 children

B. Group size:

10 maximum

iii. Toddler

A. Ratio:

1 staff for 10 children

B. Group size:

10 maximum

iv. Preschool

A. Ratio:

1 staff for 10 children

B. Group size:

10 maximum

v. School-age

A. Ratio:

1 staff for 10 children

B. Group size:

10 maximum

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

During hours of operation, a registered family child care provider shall not care for more than three children receiving CCAP per day; or six children receiving CCAP per day, If those children are part of a sibling group; and related to the provider; or a total of eight children inclusive to the providers own children.

5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

c. Licensed in-home care (care in the child's own home):

i. Mixed-Age Groups (if applicable)

A. Ratio:

During hours of operation, a registered family child care provider shall not care for more than three children receiving CCAP per day; or six children receiving CCAP per day, If those children are part of a sibling group; and related to the provider; or a total of eight children inclusive to the providers own children.

B. Group size:

8 maximum

ii. Infant (if applicable)

A. Ratio:

During hours of operation, a registered family child care provider shall not care for more than three children receiving CCAP per day; or six children receiving CCAP per day, If those children are part of a sibling group; and related to the provider; or a total of eight children inclusive to the providers own children.

B. Group size:

8 maximum

iii. Toddler (if applicable)

A. Ratio:

During hours of operation, a registered family child care provider shall not care for more than three children receiving CCAP per day; or six children receiving CCAP per day, If those children are part of a sibling group; and related to the provider; or a total of eight children inclusive to the providers own children.

B. Group size:

8 maximum

iv. Preschool (if applicable)

A. Ratio:

During hours of operation, a registered family child care provider shall not care for more than three children receiving CCAP per day; or six children receiving CCAP per day, If those children are part of a sibling group; and related to the provider; or a total of eight children inclusive to the providers own children.

B. Group size:

8 maximum

v. School-age (if applicable)

A. Ratio:

During hours of operation, a registered family child care provider shall not care for more than three children receiving CCAP per day; or six children receiving CCAP per day, If those children are part of a sibling group; and related to the provider; or a total of eight children inclusive to the providers own children.

B. Group size:

8 maximum

vi. Describe the ratio and group size requirements for license-exempt in-home care.

During hours of operation, a registered family child care provider shall not care for more than three children receiving CCAP per day; or six children receiving CCAP per day, If those children are part of a sibling group; and related to the provider; or a total

of eight children inclusive to the providers own children.

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

a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

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Section 11. Staff Requirements

(1) Child-care center staff:

(a) Hired after January 1, 2009, who have supervisory power over a minor and are not enrolled in secondary education, shall have a:

1. High school diploma;

2. GED or qualifying documentation from a comparable educational entity; or

3. Commonwealth Child Care Credential as described in 922 KAR 2:250; and

(b) Shall provide, prior to employment and every two (2) years thereafter:

1. A statement from a health professional that the individual is free of active tuberculosis; or

2. A copy of a negative tuberculin results.

(3) For a child-care center licensed for infant, toddler, or preschool-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

(a) Infant and child cardiopulmonary resuscitation; and

(b) Infant and child first aid.

(4) For a child-care center licensed for school-age children, at least one (1) person on duty and present with the children shall be currently certified by a cabinet-approved training agency in the following skills:

(a) Adult cardiopulmonary resuscitation; and

(b) First Aid.

(5) Cardiopulmonary resuscitation (CPR) and first aid training shall be in addition to the fifteen (15) clock hours requirement in subsection (16) of this section.

Please note: While it is required that one (1) person present and on duty is certified,

per 922 KAR 2:120 all staff must be trained in first aid and CPR.

(16) in accordance with KRS 199.896 (15) and (16), a staff person with supervisory authority over a child shall complete the following:

- (a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;
- (b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including on and on-half (1 ½) hours of cabinet-approved pediatric abusive head trauma training; and
- (c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care trauma training completed once every five (5) years.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

A director must be at least twenty-one (21) years of age;

Have a high school diploma, a general equivalency diploma (GED), or qualifying documentation from a comparable educational entity;

Not be employed in a position other than an onsite child care director, or director of multiple facilities, during the hours the child-care center is in operation.

Ensure: Compliance with 922 KAR 2:120, 922 KAR 2:280 and the designation of one (1) adult staff person in charge to carry out the director's duties if the director is not present in the child-care center during operating hours.

The director shall be responsible for the actions of the designee during the director's absence.

Directors will manage the staff in their individual job descriptions, assure the development, implementation, and monitoring of child-care center plans, policies, and procedures, supervise staff conduct to ensure implementation of program policies and procedures, post a schedule of daily activities, to include dates and times of activities to be conducted with the children in each classroom, conduct, manage, and document in writing recurring staff meetings, assess each staff person's interaction with children in care and classroom performance through an annual written performance evaluation, assure that additional staff are available during cooking and cleaning hours, if necessary, to maintain staff-to-child ratios pursuant to 922 KAR 2:120.

They will notify the parent immediately of an accident or incident requiring medical treatment of a child, assure that a person acting as a caregiver of a child in care shall

not be left alone with a child, if the licensee has not received the results of the background checks as established in 922 KAR 2:280, assure each mandatory record specified in Section 9 of this administrative regulation has not been altered or falsified, coordinate at least one (1) annual activity involving parental or family participation, not have had previous ownership interest in a child-care provider that had its certification, license, or registration denied or revoked.

The director of a Type I child-care center shall meet one (1) of the following educational requirements:

- (a) Master's degree in education or child development field;
- (b) Bachelor's degree in education or child development field;
- (c) Master's degree or a bachelor's degree in a field other than education or child development, including a degree in pastoral care and counseling, plus twelve (12) clock hours of child development training;
- (d) Associate degree in Early Childhood Education and Development;
- (e) Associate degree in a field other than Early Childhood Education and Development, plus twelve (12) clock hours of child development training, and two (2) years of verifiable full-time paid experience working directly with children;
- (f) A Director's Credential in Early Childhood Development and one (1) year of verifiable full-time paid experience working directly with children in:
 - 1. A school-based program following Department of Education guidelines;
 - 2. An early childhood development program, such as Head Start; or
 - 3. A licensed or certified child-care program;
- (g) Child development associate plus one (1) year of verifiable paid experience working directly with children in:
 - 1. A school-based program following Department of Education guidelines;
 - 2. An early childhood development program, such as Head Start; or
 - 3. A licensed or certified child-care program; or
- (h) Three (3) years of verifiable full-time paid experience working directly with children in:
 - 1. A school-based program following Department of Education guidelines;
 - 2. An early childhood development program, such as Head Start; or
 - 3. A licensed or certified child-care program.

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

N/A

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

[922: KAR 2:090 Child Care Licensing Requirements](#)

Section 10. Director Requirements and Responsibilities

Section 11. Staff Requirements

b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

For Licensed Type II Family Child Care:

922 KAR 2:090 Child Care Licensing Requirements

Section 11. Staff Requirements

(1) Licensed Type II Family Child Care:

(14) For each adult residing at a Type II child-care center, the results of the following shall be maintained on file at the center:

(a) Background checks conducted in accordance with 922 KAR 2:280; and

(b) A copy of negative tuberculin results or a health professional's statement documenting that the adult is free of tuberculosis. Every two (2) years, the adult shall provide negative tuberculin results or health professional's statement documenting that the adult is free of tuberculosis.

(15) If a new adult begins residing in a Type II child-care center, the adult shall submit to background and health checks within thirty (30) calendar days of residence within the household.

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet approved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved

pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

Certified Family Child Care Provider:

Applicant shall show proof by photo identification or birth certificate that the individual is at least 18 years of age; have a high school diploma, general equivalency diploma (GED), or documentation from a comparable educational entity; or Commonwealth Child Care Credential in accordance with 922 KAR 2:250.

Currently be certified by an agency approved in accordance with 922 KAR 2:240 in infant and child: Cardiopulmonary resuscitation (CPR) and First Aid.

Must have completed back ground checks in accordance with 922 KAR 2:280 and submit a copy of negative tuberculin results or a health professionals statement documenting that the adult is free of active Tuberculosis.

Within three months of submission to the cabinet of a complete OIG-DRCC-03, an application shall:

(a) demonstrate completion of six (6) hours of cabinet approved training accordance with KRS 199.8982 (1)(a) 6; and develop and implement a written plan for obtaining 9 hours of annual cabinet-approved training as required in section 10(1) of this administrative regulation.

[ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:](#)

922 KAR 2:100. Certification of Family Child-Care Homes.

1.a. A completed DCC-95, Application for Registered Child Care Provider in Provider's Home; or

b. A completed DCC-96, Application for Registered Child Care Provider in Child's Home;

2. Written verification from a health professional that the individual is:

a. Free of active tuberculosis; and b. In good general health and able to care for children; 3. A completed DCC-94A, Registered Child Care Provider Information Form;

4. A completed IRS W-9, Request for Taxpayer Identification Number and Certification; and

5. A written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care that includes:

- a. A designated relocation site;
- b. Evacuation routes;
- c. Measures for notifying parents of the relocation site and ensuring a child's return to the child's parent; and

d. Actions to address the needs of an individual child to include a child with a special need. The cabinet shall post an online template of an evacuation plan that fulfills requirements of this administrative regulation for an individual's free and optional use;

(b) Show proof by photo identification or birth certificate that the individual is eighteen (18) years or older;

(c) Show verification of Social Security number; and

(d) Submit to background checks in accordance with 922 KAR 2:280.

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

(b) Within ninety (90) calendar days of giving notice of intent to apply for registration as a child care provider in CCAP pursuant to subsection (1) of this section, the applicant shall provide verification that the applicant has obtained six (6) hours of training approved by the cabinet or its designee, in the areas of:

- 1. Health, safety, and sanitation;
- 2. Recognition of child abuse and neglect, which may include cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.896(16); and
- 3. Developmentally appropriate child care practice.

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

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

[922 KAR 2:100. Certification of Family Child-Care Homes](#)

c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care:

- 1.a. A completed DCC-95, Application for Registered Child Care Provider in Provider's Home; or
- b. A completed DCC-96, Application for Registered Child Care Provider in Child's Home;
2. Written verification from a health professional that the individual is:
 - a. Free of active tuberculosis; and
 - b. In good general health and able to care for children;
3. A completed DCC-94A, Registered Child Care Provider Information Form;
4. A completed IRS W-9, Request for Taxpayer Identification Number and Certification; and
5. A written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care that includes:
 - a. A designated relocation site;
 - b. Evacuation routes;
 - c. Measures for notifying parents of the relocation site and ensuring a child's return to the child's parent; and
 - d. Actions to address the needs of an individual child to include a child with a special need.

The cabinet shall post an online template of an evacuation plan that fulfills requirements of this administrative regulation for an individual's free and optional use;

- (b) Show proof by photo identification or birth certificate that the individual is eighteen (18) years or older;
- (c) Show verification of Social Security number; and
- (d) Submit to background checks in accordance with 922 KAR 2:280.

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

(b) Within ninety (90) calendar days of giving notice of intent to apply for registration as a child care provider in CCAP pursuant to subsection (1) of this section, the applicant shall provide verification that the applicant has obtained six (6) hours of training approved by the cabinet or its designee, in the areas of:

1. Health, safety, and sanitation;
2. Recognition of child abuse and neglect, which may include cabinet-approved pediatric abusive head trauma training in accordance with KRS 199.896(16); and
3. Developmentally appropriate child care practice.

(c) An applicant who fails to complete training in accordance with paragraph (b) of this

subsection shall be subject to cabinet action in accordance with Section 4(4) of this administrative regulation

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

N/A

5.3 Health and Safety Standards and Training for CCDF Providers

5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and directors who are caring for children receiving CCDF funds (658E(c)(2)(l)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care

programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Regulations:

Licensed and Certified Providers:

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

- (a) Not perform duties that may allow for the transmission of the disease until the infection condition can no longer be transmitted; and
- (b) Provide a statement from a health professional, if requested.

Registered Providers:

A registered child care provider shall report to the cabinet or designee: (a) Within 24 hours from the time of discovery: 1. A communicable disease, which shall also be reported to the local health department pursuant to KRS 214.010;

Standards of Practice:

If a child shows signs of a contagious illness that could be communicable, he or she shall be removed from care and placed in an isolated area until the family is able to pick up the child from the facility. The child shall remain outside of the facility until he or she is symptom-free for 24-hours.

The child care center shall maintain a current immunization certificate for each child in care within 30 days of enrollment.

922 KAR 2:120. Child-care center health and safety standards. Section 3. (4) (4) A child shall:

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

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

1. a. Upon arrival at the center; or
- b. Within thirty (30) minutes of arrival for school-age children;
2. Before and after eating or handling food;
3. After toileting or diaper change;
4. After handling animals;
5. After touching an item or an area of the body soiled with body fluids or wastes; and
6. After outdoor or indoor play time; and

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

(5) Staff shall:

(a) Maintain personal cleanliness;

(b) Conform to hygienic practices while on duty;

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

1. Upon arrival at the center;
2. After toileting or assisting a child in toileting;
3. Before and after diapering each child;
4. After wiping or blowing a child's or own nose;
5. After handling animals;
6. After caring for a sick child;

7. Before and after feeding a child or eating;

8. Before dispensing medication;

9. After smoking or vaping; and

10. If possible, before administering first aid; and

(d) Use hand sanitizer or hand-sanitizing wipes if liquid soap and warm running water are

not available in accordance with paragraph (c) of this subsection. The staff shall wash the

staff's hands as soon as practicable once liquid soap and warm running water are available.

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

(a) Not perform duties that could allow for the transmission of the disease until the infectious

condition can no longer be transmitted; and

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

requested. 922 KAR 2:120 Section 12. Toilet, Diapering and Toiletry Requirements. (1)

A child-care center shall have

a minimum of one (1) toilet and one (1) lavatory for each twenty (20) children. Urinals may be

substituted for up to one-half (1/2) of the number of toilets required for a male toilet room.

(2) A toilet room shall:

(a)1. Be provided for each gender; or

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

(b) Have a supply of toilet paper; and

(c) Be cleaned and disinfected daily.

(3) A sink shall be:

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

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

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

and a maximum of 120 degrees Fahrenheit;

(d) Equipped with liquid soap;

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

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

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

each

child is diapered.

(14) Combs, towels or washcloths, brushes, and toothbrushes used by a child shall be:

(a) Individually stored in separate containers; and

(b) Plainly labeled with the child's name.

(15) Toothbrushes shall be:

(a) Individually identified;

(b) Allowed to air dry; and

(c) Protected from contamination.

(16) Toothpaste used by multiple children shall be dispensed onto an intermediate surface,

such as waxed paper, to avoid cross contamination. 922 KAR 2:120 Section 7 (8)

Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR). To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. This course covers communicable diseases and prevention strategies in Module 5. In addition to regulation requirements, providers will find more resources in the Tips and Tools section of the Child Care Aware of Kentucky website. www.childcareawareky.org/tips-and-tools/ Resources include but not limited to: Diapering Steps Posters, Handwashing Posters, Sanitizing and Disinfecting Directions, etc.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:100. Certification of Family Child-Care Homes](#) Section 19

Citation: [922 KAR 2:120. Child care center health and safety standards](#) Section 3

Citation: [922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program](#) Section 5

Citation: [Standards of Practice for Licensed Child Care Providers](#) Titles 230, 1070

Citation: [Standards of Practice for Certified Child Care Providers](#) Titles 95, 590

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:100 and 922 KAR 2:180.

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

922 KAR 2:120 Section 7 (8) Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR). To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. This course covers communicable diseases and prevention strategies in Module 5.

DCC partners with the Department for Public Health to provide access to Child Care Health Consultants (CCHC) throughout each region of Kentucky. The CCHC's provide technical assistance and training opportunities to child care providers on various topics, including infection diseases and prevention strategies.

<https://www.kentuckycchc.org/>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status

(i.e. licensed, license-exempt), or the age of the children in care?

Orientation training must be completed within three months of employment.

Orientation covers all age groups and is consistent for all providers.

Orientation is offered in-person and online.

Licensed child care centers: 6 hours

Licensed family child care homes: 6 hours

In-home care: 3 hours

No variations for exempt provider settings

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

922 KAR 2:120 Section 7 (8) Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR). To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. This course covers communicable diseases and prevention strategies in Module 5.

DCC partners with the Department for Public Health to provide access to Child Care Health Consultants (CCHC) throughout each region of Kentucky. The CCHC's provide technical assistance and training opportunities to child care providers on various topics, including infection diseases and prevention strategies.

<https://www.kentuckycchc.org/>

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Standards of Practice:

No loose bedding, such as a bumper or blankets. Tight fitting sheets only. No toys in crib except for the child's pacifier.

An infant shall sleep or nap on the infant's back unless the infant's health professional signs a waiver that states the infant requires an alternate sleeping position.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

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

Registered providers do not adhere to health and safety specific regulations.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:120 Child care center health and safety standards](#)Section 6

Citation: [922 KAR 2:180 Requirements for registered child care providers](#) Section 2

Citation: [Standards of Practice for Licensed Child Care Providers Title 420, 435](#)

Citation: [Standards of Practice for Certified Child Care Providers Title 180](#)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

- (a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;
- (b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training; and
- (c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Orientation training must be completed within three months of employment.

Orientation covers all age groups and is consistent for all providers.

Orientation is offered in-person and online.

Licensed child care centers: 6 hours

Licensed family child care homes: 6 hours

In-home care: 3 hours

No variations for exempt provider settings

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

- (a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;
- (b) Nine (9) hours of cabinet-approved early care and education training within the first

year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

The Pediatric Abusive Head Trauma Class must be taken once every five (5) years. This class may be taken in person and is offered online for free at: www.training.eku.edu/abusiveheadtraumacpWBT and includes information for prevention of sudden infant death syndrome.

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

DCC partners with the Department for Public Health to provide access to Child Care Health Consultants (CCHC) throughout each region of Kentucky. The CCHC's provide technical assistance and training opportunities to child care providers on various topics, safe sleep practices.. <https://www.kentuckycchc.org/>

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

5.3.3 Administration of medication, consistent with standards for parental consent.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Licensed and Certified Providers:

Kentucky regulations require that programs obtain written permission from the child's parent/guardian and included the following:

Name of medication;

Dose to be given;

Route (how to give the medication - orally, topically, etc.);

Time (when medication should be given and the time the last dose was given prior to the child arriving at the program); and

Parent signature

Programs should also have the following information prior to administering any medication:

Purpose of medication;

Side effects to watch for;

Any special instructions

Any known medication allergies of the child; and

Name and phone number of prescribing doctor.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Licensed and Certified programs must keep a medication administration log (written record) of when, how much and who administered the medicine.

Providers are required to obtain and maintain written documentation when administering medication regardless of the child's age.

There are no separate standards for registered providers.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:120 Child care center health and safety standards](#) Section 7

Citation: <https://apps.legislature.ky.gov/law/kar/922/002/100.pdf>Section 16

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinetapproved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Orientation training must be completed within three months of employment.

Orientation covers all age groups and is consistent for all providers.

Orientation is offered in-person and online.

Licensed child care centers: 6 hours

Licensed family child care homes: 6 hours

In-home care: 3 hours

No variations for exempt provider settings

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

DCC partners with the Department for Public Health to provide access to Child Care Health Consultants (CCHC) throughout each region of Kentucky. The CCHC's provide technical assistance and training opportunities to child care providers on various topics, including emergency preparedness and fire prevention.

<https://www.kentuckycchc.org/>

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
 Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
 No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CCA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All staff should be notified of food allergies and allergic reactions that are reported by parents.

Allergies and intolerances should be documented by a physician. An allergy is an immune response and an intolerance is a metabolic response (e.g., a lactate deficiency for lactose intolerant children).

If a parent/guardian has given written permission, a child's allergy may be posted in

sight for all staff.

Be alert to unexpected encounters with allergic substances.

Be sure to get written instructions and training from the child's doctor for how to respond to a child's allergic reactions, including and medication needed or emergency treatment (including training in the use of epinephrine, e.g., an EpiPen®, for a child with a history of allergic reactions.).

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:120 Child care center health and safety standards](#) Section 7

Citation: [922 KAR 2:100. Certification of family child-care homes.](#)

<https://apps.legislature.ky.gov/law/kar/922/002/100.pdf> Section 19 (1)(b)(3)(d)

Citation: 922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program.

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

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Orientation training must be completed within three months of employment.

Orientation covers all age groups and is consistent for all providers.

Orientation is offered in-person and online.

Licensed child care centers: 6 hours

Licensed family child care homes: 6 hours

In-home care: 3 hours

No variations for exempt provider settings

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance on infection diseases and prevention strategies through their websites and other continuing education and professional development opportunities.

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

922 KAR 2:120 Section 7 (8) Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR).

To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. This course covers allergic reactions and how to respond in Module 3: Fractures, Head Injuries, Cuts, Bleeding, and Allergic Reactions.

DCC partners with the Department for Public Health to provide access to Child Care Health Consultants (CCHC) throughout each region of Kentucky. The CCHC's provide technical assistance and training opportunities to child care providers on various topics, including infection diseases and prevention strategies.

<https://www.kentuckycchc.org/>

922 KAR 2:120 Section 7 (8) Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR). To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. This course covers allergic reactions and how to respond in Module 3:

Fractures, Head Injuries, Cuts, Bleeding, and Allergic Reactions.

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

i. All licensed provider types per regulation must complete orientation training covering Health, Safety & Sanitation.

Safety First:

(1) Closely supervise children;

Be alert. Know where children are at all times.

Position yourself strategically so that you can see all of the children.

Circulate throughout the room.

Be close enough to intervene if necessary.

Establish clear, simple and positive safety rules. For example: *We walk inside.*

Running is for outside. Our toys are for playing.

Remain within range of voice so that you can hear the children and they can hear you.

Maintain child/staff ratios at all times

(2) Recognize, remove, and/or limit potential safety hazards. Falls;

Drowning;

Burns;

Choking,

suffocation, and

strangulation

Poisoning; and Vehicle-related injuries.

Registered providers serving children within the provider's home must adhere to safety standards as outlined in 922 KAR 2:180.

The provider will also be subject to an annual home inspection.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the

Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

Section 4. Premises Requirements. (1) The premises shall be:

(a) Suitable for the purpose intended;

(b) Kept clean and in good repair; and

(c) Equipped with:

1. A working telephone accessible to a room used by a child; and

2. A list of emergency numbers posted by the telephone or maintained in the telephone's

contact, including numbers for the:

a. Police department;

b. Fire department;

c. Emergency medical care and rescue squad; and

d. Poison control center.

(2) A child-care center shall be in compliance with the codes administered by the Kentucky

Fire Marshal and the local zoning laws.

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

(4) A working carbon monoxide detector shall be required in a licensed child-care center

that is in a home if the home:

(a) Uses fuel burning appliances; or

(b) Has an attached garage.

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

(a) Building is:

1. Dry;

2. Ventilated; and

3. Well lit, including clean light fixtures that are:

a. In good repair in all areas; and

b. Shielded or have shatter-proof bulbs installed; and

(b) Following are protected:

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

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

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

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

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

by:

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

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

(10) The water supply shall be:

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

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

- (a) More than twenty-five (25) children shall comply with requirements of the Energy and Environment Cabinet, Division of Water, established in KRS Chapter 151 and 401 KAR Chapter 8, as applicable; or
- (b) Twenty-five (25) children or less shall secure approval from the:
 - 1. Energy and Environment Cabinet; or
 - 2. Local health department.
- (12) Sewage shall be properly disposed by a method approved by the:
 - (a) Energy and Environment Cabinet; or
 - (b) Cabinet.
- (13) All plumbing shall comply with the State Plumbing Code established in KRS Chapter 318.
- (14) Solid waste shall be kept in a suitable receptacle in accordance with local, county, and state law, as governed by KRS 211.350 to 211.380.
- (15) If a portion of the building is used for a purpose other than child care:
 - (a) Necessary provisions shall be made to avoid interference with the child-care program; and
 - (b) A separate restroom shall be provided for use only by those using the building for its child care purpose.
- (16) The temperature of the indoor area of the premises shall be sixty-five (65) to eighty-two (82) degrees Fahrenheit.
- (17) Outdoor activity shall be restricted based upon:
 - (a) Temperature;
 - (b) Weather conditions;
 - (c) Weather alerts, advisories, and warnings issued by the National Weather Service; or
 - (d) Age or temperament of the child.
- (18) A kitchen shall not be required if:
 - (a) The only food served is an afternoon snack to school-age children; and
 - (b) Adequate refrigeration is maintained.
- (19) The Department of Housing, Buildings and Construction, the Kentucky Fire Marshal's Office, and cabinet shall be contacted concerning a planned new building, addition, or major renovation prior to construction.
- (20) An outdoor play area shall be:

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

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

(c) Free from:

1. Litter;

2. Glass;

3. Rubbish; and

4. Flammable materials;

(d) Safe from foreseeable hazard;

(e) Well drained;

(f) Well maintained;

(g) In good repair; and

(h) Visible to staff at all times.

(21) A protective surface shall:

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

1. Climb;

2. Swing; and

3. Slide; and

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

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

(a) Be used as a play area;

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

(c) Include equipment for gross motor skills; and

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

(23) While attending, a child shall:

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

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

2. Shall occur for a minimum of;

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

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

3. May be broken into smaller increments of time throughout a day; and
 - (b) Not be punished or rewarded in regards to play time.
- (24) Fences shall be:
 - (a) Constructed of safe material;
 - (b) Stable; and
 - (c) In good condition.
 - (25) Supports for climbing apparatus and large equipment shall be securely fastened to the ground.
 - (26) Crawl spaces, such as tunnels, shall be short and wide enough to permit access by adults.
 - (27) A sandbox shall be:
 - (a) Constructed to allow for drainage;
 - (b) Covered while not in use;
 - (c) Kept clean; and
 - (d) Checked for vermin prior to use.
 - (28) Bodies of water that shall not be utilized include:
 - (a) Portable wading pools;
 - (b) Natural bodies of water; and
 - (c) Unfiltered, nondisinfected containers.
 - (29) A child-care center shall have enough toys, play apparatus, and developmentally appropriate materials to provide each child with a variety of activities during the day, as specified in Section 2 of this administrative regulation.

License exempt centers: Physical premises safety for registered providers can be found in 922 KAR 2:180. Section 3(c).(c) Complete and sign the DCC-107A, Registered Provider Home Safety Checklist, with a cabinet representative.

- (2) A registered child care provider shall certify that the provider's home and each play area used for child care are safe and have adequate:
 - (a) Heat;
 - (b) Light; and
 - (c) Ventilation.
- (3) Each floor of a registered child care provider's home used for child care shall have at least one (1):

- (a) Unblocked exit to the outside;
- (b) Smoke detector;
- (c) Fire extinguisher; and
- (d) Carbon monoxide detector if the home:
 - 1. Uses fuel burning appliances; or
 - 2. Has an attached garage.
- (4) A registered child care provider's home and areas accessible to children in care shall be free of hazards, and the following items shall be inaccessible to a child in care:
 - (a) Cleaning supplies, poisons, paints, and insecticides;
 - (b) Knives, scissors, and other sharp objects;
 - (c) Power tools, lawn mowers, hand tools, nails, and other similar equipment;
 - (d) Matches, cigarettes, vaping devices, lighters, combustibles, and flammable liquids;
 - (e) Alcoholic beverages; and
 - (f) Medications.
- (5) In accordance with KRS 527.070(1), firearms and ammunition shall be stored and locked in locations separate from each other and inaccessible to a child in care.
- (6) Electrical outlets not in use shall be covered.
- (7) An electric fan, floor furnace, freestanding heater, wood burning stove, or fireplace, shall:
 - (a) Be out of the reach of a child; or
 - (b) Have a safety guard to protect a child from injury.
- (8) A registered child care provider shall use protective gates to block all stairways if a child in care is under age three (3).
- (9) Stairs and steps shall:
 - (a) Be in good repair; and
 - (b) Include railing of comparable length to the stairs or steps.
- (10) A registered child care provider's home shall have:
 - (a) At least one (1) working telephone with a residential line or an active mobile service; and
 - (b) An accessible list of emergency telephone numbers, including the numbers for the:

1. Police;
2. Fire station;
3. Emergency medical care;
4. Poison control center; and
5. Reporting of child abuse and neglect.

(11) A registered child care provider's home shall have a:

(a) Refrigerator in working order that maintains a temperature of forty-five (45) degrees

Fahrenheit or below; and

(b) Freezer that maintains a temperature of zero degrees Fahrenheit.

(12) A registered child care provider shall maintain first aid supplies that include:

(a) Liquid soap;

(b) Band aids;

(c) Sterile gauze; and

(d) Adhesive tape.

(13) A registered child care provider shall wash hands with liquid soap and running water:

(a) Before and after diapering a child;

(b) Before and after food preparation;

(c) Before feeding a child;

(d) After smoking or vaping; and

(e) At other times as necessary to prevent the spread of disease.

(14) In accordance with KRS 199.896(18), a registered child care provider shall not use corporal physical discipline on a child entrusted to the provider's care.

(15) Pets or livestock shall be vaccinated and not left alone with a child.

(16) If transportation is provided by a registered child care provider, the provider shall:

(a) Have written permission from a parent or guardian to transport the child;

(b) Have a vehicle equipped with seat belts; and

(c) Comply with KRS 189.125 regarding child restraint and seating.

(17)(a) If a registered provider provides child care in the provider's home, the cabinet or its

designee shall complete an initial or an annual home inspection of the registered child care

provider in accordance with 42 U.S.C. 9858c(c)(2)(K)(i)(IV) and this administrative

regulation.

(b) If the cabinet or its designee finds that the registered provider is noncompliant with Sections 2(4), 5, 6, or 7(2) of this administrative regulation or this section, the registered provider

shall submit a written corrective action plan to the cabinet or its designee within ten (10) calendar days from the cabinet's statement of noncompliance.

(30) Storage space shall be provided:

(a) In the form of:

1. Shelves; or

2. Other storage device accessible to the children; and

(b) In sufficient quantity for each child's personal belongings.

(31) Supplies shall be stored so that the adult can reach them without leaving a child unattended.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:120 Section 4](#)

<https://apps.legislature.ky.gov/law/kar/922/002/120.pdf>

Citation: [922 KAR 2:100. Certification of family child-care homes.](#)

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

Citation: [922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program Section 3](#)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:090. Child-care center licensure](#)

Citation: [922 KAR 2:100. Certification of family child-care homes](#)

Citation: [922 KAR 2:180 Requirements for registered child care providers](#)

Section 2

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Orientation training must be completed within three months of employment.

Orientation covers all age groups and is consistent for all providers.

Orientation is offered in-person and online.

Licensed child care centers: 6 hours

Licensed family child care homes: 6 hours

In-home care: 3 hours

No variations for exempt provider settings

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

CCA provides annual training courses that are accessible online at

www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

922 KAR 2:120 Section 7 (8) Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR). To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. This course covers communicable diseases and prevention strategies in Module 5.

DCC partners with the Department for Public Health to provide access to Child Care Health Consultants (CCHC) throughout each region of Kentucky. The CCHC's provide technical assistance and training opportunities to child care providers on various topics, including infection diseases and prevention strategies.

<https://www.kentuckycchc.org/>

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Pediatric Abusive Head Trauma (PAHT), or previously referred to as Shaken Baby Syndrome, describes the constellation of signs and symptoms resulting from violent shaking or shaking and impacting the head of an infant or small child, birth to five years of age.

Legislation mandates education on the identification and prevention of Pediatric Abusive Head Trauma for various groups in the state who work with or care for young children. This training will help caregivers recognize the signs of maltreatment, which

can prevent escalations to Pediatric Abusive Head Trauma. Caregivers will learn effective strategies for dealing with a crying infant, which is the most common trigger for Pediatric Abusive Head Trauma. All employees and owners of a licensed and registered child-care center are required to take a minimum of 1.5 hours of training on PAHT once every five years as part of their continuing education requirements and counts towards the required annual training total.

922 KAR 2:090. Section 11. Staff Requirements.

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(c) Fifteen (15) hours of cabinet-approved early care and education training during each subsequent year of employment, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240;

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

Section 2(3)(a) Each center shall maintain a child-care program that assures each child shall be:

1. Provided with adequate supervision at all times by a qualified staff person who ensures the child is:

- a. Within scope of vision and range of voice; or
- b. For a school-age child, within scope of vision or range of voice; and

2. Protected from abuse and neglect.

(b) The program shall include:

- 1. A procedure to ensure compliance with and inform child care staff of the laws of the Commonwealth pertaining to child abuse or neglect set forth in KRS 620.030; and
- 2. Written policy that states that the procedures that were taught at the orientation training shall be implemented by each child-care center staff member.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in

care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:090. Child-care center licensure](#) Section 11

Citation: [922 KAR 2:100. Certification of Family Child-Care Homes](#) Section 10

Citation : [922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program](#) Section 2

Citation: 922 KAR 2:120. [Child-care center health and safety standards. Section 2](#) <https://apps.legislature.ky.gov/law/kar/922/002/120.pdf>

Citation: 922 KAR 2180. [Requirements for registered child care providers in the Child Care Assistance Program. Section 3:](#)

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

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:090. Child-care center licensure](#) Section 11

Citation: [922 KAR 2:100. Certification of Family Child-Care Homes](#) Section 10

Citation : [922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program](#) Section 2

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

All child care providers (licensed, certified or registered) are required to take the Pediatric Abusive Head Trauma training course. Pediatric Abusive Head Trauma Training is offered in-person and online.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or

during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance through their websites and other continuing education and professional development opportunities.

The state mandated Pediatric Abusive Head Trauma Training (PAHT) is available to all child care providers, at no cost, through ECE-TRIS

<https://tris.eku.edu/ece/content.php?CID=23>.

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[KRS 620.030 designate Kentucky child care providers as mandated reporters. Staff are required to identify at least five physical or behavioral indicators of child abuse and neglect, including at least two ways to distinguish accidental injury from abuse.](#)

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[Citation: 922 KAR 2:090. Child-care center licensure Section 8](#)

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

[Citation: 620.030 Duty to report dependency, neglect, abuse, human trafficking, or female genital mutilation -- Husband-wife and professional-client/patient privileges not grounds for refusal to report -- Exceptions -- Penalties.](#)

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=49898>

5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A child-care center licensed under KRS 199.896 and a family child-care home certified under KRS 199.8982 shall have a written plan for evacuation in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to the children in the center.

The plan shall include but not be limited to:

- 1) A designated relocation site and evacuation route;
- 2) Procedure for notifying parents of the relocation and ensuring family reunification;
- 3) Procedures to address the needs of individual children including children with special needs;
- 4) Instructions relating to the training of staff or the reassignment of staff duties, as appropriate;
- 5) Coordination with local emergency management officials; and
- 6) A program to ensure that appropriate staff is familiar with components of the plan.

Resources available to providers include instructions and templates for developing policy and procedures.

Technical assistance staff coach to addressing the individual needs of each child served during emergencies, including infants and toddlers, children with disabilities, and children with chronic medical conditions.

Licensed, Certified, and Registered Providers: Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180

Section 5. Evacuation Plan. (1) A licensed child-care center shall have a written evacuation plan in the event of a fire, natural disaster, or other threatening situation that may pose a health or safety hazard for a child in care in accordance with KRS 199.895 and 42 U.S.C. 9858c(c)(2)(U).

(2) The cabinet shall post an online template of an evacuation plan that:

- (a) Fulfills requirements of KRS 199.895;
- (b) Is optional for a child-care center's use; and
- (c) Is available to a licensed child-care center without charge.

Center based care follows:

Citation: [922 KAR 2:090 Child-care licensure. Section 5](https://apps.legislature.ky.gov/law/kar/922/002/090.pdf)

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

Certified FCC Providers: (7)(a) A certified family child-care home provider shall have a written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care in accordance with KRS 199.895.

Citation: 922 KAR 2:100. Certification of family child-care homes. Section 19

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

Registered Providers: Section 2(4) To apply for child care provider registration in CCAP, an individual shall, within thirty (30) calendar days of giving notice of intent to apply pursuant to subsection (1) of this section:

(a) Submit 5. A written evacuation plan in the event of fire, natural disaster, or other threatening situation that may pose a health or safety hazard to a child in care that includes:

- a. A designated relocation site;
- b. Evacuation routes;

- c. Measures for notifying parents of the relocation site and ensuring a child's return to the child's parent; and
- d. Actions to address the needs of an individual child to include a child with a special need.

The cabinet shall post an online template of an evacuation plan that fulfills requirements of this administrative regulation for an individual's free and optional use;

Citation: [922 KAR 2:180. Requirments for registered child care providers in the Child Care Assistance Program Section 2](#)

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

Citation: [199.895 Evacuation plan required for child-care centers and family child-care homes -- Annual updating of plan -- Provision of plan to local emergency management officials and parents.](#)

<https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=40523>

- ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

- iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

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

<https://apps.legislature.ky.gov/law/kar/922/002/120.pdf>

Citation: [922 KAR 2:180 Requirements for Registered Child Care Providers](#) Section 2

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

In the 2011 Regular Session, KRS 199.895 was created to required licensed child

care centers to create and maintain evacuation plans, inclusive of a reunification component and considerations of children with special needs, and share those plans annually with local emergency management personnel and parents. In the 2012 Regular Session, this statute was amended to also apply to certified family child-care homes, providers serving a smaller number of children in the provider's home. Enforcement of the statute began in 2012 following better than a year of collaborative work with the Kentucky Department of Public Health and Division of Emergency Management to include the development of a free, online evacuation plan template and training for child care providers, and enhanced awareness on the part of local emergency management. On September 13, 2012, DCBS formally proposed six administrative regulations to incorporate the evacuation plan requirement within the standards for all child care providers in Kentucky, including register providers in CCAP (i.e., family, friend or neighbor providers). The administrative regulations were adopted into law March 8, 2013.

Citation: [KRS 199.895 Evacuation plan required for child care centers and family child care homes](#)

Citation: [922 KAR 2:120 Child care center health and safety standards](#) Section 12

****NEW REG UPDATES****

Citation: [922 KAR 2:180 Requirements for registered child care providers](#) Section 2

Citation: [Standards of Practice for Licensed Child Care Providers](#) Title 1085

Citation: [Standards of Practice for Certified Child Care Providers](#) Title 655

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

In child care, every employee of a licensed, certified, or registered child care provider with care responsibilities is required to have a six-hour orientation training within the first 90 days of employment.

An entire section of the training is devoted to emergency procedures.

This section was modified in 2010 to address evacuation of children with special needs and emphasize the importance of knowing community emergency response plans.

Child care providers are required to update their evacuation plan annually.

Providers are required to share a copy of the plan with local emergency management officials and to guardians of children served as well as provide training to staff each time the plan is updated.

Orientation training must be completed within three months of employment.

Orientation covers all age groups and is consistent for all providers.

Orientation is offered in-person and online.

Licensed child care centers: 6 hours

Licensed family child care homes: 6 hours

In-home care: 3 hours

No variations for exempt provider settings

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

The Child Care Health Consultation for Healthy Start in Child Care Program, through the Department for Public Health, provides training and technical assistance to child care providers utilizing the Child Care Emergency / Disaster Preparedness Guide as a basis for "best practice".

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Standards of Practice:

If a diapering pad has a crack or tear, the pad should be replaced. It is impossible to clean and disinfect a surface that contains cracks and tears which expose the inner padding. Many times providers store items at the corners of the diaper changing surface; i.e., pens, scissors, markers, toys, thermometers, books. Handling these items during diaper changes contaminates the item. In addition, many of the items are dangerous for a child who is lying on the diaper change table. Larger and older children may be changed on a suitable mat on the floor, or they may stand over a surface that is impervious to moisture, i.e., in a bathroom over a tiled floor. It is unacceptable to change a child directly placed on a bed, sofa or carpeted floor.

Some children may be allergic or sensitive to the baby wipes. If needed a wet wash cloth may be used to clean a child during diapering. The provider must be careful to use the cloth only once and store the used cloth in a container lined with a plastic bag that is stored separately from other wet or soiled items to avoid cross contamination.

It is recommended that if cloth diapers are used, a container with a tight fitting lid lined with a plastic bag should be used to store the soiled diapers. The soiled cloth diapers must be stored separately from soiled clothes and other waste. At the end of the day, the plastic bag of soiled diapers can be tied and sent home for laundering. The diaper contained should be cleaned and disinfected daily. Soiled diapers should be stored in a covered container. A plan should be implemented to empty the container and take the soiled diapers to the trash daily.

Program should assure that the bathroom is clean and in working order at all times. For example: drips and spills should be cleaned up immediately. The bathroom should

be free of odor. The toilet should flush easily and completely. The bathroom should be well lit and should have a screened window or working ventilation system.

Licensed and Certified Providers: 922 KAR 2:120 Section 3: (7) The following shall be inaccessible to a child in care:

- (a) Toxic cleaning supplies, poisons, and insecticides;
- (b) Matches, cigarettes, lighters, and flammable liquids; and
- (c) Personal belongings and medications of staff.

(8) The following shall be inaccessible to a child in care unless under direct supervision and part of planned program of instruction:

- (a) Knives and sharp objects;
 - (b) Litter and rubbish;
 - (c) Bar soap; and
 - (d) Plastic bags not used for personal belongings.
- (9) In accordance with KRS 527.070(1), firearms and ammunition shall be stored separately

from each other in a locked area outside of the designated child care area.

(10) Smoking or vaping shall:

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

Registered Providers: 922 KAR 2:180 Section 3: (4) A registered child care provider's home and areas accessible to children in care shall be free of hazards, and the following items shall be inaccessible to a child in care:

- (a) Cleaning supplies, poisons, paints, and insecticides;
- (b) Knives, scissors, and other sharp objects;
- (c) Power tools, lawn mowers, hand tools, nails, and other similar equipment;
- (d) Matches, cigarettes, vaping devices, lighters, combustibles, and flammable liquids;
- (e) Alcoholic beverages; and
- (f) Medications.

(5) In accordance with KRS 527.070(1), firearms and ammunition shall be stored and locked

in locations separate from each other and inaccessible to a child in care.

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

(7) An electric fan, floor furnace, freestanding heater, wood burning stove, or fireplace, shall:

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

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

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Citation: 922 KAR 2:120 Child-care center health and safety standards Section 3

<https://apps.legislature.ky.gov/law/kar/922/002/120.pdf>

Citation: 922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program. Section 3

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

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:090. Child-care center licensure Section 11](#)

Citation: [922 KAR 2:100. Certification of Family Child-Care Homes Section 12](#)

Citation: [922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program Section 2](#)

Citation: [Standards of Practice for Licensed Child Care Providers Title 70, 530, 535, 540](#)

Citation: [Standards of Practice for Certified Child Care Providers Title 320, 355, 365, 370](#)

Citation: [922 KAR 2:120 Child-care center health and safety standards Section 3](#)
<https://apps.legislature.ky.gov/law/kar/922/002/120.pdf>

Citation: [922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program. Section 3](#)

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

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinetapproved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Orientation training must be completed within three months of employment.

Orientation covers all age groups and is consistent for all providers.

Orientation is offered in-person and online.

Licensed child care centers: 6 hours
Licensed family child care homes: 6 hours
In-home care: 3 hours
No variations for exempt provider settings

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

922 KAR 2:120 Section 7 (8) Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR). To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. This course potential toxins that can cause poisoning and how to prevent incidents in Module 4: Asthma, Fever, Nosebleeds, Poisoning, and Seizures.

DCC partners with the Department for Public Health to provide access to Child Care Health Consultants (CCHC) throughout each region of Kentucky. The CCHC's provide technical assistance and training opportunities to child care providers on various topics, including Poison Prevention Safety. <https://www.kentuckycchc.org/>

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the

standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

The Child Care Health Consultation for Healthy Start in Child Care Program, through the Department for Public Health, provides training and technical assistance to child care on how to properly handle hazardous materials and maintain proper hygiene.

5.3.9 Precautions in transporting children (if applicable).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

A center providing transportation is required to maintain a written record detailing type of transportation, scheduling, staffing, route, daily inspection, roster of children transported, valid driver's license, maintain full coverage auto insurance, and background check of driver.

603 KAR 5:072 pertains to the inspection required for vehicles designed and used for carrying nine or more passengers, including the driver. This inspection is to be conducted by the Transportation Cabinet, Department of Vehicle Regulations or its designee.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

A center providing transportation is required to maintain a written record detailing type of transportation, scheduling, staffing, route, daily inspection, roster of children transported, valid driver's license, maintain full coverage auto insurance, and background check of driver.

603 KAR 5:072 pertains to the inspection required for vehicles designed and used for carrying nine or more passengers, including the driver. This inspection is to be conducted by the Transportation Cabinet, Department of Vehicle Regulations or its designee.

922 KAR 2:100. Certification of family child-care homes Section 18. Transportation.

(1) If transportation is provided or arranged by the certified family child-care home provider, the provider shall:

- (a) Have written permission from a parent to transport his or her child;
- (b) Have a car or van equipped with seat belts;
- (c) Require that a child:

1. Be restrained in an appropriate safety seat meeting state and federal motor vehicle safety standards in accordance with KRS 189.125 and 49 C.F.R. 571.213;

2. Remain seated while the vehicle is in motion; and

3. If under thirteen (13) years of age, be transported in the back seat;

(d) Have emergency and identification information about each child in the vehicle if children are being transported; and

(e) Conform to state laws pertaining to vehicles, driver's license, and insurance pursuant to KRS 186.020.

(2) A child shall not be left unattended:

- (a) At the site of aftercare delivery; or
- (b) In a vehicle.

(3) A child shall not be left in a vehicle while it is being repaired.

(4) The back of a pickup truck shall not be used to transport a child.

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

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

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

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

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

(9) A driver of a vehicle transporting a child for a certified provider shall:

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

1. The background checks described in Section 2(2)(c)5 or 2(5) of this administrative regulation; and

2. An annual check of the:

- a. Kentucky driver history records in accordance with KRS 186.018; or
- b. Driver history records through the state transportation agency that issued the driver's license;
- (c) Hold a current driver's license that has not been suspended or revoked during the last five (5) years; and
- (d) Not caused an accident which resulted in the death of a person.

(10) Based on the harm, threat, or danger to a child's health, safety, and welfare, the cabinet shall pursue an adverse action in accordance with Section 5, 6, 7, or 8 of this administrative regulation:

- (a) For a violation of this section; or
- (b) If the provider:

1. Fails to report an accident in accordance with Section 20(10)(a) of this administrative regulation; or

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

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

If transportation is provided by a registered child care provider, the provider shall:

- (a) Have written permission from a parent or guardian to transport the child;
- (b) Have a vehicle equipped with seat belts; and
- (c) Comply with KRS 189.125 regarding child restraint and seating.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: 603 KAR 5:072. Mandatory annual bus inspection

Citation: 922 KAR 2:090. Child-care center licensure Section 9

Citation: 922 KAR 2:100. Certification of Family Child-Care Homes Section 17

Citation: 922 KAR 2:120. Child-care center health and safety standards Section 12

Citation: 922 KAR 2:180 Requirements for registered child-care providers in the Child Care Assistance Program Section 3

Citation: 922 KAR 2:100. Certification of family child-care homes. Section 18
<https://apps.legislature.ky.gov/law/kar/922/002/100.pdf>

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Orientation training must be completed within three months of employment.

Orientation covers all age groups and is consistent for all providers.

Orientation is offered in-person and online.

Licensed child care centers: 6 hours

Licensed family child care homes: 6 hours

In-home care: 3 hours

No variations for exempt provider settings

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are

members of Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

DCC partners with the Department for Public Health to provide access to Child Care Health Consultants (CCHC) throughout each region of Kentucky. The CCHC's provide technical assistance and training opportunities to child care providers on various topics, including car passenger safety. <https://www.kentuckycchc.org/>

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

All CCDF providers are required to have a staff member present with current pediatric first aid and CPR training. Registered and certified family child care providers must be certified in infant/child CPR and first aid. In Type I and II licensed programs, at least one person on duty is required to be certified in infant/child CPR and first aid.

All child care providers are required to be trained in first aid/CPR.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care

staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

Standards of Practice:

If the assistant is left alone at the family child care home, the assistant should be a fully qualified staff, including background checks and certification in CPR and First Aid. The child care provider must be approved for Infant and Child CPR and First Aid and be on duty and present with the children at all times. Infant and Child CPR certification and First Aid is required for all infant, toddlers and preschool children. When a group leaves the premises for a walk to the park or a field trip, a CPR and First Aid Certified staff must be present with these children. In addition, there must be a CPR and First Aid certified staff present at the family child care home as well for the children who did not leave the premises. Approved Training Sources for First Aid and CPR: American Red Cross American Heart Association American CPR Training, previously known as American Environmental Health and Safety National Safety Council American Safety and Health Institute MEDIC First Aid *No online courses are approved

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

Staff must be trained in pediatric CPR in order to properly administer CPR to children.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:090.Child-care center licensure](#) Section 11

Citation: [922 KAR 2:100. Certification of Family Child-Care Homes](#) Section 2

Citation: [922 KAR 2:120 Child-care center health and safety standards.](#) Section 7

Citation: [922 KAR 2:180 Requirements for registered child care providers](#)
Section 2

Citation: [Standards of Practice for Licensed Child Care Providers](#) Title 35, 40,
135

Citation: [Standards of Practice for Certified Child Care Providers](#) Title 325

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Citation: [922 KAR 2:090.Child-care center licensure](#) Section 11

Citation: [922 KAR 2:100. Certification of Family Child-Care Homes](#) Section 2

Citation: [922 KAR 2:120 Child-care center health and safety standards.](#) Section 7

Citation: [922 KAR 2:180 Requirements for registered child care providers](#)
Section 2

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinetapproved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

N/A

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

922 KAR 2:120 Section 7 (8) Each center shall ensure that every staff member as received training on first aid and cardiopulmonary resuscitation (CPR). To meet this requirement, DCC has implemented a free course on ECE-TRIS for all child care providers. The course covers basic first aid/cpr training requirements.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180. Orientation includes a module dedicated to basic first aid/cpr training information.

5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

KRS 620.030 designate Kentucky child care providers as mandated reporters. Staff are required to identify at least five physical or behavioral indicators of child abuse and neglect, including at least two ways to distinguish accidental injury from abuse.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

N/A

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

Citation: [KRS 620.030 Duty to report dependency, neglect, abuse, or human trafficking](#)

Citation: [922 KAR 2:090. Child-care center licensure](#) Section 8

Citation: [922 KAR 2:100. Certification of Family Child-Care Homes](#) Section 19

Citation: [922 KAR 2:180 Requirements for registered child-care providers in the Child Care Assistance Program Section 2](#)

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

Licensed, Certified, and Registered Providers:

Orientation curriculum developed by the Cabinet for Families and Children and the Department for Community Based Services, Division of Child Care fulfill the requirements of all CCDF health and safety requirements (98.42(c)). Cabinet approved orientation is mandatory for all licensed, certified, and registered child care staff per KRS 199.892, 922 KAR 2:120, 922 KAR 2:090, 922 KAR 2:100 and 922 KAR 2:180.

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinetapproved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Orientation training must be completed within three months of employment.

Orientation covers all age groups and is consistent for all providers.

Orientation is offered in-person and online.

Licensed child care centers: 6 hours

Licensed family child care homes: 6 hours

In-home care: 3 hours

No variations for exempt provider settings

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

Orientation Description: This 6-hour course fulfills the mandatory 6-hour orientation requirement for early care and education professionals in Kentucky. Successful completion of this course satisfies the Division of Child Care's (DCC) new regulatory requirement for each center to ensure that every staff member has received training on first aid and cardiopulmonary resuscitation (CPR).

Orientation training consists of three modules:

Health, safety & sanitation - 2 hours

Recognizing and reporting child abuse and neglect - 1 hour

Recommended practices in early care and education - 3 hours

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers.

DCC partners with the Department for Public Health to provide access to Child Care Health Consultants (CCHC) throughout each region of Kentucky. The CCHC's provide technical assistance and training opportunities to child care providers on various topics, including recognition, prevention and reporting of child abuse and neglect. <https://www.kentuckycchc.org/> The Pediatric Abusive Head Trauma Class must be taken once every five (5) years. This class may be taken in person and is offered online for free at: www.training.eku.edu/abusiveheadtraumacpWBT and includes information for prevention of sudden infant death syndrome. PAHT training includes content regarding recognition and reporting of child abuse and neglect.

5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

N/A

ii. Please enter 'NA' below

N/A

iii. Please enter 'NA' below

N/A

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers

Citation: [922 KAR 2:090. Child-care center licensure](#) Section 11

Citation: [922 KAR 2:100. Certification of Family Child-Care Homes](#) Section 10

Citation: [922 KAR 2:180. Requirements for registered child care providers in the Child Care Assistance Program](#) Section 2

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

(16) In accordance with KRS 199.896(15) and (16), a staff person with supervisory authority over a child shall complete the following:

(a) Six (6) hours of cabinet-approved orientation completed within the first three (3) months of employment in a child care program;

(b) Nine (9) hours of cabinet-approved early care and education training within the first year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training; and

(c) Fifteen (15) hours of cabinet-approved early care and education training completed between July 1 and the following June 30 of each subsequent year of employment in a child care program, including one and one-half (1 1/2) hours of cabinet-approved pediatric abusive head trauma training completed once every five (5) years.

(17) A staff person's compliance with training requirements of this section shall be verified through the cabinet-designated database maintained pursuant to 922 KAR 2:240.

<https://apps.legislature.ky.gov/law/kar/922/002/090.pdf>

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Licensed child care centers: 15 annual hours

Licensed family child care homes: 9 annual hours

In-home care: 3 annual hours

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

The Child Care Resource and Referral Agencies (represented statewide) are members of Child Care Aware (CAA) and provide ongoing training and technical assistance on emergency preparedness through their websites and other continuing education and professional development opportunities.

Providers have access to a calendar of training opportunities (statewide) through the ECE-TRIS database. Training opportunities posted to this calendar are DCC approved trainings and some address child development related topics.

CCA provides annual training courses that are accessible online at www.childcareawareofky.org/training/. These courses are accessible to providers statewide. In addition to training opportunities, each region (8 regions) in Kentucky have been assigned a Health and Safety Coach that provides technical assistance related to child care licensing standards and establishing and maintaining licensing and certification for providers. CCA also supports providers with regionally assigned training and professional development coaches to ensure all providers receive updated information and training opportunities regarding current child development principles.

5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):

a. Licensed child care centers:

15 hours annually

b. License-exempt child care centers:

N/A

c. Licensed family child care homes:

9 hours annually

d. License-exempt family child care homes:

N/A

e. Regulated or registered In-home child care:

3 hours annually

f. Non-regulated or registered in-home child care:

N/A

5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)

a. Nutrition:

Describe:

b. Access to physical activity:

Describe:

- c. Caring for children with special needs:

Describe:

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Orientation covering these health and safety topics are required within first three months of initial employment and may be taken as an individual training topic with hours countable toward the 15 annual training hours for licensed centers or 9 annual training hours for certified family child care homes. These requirements apply to all caregivers, teachers, and directors. Citations: 922 KAR 2:090 Child-care center licensure Section 11; 922 KAR 2:100 Certification of Family Child-Care Homes Section 10; 922 KAR 2:180 Requirements for registered child care providers in the Child Care Assistance Program Section 2

5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

Prior to initial licensure, certification, or approval of a child care provider, the Division of Regulated Child Care (DRCC) performs an inspection to determine that the applicant complies with all health and safety standards outlined in Section 5.3.

The DRCC regional staff conduct at least annual inspections to assure compliance with these standards. Additional inspections may be required if these standards have not been met during inspection.

b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.

All employees of a licensed, certified or registered child care provider with child care responsibilities are required to have a six (6) hour orientation to child care training within the employee's first 90 days of employment.

Before, during or after a monitoring visit, DRCC surveyors will review staff training hours by accessing individual training records through Kentucky's Early Childhood Education Training Records Information System (ECE-TRIS.) ECE-TRIS calculates all training hours received by child care staff in licensed, certified and registered provider settings.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

Each child care provider is required to develop and annually update their emergency evacuation plan. Child care providers are required to share a copy of their emergency evacuation plan with local emergency management officials and parents/guardians of each child in their care. When the emergency evacuation plan is modified, child care providers are required to train their staff on the modified emergency evacuation plan.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Upon receiving a completed application and fee from a potential child care center provider, DRCC central office staff enter the application information into the Kentucky Integrated Child Care System (KICCS). A DRCC regional staff is assigned via KICCS to conduct a pre-licensure inspection. DRCC regional staff conducts an unannounced pre-licensure inspection to determine regulatory compliance with each health, safety, and fire standard. Each of these standards is electronically entered into the KIDS Inspection Tool, and the DRCC regional staff conducting the inspection is required to indicate "Compliant" or "Non-Compliant" for each standard. All items marked "Non-Compliant" must be accompanied with a narrative account indicating how the applicant did not meet the standard. After DRCC management review, the inspection report is sent to the applicant, and a plan of correction for each non-compliant standard is required. DRCC management staff review the provider's plan of correction to determine compliance with each standard found deficient during inspection. An amended plan of correction may be required.

In accordance with 922 KAR 2:090, Section 6: (8) To qualify for a preliminary license, or maintain a regular license, a child-care center shall:

- (a) Provide written documentation from the local authority showing compliance with local zoning requirements;
- (b) Be approved by the Office of the State Fire Marshal or designee;
- (c) Have an approved water and sewage system in accordance with local, county, and state laws;
- (d) Provide written proof of liability insurance coverage of at least \$100,000 per occurrence;

(e) Comply with provisions of this administrative regulation, 922 KAR 2:120, and 922 KAR 2:280;

(f) Cooperate with the cabinet, the cabinet's designee, or another agency with regulatory authority during:

1. An investigation of an alleged complaint, including an allegation of child abuse or neglect pursuant to KRS 620.030(4); and
2. Unannounced inspections; and

(g) Have a director who meets the requirements listed in Section 10 of this administrative regulation.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

All licensed CCDF child care center providers receive an annual, unannounced inspection. Approximately three (3) months prior to the annual licensure approval date, regional DRCC staff are assigned via the KICCS electronic system to conduct an annual inspection. This allows time to schedule, prepare and submit the inspection report for supervisory review. Upon supervisory review, the inspection report is sent to the licensed CCDF child care center provider. If all standards inspected were in compliance, a preliminary license is issued to the child care provider. If any health, safety, and fire standards are found deficient during the inspection, a statement of deficiency is issued and a plan of correction is required from the provider.

Providers must meet 922 KAR 2:120 governing child-care center health and safety standards, along with state fire marshal and local zoning laws.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
 B. More than once a year

Describe:

Prior to licensure approval, DRCC staff conduct at least one unannounced on-site inspection to determine whether the childcare applicant meets the Kentucky Administrative Regulations 922 KAR 2:090, 922 KAR 2:120, and 922 KAR 2:280; and one follow-up inspection during the preliminary period prior to issuance of a regular license. DRCC shall receive complaints from the public and other state

agencies regarding allegations of noncompliance within the regulatory requirements and investigate within 30 days using a methodology for prioritization of investigation. DRCC shall conduct unannounced on-site visit to investigate allegations of non-compliance and ensure appropriate actions are taken to correct any regulatory deficiencies discovered

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

The following inspections require DRCC regional staff to assure compliance with all health, safety, and fire standards: pre-licensure, post-preliminary, and annual renewal. DRCC regional staff conduct a post-preliminary inspection within the first six (6) months of initial licensure as a child care center. When a licensed CCDF child care provider has been issued a directed plan of correction (DPOC) by DRCC following any inspection, regional DRCC staff will conduct additional monitoring inspections of the child care center to assure compliance with the terms of the DPOC. DRCC regional staff investigate all allegations of regulatory non-compliance. The investigative findings are recorded in narrative form and an inspection report is generated via KICCS. Follow-up inspections may be required to assure compliance or implementation of a plan of correction for any inspection.

In accordance with 922 KAR 2:090, Section 6:

(8) To qualify for a preliminary license, or maintain a regular license, a child-care center shall:

(a) Provide written documentation from the local authority showing compliance with local zoning requirements;

(b) Be approved by the Office of the State Fire Marshal or designee;

(c) Have an approved water and sewage system in accordance with local, county, and state laws;

(d) Provide written proof of liability insurance coverage of at least \$100,000 per occurrence;

(e) Comply with provisions of this administrative regulation, 922 KAR 2:120 (health and safety regulation), and 922 KAR 2:280;

(f) Cooperate with the cabinet, the cabinet's designee, or another agency with regulatory authority during:

1. An investigation of an alleged complaint, including an allegation of child abuse or neglect pursuant to KRS 620.030(4); and
 2. Unannounced inspections; and
- (g) Have a director who meets the requirements listed in Section 10 of this administrative regulation.

Standards of Practice:

The State Fire Marshal Office will inspect the child care center periodically. These inspection reports must be maintained on file at the child care center for review during each licensure inspection.

A post preliminary inspection will be conducted 3 months after issuance of a preliminary license. Once a regular license is issued, an annual inspection will be conducted to assure ongoing compliance.

DRCC shall notify in writing the child-care center if there is a finding of noncompliance with the regulatory requirements. The center has an opportunity to submit plans for correcting cited deficiencies. Notwithstanding any plan of correction or other response submitted by a center, DRCC may initiate adverse action as needed.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Citation: [922 KAR 2:090 Child Care Licensing Requirements](#)

Citation: [922 KAR 2:120 Child-care center health and safety standards](#)

Citation: [Standards of Practice for Licensed Child Care Providers](#) Title 65, 80

Citation: [Standards of Practice for Certified Child Care Providers](#) Title 695

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for

compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

b. Licensed CCDF family child care home

i. Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards

When a family child-care provider applicant has submitted their initial application and fee, DRCC central office enter data into KICCS. A regional DRCC staff is assigned via KICCS to conduct an unannounced initial inspection to determine regulatory compliance with all health, safety, and fire standards. These standards are electronically entered into the KIDS Inspection Tool, and the DRCC regional staff is required to indicate "Compliant" or "Non-Compliant" for each standard. A narrative account indicating how the applicant did not meet the standard must accompany all items marked "Non-Compliant". After DRCC supervisory review, an inspection report is sent to the applicant. If all regulatory standards were found compliant, a certificate to operate a family child-care home is issued. If any standard was found non-compliant, a statement of deficiency is issued to the applicant and a plan of correction is required for each non-compliant standard. DRCC management staff reviews the applicant's plan of correction to determine compliance with each standard found deficient during inspection. An amended plan of correction may be required from the applicant before approval as a family child-care provider.

Providers must meet 922 KAR 2:100 Sections 2 and 3 along with written documentation from the local authority showing compliance with local zoning requirements.

In accordance with 922 KAR 2:100 Section 3(17):

(a) If a registered provider provides child care in the provider's home, the cabinet or its designee shall complete an initial or an annual home inspection of the registered child care provider in accordance with 42 U.S.C. 9858c(c)(2)(K)(i)(IV) and this administrative regulation.

(b) If the cabinet or its designee finds that the registered provider is noncompliant with Sections 2(4), 5, 6, or 7(2) of this administrative regulation or this section, the registered provider shall submit a written corrective action plan to the cabinet or its designee within ten (10) calendar days from the cabinet's statement of noncompliance.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

All inspections of a family care care provider are unannounced.

An unannounced inspection of the home occurs prior to renewal pursuant to 922 KAR 2:100 certification of family child-care homes regulation.

iii. Identify the frequency of unannounced inspections:

A. Once a year

B. More than once a year

Describe:

Prior to licensure approval, DRCC staff conduct at least one unannounced on-site inspection to determine whether the childcare applicant meets the Kentucky Administrative Regulations 922 KAR 2:090, 922 KAR 2:120, and 922 KAR 2:280; and one follow-up inspection during the preliminary period prior to issuance of a regular license.

DRCC shall receive complaints from the public and other state agencies regarding allegations of noncompliance within the regulatory requirements and investigate within 30 days using a methodology for prioritization of investigation. DRCC shall conduct unannounced on-site visit to investigate allegations of non-compliance and ensure appropriate actions are taken to correct any regulatory deficiencies discovered.

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

All initial inspections, annual, and renewal inspections require the regional DRCC staff to assess all health, safety, and fire standards. If a family child care provider is issued a DPOC, frequent monitoring by DRCC staff occurs to assure compliance with the terms of the DPOC. All allegations of regulatory non-compliance are investigated, and a narrative account and inspection report are recorded in KICCS. If the investigation results in regulatory non-compliance, a statement of deficiency is issued and a plan of correction is required. Follow-up inspections may be required to assure compliance with specific standards

In accordance with KAR 2:100:

(3) The cabinet shall:

(a) Review and process the OIG-DRCC-03 submitted in accordance with subsection (2) of this section;

(b) Conduct an unannounced inspection of the home pursuant to KRS 199.8982(1)(b); and

(c) Approve the family child-care home within fifteen (15) calendar days of receipt of the OIG-DRCC-03 submitted in accordance with subsection (2) of this section if the requirements in Sections 2, 3, and 10 through 19 of this administrative regulation are met.

DRCC shall ensure that all family child-care homes are licensed every two years.

Prior to certification approval, DRCC staff conduct at least one unannounced onsite inspection to determine whether the childcare applicant meets the Kentucky Administrative Regulations 922 KAR 2:100, 922 KAR 2:280, and one follow-up inspection during the preliminary period prior to issuance of certification.

DRCC shall notify the family child-care home in writing if the home is determined to be noncompliant with regulatory requirements. The home has an opportunity to submit plans for correcting cited deficiencies. Notwithstanding any plan of correction or other response submitted by a home, DRCC may initiate adverse action as needed.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Providers must meet 922 KAR 2:100 along with state fire marshal and local zoning laws.

Citation: [922 KAR 2:100. Certification of family child-care homes.](#) Section 11

Standards of Practice:

The cabinet will conduct an unannounced inspection to assure that the minimum requirements are maintained.

Citation: [Standards of Practice for Certified Providers](#) Title 695

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

- 1. Once a year
- 2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

5.4.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections - with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards - of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

OIG – Division of Regulated Child Care (DRCC) - The Office of the Inspector General (OIG) enforces minimum operating standards for child-care centers and homes according to state statutes and regulations. OIG conducts onsite inspections of child-care centers and homes to ensure compliance with state and local health and safety requirements. OIG receives complaints and investigates allegations of non-compliance and take proper action to correct non-compliance.

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Kentucky has no licensed-exempt center-based CCDF providers..

i. Provide the citation(s) for this policy or procedure

N/A

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

Registered providers are not certified or licensed, but must follow all health and safety

regulations outlined in 922 KAR 2:180. No inspection is given for in home care, but a health and safety check list is completed if care is provided in the providers home yearly to renew their registered status.

In accordance with 922 KAR 2:180 Section 3(17):

(a) If a registered provider provides child care in the provider's home, the cabinet or its designee shall complete an initial or an annual home inspection of the registered child care provider in accordance with 42 U.S.C. 9858c(c)(2)(K)(i)(IV) and 922 KAR 2:180.

(b) If the cabinet or its designee finds that the registered provider is noncompliant with Sections 2(4), 5, 6, or 7(2) of this administrative regulation or this section, the registered provider shall submit a written corrective action plan to the cabinet or its designee within ten (10) calendar days from the cabinet's statement of noncompliance.

(c) A corrective action plan shall include: 1. Specific action undertaken to correct a violation; 2. The date action was or shall be completed; 3. Action utilized to assure ongoing compliance; 4. Supplemental documentation requested as a part of the plan; and 5. Signature of the provider and the date of signature.

(d) The cabinet or its designee shall review the plan and notify a registered provider within Kentucky Page 209 of 312 Section 3 of the administrative regulation outline health and safety and fire requirements subject to unannounced inspection.

i. [Provide the citation\(s\) for this policy or procedure](#)

Citation: [922 KAR 2:180](#). Requirements for registered child care providers in the Child Care Assistance Program Section 3

[5.4.4 Inspections for license-exempt in-home care \(care in the child's own home\).](#)

[Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of](#)

monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

Registered providers are not certified or licensed but must follow all health and safety regulations outlined in 922 KAR 2:180. No inspection is given for in home care. Status is renewed each year.

In-home providers are held to the standards outline in 922 KAR 2:180. Providers giving care in the child's home are not subject to inspection. Inspection requirements for care provided in the provider's home are outlined in 922 KAR 2:180 Section 3(17).

922 KAR 2:180 Section 3: (17)(a) If a registered provider provides child care in the provider's home, the cabinet or its designee shall complete an initial or an annual home inspection of the registered child care provider in accordance with 42 U.S.C. 9858c(c)(2)(K)(i)(IV) and this administrative regulation.

b. Provide the citation(s) for this policy or procedure.

Citation: [922 KAR 2:180](#). Requirements for registered child care providers in the Child Care Assistance Program Section 3

Registered providers are held to the standards outlined in 922 KAR 2:180.

Providers giving care in the child's home are not subject to inspection.

Inspection requirements for care provided in the provider's home are outlined in 922 KAR 2:180 Section 3(17).

Citation: [922 KAR 2:2180 Section 3](#)

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

922 KAR 2:180 Section 3: (17)(a) If a registered provider provides child care in the provider's home, the cabinet or its designee shall complete an initial or an annual home inspection of the registered child care provider in accordance with 42 U.S.C. 9858c(c)(2)(K)(i)(IV) and this administrative regulation.

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

[OIG - Division of Regulated Child Care \(DRCC\)](#)

5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

The licensing inspectors must meet an educational requirement to qualify to be employed, and where possible, have expertise or experience in child care or early childhood education. In addition, each licensing inspector must participate in training prior to inspecting child care facilities and providers. This training includes a power-point presentation as well as shadowing of other inspectors before the new licensing inspector conducts an inspection as the team lead. Management staff periodically shadow inspectors to assure that complete and thorough inspections are conducted, and consistency is maintained. Ongoing training for licensing surveyors is also conducted within DRCC, as well as within the Cabinet for Health and Family Services.

Division of Regulated Child Care current and new licensing surveyors are required to complete the following online training modules per contract deliverable:

- 1) Introduction to Licensing and Regulation;
- 2) Orientation (Health & Safety, Recognizing & Reporting Child Abuse and Neglect and Developmentally appropriate child care practice);
- 3) Online Orientation through ECOOL for all DRCC Licensing Surveyors; and

4) Licensing and Certification Standards of Practice (SOP).

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Licensing inspectors receive training on health and safety requirements via power-point presentation and in-person training. This training may include pediatric abusive head trauma, child care provider orientation, and curriculum areas for a variety of different age groups. Select staff attend the National Association of Regulatory Administrators (NARA) conference annually.

c. Provide the citation(s) for this policy or procedure.

[KRS 199.8994. Uniform administration of child-care funds - Dedicated child-care licensing surveyors.](#)

Policy citation is not available. The contract with Office of Inspector General, Division of Regulated Child Care (DRCC) requires DRCC Licensing Surveyors current and new hires complete the Child Care Standards of Practice training within the first 90 days of employment and/or prior to surveying independently and completing surveys or making decisions on surveys. DRCC shall monitor surveyor staff and provide ongoing training to assure consistency of regulation enforcement statewide.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

A targeted ratio of one (1) licensing inspector per fifty (50) child care providers allows for

the provision of an expedient, constructive, and thorough licensing visit.

Excerpt from contract with Office of Inspector General, Division of Regulated Child care requirements for Staffing and Professional Development:

DRCC shall monitor monthly to assure its ratio of dedicated child-care licensing surveyor positions is one surveyor for each 50 child-care centers and family child-care homes, including two surveyors to conduct registered provider home visits to the extent that funding is available.

DRCC shall ensure that all newly hired surveyors complete the Child Care Standards of Practice training within the first 90 days of employment and/or prior to surveying independently and completing surveys or making decisions on surveys. DRCC shall monitor surveyor staff and provide ongoing training to assure consistency of regulation enforcement statewide.

DRCC shall ensure that all staff are meeting contractual timeframes as listed within each deliverable, including professional, clerical, and administrative duties necessary for the licensure, certification and registration

b. Provide the policy citation and state/territory ratio of licensing inspectors.

Citation: [KRS 199.8994. Uniform administration of child-care funds - Dedicated child-care licensing surveyors.](#)

5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child

care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

a. Components of In-State Background Checks

i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

[922 KAR 2:280 Background checks for child care staff members, reporting requirements, and appeals](#)

All other providers eligible to deliver CCDF Services

Citation:

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

[922 KAR 2:280 Background checks for child care staff members, reporting requirements, and appeals](#)

All other providers eligible to deliver CCDF Services

Citation:

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

[922 KAR 2:280 Background checks for child care staff members, reporting requirements, and appeals](#)

All other providers eligible to deliver CCDF Services

Citation:

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

[922 KAR 2:280 Background checks for child care staff members, reporting requirements, and appeals](#)

All other providers eligible to deliver CCDF Services

Citation:

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

[922 KAR 2:280 Background checks for child care staff members, reporting requirements, and appeals](#)

All other providers eligible to deliver CCDF Services

Citation:

5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for

all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services

(e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

[922 KAR 2:280 Background checks for child care staff members, reporting requirements, and appeals](#)

All other providers eligible to deliver CCDF Services

Citation:

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

[922 KAR 2:280 Background checks for child care staff members, reporting requirements, and appeals](#)

All other providers eligible to deliver CCDF Services

Citation:

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

[922 KAR 2:280 Background checks for child care staff members, reporting requirements, and appeals](#)

All other providers eligible to deliver CCDF Services

Citation:

5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per Â§ 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in Â§ 98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

The Lead Agency utilizes the Kentucky Applicant Registry and Employment Screening (KARES) system to complete background checks. Each child care provider, regardless of type, must enter all employees into the KARES system.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The current fee is \$63.25 (\$38.25 to law enforcement and \$25 administrative fee). The Lead Agency has been waiving the administrative fees resulting in providers being responsible to pay \$38.25. The Lead Agency has earmarked \$3 million of the Coronavirus Response and Relief Supplemental Act (CRRSA) funds to cover the entire cost of background checks until those funds have been depleted.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b),

the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy: 922 KAR 2:280 currently allows provisional hire of employees who have clear Central Registry results and who have submitted to fingerprints. The Lead Agency has requested and received approval to revise this administrative regulation to conform with the requirement of 98.43 (b) which mandates that satisfactory results on either the FBI fingerprint check or satisfactory results of the state/territory criminal registry. The Lead Agency plans to file the new administrative regulation by October 15, 2021.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

The child care providers are responsible for completing the necessary out-of-state background checks. The Lead Agency has posted a list of each state's point of contact on the Lead Agency's website.

[Child Care Out of State Contacts](#)

The child provider is responsible for maintaining documentation supporting the necessary requests have been made. The child care provider is responsible for reaching out to both open and closed states and documenting the responses received.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

The Lead Agency enrolls each staff member into the state-based rap back which includes the child abuse and neglect registry, sex offender registry and criminal background check.. KARES documents the date of the initial background check and is programmed to notify each provider via email when the 5 year mark is approaching. The

Lead Agency also has included the background completion date on each staff member's Early Care and Education Training Records and Information System (ECE-TRIS) profile. The purpose of adding this date to ECE-TRIS is making it easier for the provider as well as licensing surveyors to review staffing requirements in one location.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

KARES is programmed to require new fingerprints be taken for any employee who has had a 180 day gap in employment. All components of the criminal background check are completed upon fingerprints being taken. If there has been a 180 day gap in employment, a new application is required.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

[Background Check Tip Sheet](#)

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

-- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components

-- How the Lead Agency is informed of the results of each background check component

-- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.

-- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

The Lead Agency utilizes the Kentucky Applicant Registry and Employment Screening (KARES) system to complete background checks. Each child care provider, regardless of type, must enter all employees (18 and older) into the KARES system. KARES links with the Central Registry (Child Abuse and Neglect Registry) to determine if an employee has a previous finding made against them. The KARES system then directs the applicant to a third party vendor for fingerprinting. All scheduling and communication surrounding fingerprinting is done electronically. Fingerprints are taken and submitted to the necessary criminal background systems (state, FBI, NCIC, NSOR) via the Kentucky State Police and the Lead Agency is notified of those findings so a determination can be made in accordance with 922 KAR 2:280. The Lead Agency and the Kentucky State Police are mandated to complete the process within 45 days.

b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.

N/A

c. Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. (Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state(s) within the previous five years).

Providers are responsible for submitting those requests to the other states and maintaining those documents. The providers may upload these results into KARES and must retain a copy of those results in the employee's file.

922 KAR 2:280

Section 5. Checks of Other States. (1) In accordance with 45 C.F.R. 98.43(b)(3), a prospective child care staff member who resides in or has resided in another state within the last five (5) years shall:

(a) Request from each state of current or prior residency, in accordance with the state's laws, policies, and procedures, with a courtesy notice to the cabinet:

1. An in-state criminal records check by:

a. Means of fingerprints for the state of residence; or

b. Any means accepted by a state of prior residency;

2. A check of the state's sex offender registry or repository; and

3. A check of the state-based child abuse and neglect registry and database; and

(b) Direct results of the checks required in paragraph (a) of this subsection to the Department for Community Based Services, Division of Child Care, 275 East Main Street, 3C-F, Frankfort, Kentucky 40601.

(2) If the prospective child care staff member's current or prior state of residency participates in the FBI's National Fingerprint File Program, a prospective child care staff member shall be exempt from the requirements of subsection (1)(a)1. of this section.

(3) In accordance with KRS 336.220, a child care provider shall pay any fee charged by another state for a background check as permitted pursuant to 45 C.F.R. 98.43(f) for a prospective child care staff member.

(4) If another state fails to respond to a check submitted in accordance with subsection (1) of this section within thirty (30) calendar days from the date of the background check's request as verified by the child care staff member, the cabinet shall:

(a) Process a child care staff member's background checks and issue notice to the child care provider in accordance with Section 4(5) of this administrative regulation to ensure compliance with 45 C.F.R. 98.43(e); and

(b) Send notice in accordance with Section 4(5) of this administrative regulation if:

1. Another state provides requested background check results at a later date; and

2. A disqualifying background check result is identified.

(5) A child abuse and neglect central registry check in accordance with 922 KAR 1:470 may be requested by a:

(a) Parent or legal guardian in accordance with KRS 199.466; or (b) Child care staff member in another state.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

The Lead Agency does not make a determination until all in-state information has been received. The child abuse and neglect registry (central registry) check is completed by

the KARES system. Providers are notified if a potential employee has a match on the central registry prior to entering payment for the background check. The provider also completes a search of the public facing in-state sex offender registry and the national sex offender registry. The provider then submits payment and schedules an appointment to have the employee fingerprinted by the identified third party vendor. If the potential employee has no criminal history returned, the KARES system can auto-determine the person eligible for hire. If the potential employee has a criminal history returned, the Lead Agency must review those results to determine if the person has been found guilty of any disqualifying offenses. If results from out-of-state entities are received after the 45 days and there are disqualifying offenses listed, the Lead Agency can change the eligibility status and document the reason.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

Any child care provider operating in the state of Kentucky must submit to background checks through KARES regardless of their state of residence. The provider is responsible for requesting all checks from the state in which the employee resides.

922 KAR 2:280

Section 5. Checks of Other States. (1) In accordance with 45 C.F.R. 98.43(b)(3), a prospective child care staff member who resides in or has resided in another state within the last five (5) years shall:

(a) Request from each state of current or prior residency, in accordance with the state's laws, policies, and procedures, with a courtesy notice to the cabinet:

1. An in-state criminal records check by:

a. Means of fingerprints for the state of residence; or

b. Any means accepted by a state of prior residency;

2. A check of the state's sex offender registry or repository; and

3. A check of the state-based child abuse and neglect registry and database; and

(b) Direct results of the checks required in paragraph (a) of this subsection to the Department for Community Based Services, Division of Child Care, 275 East Main Street, 3C-F, Frankfort, Kentucky 40601.

(2) If the prospective child care staff member's current or prior state of residency participates in the FBI's National Fingerprint File Program, a prospective child care staff member shall be exempt from the requirements of subsection (1)(a)1. of this section.

(3) In accordance with KRS 336.220, a child care provider shall pay any fee charged by another state for a background check as permitted pursuant to 45 C.F.R. 98.43(f) for a prospective child care staff member.

(4) If another state fails to respond to a check submitted in accordance with subsection (1) of this section within thirty (30) calendar days from the date of the background check's request as verified by the child care staff member, the cabinet shall:

(a) Process a child care staff member's background checks and issue notice to the child care provider in accordance with Section 4(5) of this administrative regulation to ensure compliance with 45 C.F.R. 98.43(e); and

(b) Send notice in accordance with Section 4(5) of this administrative regulation if:

1. Another state provides requested background check results at a later date; and
2. A disqualifying background check result is identified.

(5) A child abuse and neglect central registry check in accordance with 922 KAR 1:470 may be requested by a:

(a) Parent or legal guardian in accordance with KRS 199.466; or (b) Child care staff member in another state.

5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

No

Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only

a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency provides contact information for the Kentucky State Police.

b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency provides contact information for the Kentucky State Police

c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

The Lead Agency staff complete a thorough search of iTWIST (The Workers Information SysTem) which contains the Central Registry. Searches are completed using social security number as well as name-based searches (all aliases and combinations of names). The Lead Agency is permitted to respond in the following ways:

No reportable incident found in accordance with 922 KAR 1:470.

Substantiated child abuse found on the registry Date of substantiated finding:

Substantiated child neglect found on the registry Date of substantiated finding:

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights Yes No

A matter subject to administrative review found in accordance with 922 KAR 1:470

The Lead Agency completes these utilizing the DCC 374 and/or the CAN Payment and Verification application on the Kentucky Online Gateway. If an applicant questions these findings, the Lead Agency refers them to the DCBS Records Management Section to request a copy of their confidential case record.

5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to

help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

Note: The links provided below should be a part of your consumer education website identified in 2.3.11.

a. Interstate Criminal Background Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/nationalbackgroundcheck.aspx>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?)
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/nationalbackgroundcheck.aspx>

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/nationalbackgroundcheck.aspx>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email

- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://chfs.ky.gov/agencies/dcbs/dcc/Pages/nationalbackgroundcheck.aspx>

5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

If yes, describe other disqualifying crimes and provide the citation:

922 KAR 2:280

Section 6. Disqualifying Background Check Results.

(1) Unless a rehabilitative review pursuant to Section 9 of the administrative regulation determines the individual is eligible to be hired, an individual shall be ineligible to:

a) Be hired or otherwise serve as a child care staff member if the individual:

1. Meets a criterion specified in 45 C.F.R. 98.43(c);

2. Has been convicted of, or has entered an Alford plea, a plea of guilty, or a plea of nolo contendere to,:

a. A drug-related felony, and five (5) years has not elapsed since the person was fully discharged from imprisonment, probation, or parole;

b. A sex or violent crime pursuant to KRS 17.165; or

c. A felony offense under:

(i) KRS Chapter 506, inchoate offenses;

(ii) KRS Chapter 511, burglary and related offenses;

(iii) KRS Chapter 515, robbery;

(iv) KRS Chapter 520, escape and other offense related to custody;

(v) KRS Chapter 525, riot, disorderly conduct, and related offenses;

(vi) KRS Chapter 527, offense relating to firearms and weapons;

(vii) KRS Chapter 529, prostitution offenses; or

(viii) KRS Chapter 530, family offenses;

3. Is listed on:

a. The central registry established in accordance with 922 KAR 1:470; or

b. Another state's state-based child abuse and neglect registry or database;

4. Has been convicted of, or has entered an Alford plea, plea of guilty, or a plea of nolo contendere to, an offense under a criminal statute of the United States or of another state similar to an offense specified in this paragraph;

5. Has an open warrant;

6. Has a criminal background check result indicating that the individual should be approached with caution by authorities; or

7. Has a pending charge for a criminal offense specified in this paragraph;

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

The provider receives an electronic notification advising if an individual is eligible or not eligible for hire.

The applicant receives a letter sent via USPS notifying them they are ineligible for hire along with a copy of their appeal rights.

922 KAR 2:280Section 7. Notice of a Disqualifying Background Check Result and Appeals.

(1) The cabinet shall notify each prospective or current child care staff member determined to have a disqualifying background check result in accordance with Section 6 of this administrative regulation.

(2) In addition to the cabinet's notification in accordance with subsection (1) of this section, a child care provider that receives notice from the cabinet that a prospective or current child care staff member has been determined to have a disqualifying background check result in accordance with Section 6 of this administrative regulation shall notify the child care staff member of the cabinet's determination within three (3) business days of receipt of the notice.

(3) Pursuant to 45 C.F.R. 98.43(e)(3), a prospective or current child care staff member who receives notice of having a disqualifying background check result in accordance with Section 6 of this administrative regulation may:

(a) Challenge the accuracy of the cabinet's determination by submitting a written request for informal review, including any information the individual wishes to be considered, to the Department for Community Based Services, Division of Child Care, 275 East Main Street, 3C-F, Frankfort, Kentucky 40621, within ten (10) calendar days of the date of notice in accordance with subsection (1) of this section; or

(b) Request a rehabilitative review pursuant to Section 9 of this administrative regulation.

(4) Upon completion of an informal review upon request pursuant to subsection (3)(a) of this section, the cabinet shall provide written notice of the cabinet's decision to uphold or rescind the notice of disqualifying background check result to the prospective or current child care staff member.

(5) A prospective or current child care staff member may appeal the results of an informal

review or a rehabilitative review pursuant to Section 9 of this administrative regulation and 45 Legislative Research Commission PDF Version Page: 6 C.F.R. 98.43(e)(3), in accordance with 922 KAR 2:260.

(6) If a prospective or current child care staff member wishes to challenge the accuracy of a criminal background check, the cabinet shall refer the individual to the appropriate state or federal law enforcement agency.

(7) If a prospective or current child care staff member challenges the finding that he or she is the true subject of the results from a registry or repository check, the cabinet shall refer the individual to the agency responsible for maintaining the registry or repository.

[c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment \(98.43 \(e\)\(2-4\).](#)

The Lead agency does allow for consideration to be given to those with a felony drug offense. A person with a felony drug offense is deemed ineligible for hire, unless they meet the following:

922 KAR 2:280 Section (6)(1)(a)(2)(a) A drug-related felony, and five (5) years has not elapsed since the person was fully discharged from imprisonment, probation, or parole;"

922 KAR 2:280

Section 7. Notice of a Disqualifying Background Check Result and Appeals.

(1) The cabinet shall notify each prospective or current child care staff member determined to have a disqualifying background check result in accordance with Section 6 of this administrative regulation.

(2) In addition to the cabinet's notification in accordance with subsection (1) of this section, a child care provider that receives notice from the cabinet that a prospective or current child care staff member has been determined to have a disqualifying background check result in accordance with Section 6 of this administrative regulation shall notify the child care staff member of the cabinet's determination within three (3) business days of receipt of the notice.

Section 9. Rehabilitative Review. (1)(a) A prospective or current child care staff member found to have a disqualifying background check result shall be eligible for consideration of rehabilitation under an independent review process.

(b) Consideration of a disqualifying background check result under the rehabilitative

review process described in this section shall not apply to:

1. A disqualifying felony offense that occurred less than ten (10) years prior to the date of the criminal background check;
2. Any disqualifying felony or misdemeanor offense related to abuse, neglect, or exploitation of a child;
3. Registration as a sex offender under federal law or under the law of any state;
4. A sex or violent crime as defined by KRS 17.165; or
5. A child abuse and neglect substantiated finding that:
 - a. Occurred less than five (5) years prior to the date of the registry check; or
 - b. Involved:
 - (i) Sex abuse or sex exploitation of a child;
 - (ii) A child fatality related to abuse or neglect;
 - (iii) A near fatality of a child related to abuse or neglect; or
 - (iv) The involuntary termination of parental rights in accordance with KRS 625.050 through 625.120.

(2)(a) A prospective or current child care staff member may submit a written request for a rehabilitative review to the cabinet no later than fourteen (14) calendar days from the date of the notice of the cabinet's determination issued pursuant to Section 4(5) or 7(4) of this administrative regulation regarding a determination of a disqualifying background check result.

(b) If a prospective or current child care staff member requests a rehabilitative review, the child care staff member:

1. May be retained by the child care provider pending the rehabilitative review; and
2. Shall be subject to restrictions and termination or relocation in accordance with Section 8 of this administrative regulation.

(3) The request for a rehabilitative review shall include the following information:

(a) A written explanation of each disqualifying background check result, including:

1. A description of the events related to the disqualifying background check result;
2. The number of years since the occurrence of the disqualifying background check result;
3. The age of the individual at the time of the disqualifying background check result; and
4. Any other circumstances surrounding the disqualifying background check result;

(b) Official documentation showing that all fines, including court-imposed fines or restitution, have been paid or documentation showing adherence to a payment schedule, if applicable;

- (c) The date probation or parole was satisfactorily completed, if applicable;
 - (d) Employment and character references, including any other evidence demonstrating the ability of the individual to perform the employment responsibilities and duties competently; and
 - (e) Evidence that the individual has pursued or achieved rehabilitation with regard to a disqualifying background check result.
- (4) A rehabilitative review shall be conducted by a committee of three (3) employees of the cabinet, none of whom was responsible for determining that the individual has a disqualifying background check result.
- (5) The committee shall consider the information required under subsection (3) of this section, and shall also consider mitigating circumstances including:
- (a) The amount of time that has elapsed since the disqualifying background check result;
 - (b) The lack of a relationship between the disqualifying background check result and the position for which the individual has applied; and
 - (c) Evidence that the applicant has pursued or achieved rehabilitation with regard to the disqualifying background check result.
- (6) No later than thirty (30) calendar days from receipt of the written request for the rehabilitative review, the cabinet shall send the committee's determination on the rehabilitation waiver to the prospective or current child care staff member.
- (7) The decision of the committee shall be subject to appeal in accordance with Section 7(5) of this administrative regulation.
- (8) A child care provider shall not be obligated to accept an individual who is granted a waiver pursuant to this section as a child care staff member.

5.5.8 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

-- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal

-- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report

-- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime

-- The appeals process is completed in a timely manner for any appealing child care staff member

-- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))

-- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

922 KAR 2:280 Section 7:Notice of a Disqualifying Background Check Result and Appeals.

(1) The cabinet shall notify each prospective or current child care staff member determined to have a disqualifying background check result in accordance with Section 6 of this administrative regulation.

(2) In addition to the cabinet's notification in accordance with subsection (1) of this section, a child care provider that receives notice from the cabinet that a prospective or current child care staff member has been determined to have a disqualifying background

check result in accordance with Section 6 of this administrative regulation shall notify the child care staff member of the cabinet's determination within three (3) business days of receipt of the notice.

(3) Pursuant to 45 C.F.R. 98.43(e)(3), a prospective or current child care staff member who receives notice of having a disqualifying background check result in accordance with Section 6 of this administrative regulation may:

(a) Challenge the accuracy of the cabinet's determination by submitting a written request for informal review, including any information the individual wishes to be considered, to the Department for Community Based Services, Division of Child Care, 275 East Main Street, 3C-F, Frankfort, Kentucky 40621, within ten (10) calendar days of the date of notice in accordance with subsection (1) of this section; or

(b) Request a rehabilitative review pursuant to Section 9 of this administrative regulation.

(4) Upon completion of an informal review upon request pursuant to subsection (3)(a) of this section, the cabinet shall provide written notice of the cabinet's decision to uphold or rescind the notice of disqualifying background check result to the prospective or current child care staff member.

(5) A prospective or current child care staff member may appeal the results of an informal review or a rehabilitative review pursuant to Section 9 of this administrative regulation and 45 C.F.R. 98.43(e)(3), in accordance with 922 KAR 2:260.

(6) If a prospective or current child care staff member wishes to challenge the accuracy of a criminal background check, the cabinet shall refer the individual to the appropriate state or federal law enforcement agency.

(7) If a prospective or current child care staff member challenges the finding that he or she is the true subject of the results from a registry or repository check, the cabinet shall refer the individual to the agency responsible for maintaining the registry or repository.

Section 9. Rehabilitative Review. (1)(a) A prospective or current child care staff member found to have a disqualifying background check result shall be eligible for consideration of rehabilitation under an independent review process.

(b) Consideration of a disqualifying background check result under the rehabilitative review process described in this section shall not apply to:

1. A disqualifying felony offense that occurred less than ten (10) years prior to the date of the criminal background check;
2. Any disqualifying felony or misdemeanor offense related to abuse, neglect, or exploitation of a child;

3. Registration as a sex offender under federal law or under the law of any state;
4. A sex or violent crime as defined by KRS 17.165; or
5. A child abuse and neglect substantiated finding that:

- a. Occurred less than five (5) years prior to the date of the registry check; or
- b. Involved:

- (i) Sex abuse or sex exploitation of a child;
- (ii) A child fatality related to abuse or neglect;
- (iii) A near fatality of a child related to abuse or neglect; or
- (iv) The involuntary termination of parental rights in accordance with KRS 625.050 through 625.120.

(2)(a) A prospective or current child care staff member may submit a written request for a rehabilitative review to the cabinet no later than fourteen (14) calendar days from the date of the notice of the cabinet's determination issued pursuant to Section 4(5) or 7(4) of this administrative regulation regarding a determination of a disqualifying background check result.

(b) If a prospective or current child care staff member requests a rehabilitative review, the child care staff member:

1. May be retained by the child care provider pending the rehabilitative review; and
2. Shall be subject to restrictions and termination or relocation in accordance with Section 8 of this administrative regulation.

(3) The request for a rehabilitative review shall include the following information:

(a) A written explanation of each disqualifying background check result, including:

1. A description of the events related to the disqualifying background check result;
2. The number of years since the occurrence of the disqualifying background check result;

3. The age of the individual at the time of the disqualifying background check result; and
4. Any other circumstances surrounding the disqualifying background check result;

(b) Official documentation showing that all fines, including court-imposed fines or restitution, have been paid or documentation showing adherence to a payment schedule, if applicable;

(c) The date probation or parole was satisfactorily completed, if applicable;

(d) Employment and character references, including any other evidence demonstrating the ability of the individual to perform the employment responsibilities and duties competently; and

(e) Evidence that the individual has pursued or achieved rehabilitation with regard to a

disqualifying background check result.

(4) A rehabilitative review shall be conducted by a committee of three (3) employees of the cabinet, none of whom was responsible for determining that the individual has a disqualifying background check result.

(5) The committee shall consider the information required under subsection (3) of this section, and shall also consider mitigating circumstances including:

(a) The amount of time that has elapsed since the disqualifying background check result;

(b) The lack of a relationship between the disqualifying background check result and the position for which the individual has applied; and

(c) Evidence that the applicant has pursued or achieved rehabilitation with regard to the disqualifying background check result.

(6) No later than thirty (30) calendar days from receipt of the written request for the rehabilitative review, the cabinet shall send the committee's determination on the rehabilitation waiver to the prospective or current child care staff member.

(7) The decision of the committee shall be subject to appeal in accordance with Section 7(5) of this administrative regulation.

(8) A child care provider shall not be obligated to accept an individual who is granted a waiver pursuant to this section as a child care staff member.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

The employee would need to contact the state that issued those results and follow that state's process.

The Lead Agency does provide a link to a comprehensive list of interstate agencies for each state on the Lead Agency's website.

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

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

The employee would need to contact the state that issued those results and follow that state's process.

5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

922 KAR 2:180:

Section 5. General Requirements for Registered Child Care Providers.

(1) A registered child care provider shall not:

- (a) Live in the same residence as the child in care;
- (b) Hold a license to provide child care in accordance with 922 KAR 2:090;
- (c) Hold certification to provide child care in accordance with 922 KAR 2:100; or
- (d) Provide care for more than three (3) children unrelated to the provider in accordance with KRS 199.8982(1)(a).

(2) A registered child care provider shall not provide other home based services, including services, such as:

- (a) A personal care home in accordance with 902 KAR 20:036;
- (b) A family care home in accordance with 902 KAR 20:041;
- (c) An adult day care in accordance with 910 KAR 1:160; or
- (d) Supports for community living in accordance with 907 KAR 1:145 or 907 KAR

12:010.

(3) A registered child care provider shall:

(a) Comply with the: 1. Provisions of KRS 199.898; and 2. Provider requirements in accordance with 922 KAR 2:160, Section 13;

(b) Allow the cabinet, the cabinet's designee, another agency with regulatory authority, and a parent of a child in care access to the premises where a child receives care during the hours that the child care services are provided; and

(c) Report within ten (10) calendar days any change to the provider's:

1. Address;

2. Name;

3. Telephone number;

4. Household members; or

5. Location where the child care is provided.

(4)(a) A registered child care provider who gives care in the provider's home shall comply with the requirements of Section 3(1) of this administrative regulation within thirty (30) calendar days for a:

1. New household member who is eighteen (18) years or older; or

2. Household member who turns age eighteen (18).

(b) If a background check in accordance with Section 3(1) and 922 KAR 2:280 is pending on a member of the registered provider's household who is eighteen (18) years or older, the registered child care provider who gives care in the provider's home shall prohibit unsupervised contact between the household member and a child in care.

(5)(a) A registered child care provider shall maintain an attendance sheet in which the daily arrival and departure times of each child are recorded in accordance with 922 KAR 2:160, Section 13.

(b) A registered child care provider shall retain attendance sheets completed in accordance with paragraph (a) of this subsection for five (5) years.

(6)(a) Care for a child with a special need shall be consistent with the nature of the need as documented by the child's health professional.

(b) A child may include a person eighteen (18) years of age if the person has a special need for which child care is required.

(7) While providing child care services, a registered provider and another person in the provider's home shall:

(a) Be free of the influence of alcohol or a controlled substance, except for use of a

controlled substance as prescribed by a physician; and

(b) Prohibit smoking or vaping in the presence of a child in care

The Lead Agency is in the process of amending the above regulation to meet all requirements as identified during the monitoring visit held in November 2019. The Lead Agency anticipates filing these updates by the end of calendar year 2021.

c. Relative providers must fully comply with all licensing requirements.

5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

a. Relative providers are exempt from all health and safety standard requirements

b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

922 KAR 2:180:

Section 5. General Requirements for Registered Child Care Providers.

(1) A registered child care provider shall not:

(a) Live in the same residence as the child in care;

(b) Hold a license to provide child care in accordance with 922 KAR 2:090;

(c) Hold certification to provide child care in accordance with 922 KAR 2:100; or

(d) Provide care for more than three (3) children unrelated to the provider in accordance with KRS 199.8982(1)(a).

(2) A registered child care provider shall not provide other home based services, including services, such as:

(a) A personal care home in accordance with 902 KAR 20:036;

(b) A family care home in accordance with 902 KAR 20:041;

(c) An adult day care in accordance with 910 KAR 1:160; or

(d) Supports for community living in accordance with 907 KAR 1:145 or 907 KAR 12:010.

(3) A registered child care provider shall:

(a) Comply with the: 1. Provisions of KRS 199.898; and 2. Provider requirements in accordance with 922 KAR 2:160, Section 13;

(b) Allow the cabinet, the cabinet's designee, another agency with regulatory authority,

and a parent of a child in care access to the premises where a child receives care during the hours that the child care services are provided; and

(c) Report within ten (10) calendar days any change to the provider's:

1. Address;
2. Name;
3. Telephone number;
4. Household members; or
5. Location where the child care is provided.

(4)(a) A registered child care provider who gives care in the provider's home shall comply with the requirements of Section 3(1) of this administrative regulation within thirty (30) calendar days for a:

1. New household member who is eighteen (18) years or older; or
2. Household member who turns age eighteen (18).

(b) If a background check in accordance with Section 3(1) and 922 KAR 2:280 is pending on a member of the registered provider's household who is eighteen (18) years or older, the registered child care provider who gives care in the provider's home shall prohibit unsupervised contact between the household member and a child in care.

(5)(a) A registered child care provider shall maintain an attendance sheet in which the daily arrival and departure times of each child are recorded in accordance with 922 KAR 2:160, Section 13.

(b) A registered child care provider shall retain attendance sheets completed in accordance with paragraph (a) of this subsection for five (5) years.

(6)(a) Care for a child with a special need shall be consistent with the nature of the need as documented by the child's health professional.

(b) A child may include a person eighteen (18) years of age if the person has a special need for which child care is required.

(7) While providing child care services, a registered provider and another person in the provider's home shall:

- (a) Be free of the influence of alcohol or a controlled substance, except for use of a controlled substance as prescribed by a physician; and
- (b) Prohibit smoking or vaping in the presence of a child in care

The Lead Agency is in the process of amending the above regulation to meet all requirements as identified during the monitoring visit held in November 2019. The

Lead Agency anticipates filing these updates by the end of calendar year 2021.

- c. Relative providers must fully comply with all health and safety standard requirements.

5.6.3 Health and Safety Training (as described in Section 5.3)

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

922 KAR 2:180:

Section 5. General Requirements for Registered Child Care Providers.

(1) A registered child care provider shall not:

- (a) Live in the same residence as the child in care;
- (b) Hold a license to provide child care in accordance with 922 KAR 2:090;
- (c) Hold certification to provide child care in accordance with 922 KAR 2:100; or
- (d) Provide care for more than three (3) children unrelated to the provider in accordance with KRS 199.8982(1)(a).

(2) A registered child care provider shall not provide other home based services, including services, such as:

- (a) A personal care home in accordance with 902 KAR 20:036;
- (b) A family care home in accordance with 902 KAR 20:041;
- (c) An adult day care in accordance with 910 KAR 1:160; or
- (d) Supports for community living in accordance with 907 KAR 1:145 or 907 KAR 12:010.

(3) A registered child care provider shall:

- (a) Comply with the: 1. Provisions of KRS 199.898; and 2. Provider requirements in accordance with 922 KAR 2:160, Section 13;
- (b) Allow the cabinet, the cabinet's designee, another agency with regulatory authority, and a parent of a child in care access to the premises where a child receives care during the hours that the child care services are provided; and
- (c) Report within ten (10) calendar days any change to the provider's:
 - 1. Address;

2. Name;
3. Telephone number;
4. Household members; or
5. Location where the child care is provided.

(4)(a) A registered child care provider who gives care in the provider's home shall comply with the requirements of Section 3(1) of this administrative regulation within thirty (30) calendar days for a:

1. New household member who is eighteen (18) years or older; or
2. Household member who turns age eighteen (18).

(b) If a background check in accordance with Section 3(1) and 922 KAR 2:280 is pending on a member of the registered provider's household who is eighteen (18) years or older, the registered child care provider who gives care in the provider's home shall prohibit unsupervised contact between the household member and a child in care.

(5)(a) A registered child care provider shall maintain an attendance sheet in which the daily arrival and departure times of each child are recorded in accordance with 922 KAR 2:160, Section 13.

(b) A registered child care provider shall retain attendance sheets completed in accordance with paragraph (a) of this subsection for five (5) years.

(6)(a) Care for a child with a special need shall be consistent with the nature of the need as documented by the child's health professional.

(b) A child may include a person eighteen (18) years of age if the person has a special need for which child care is required.

(7) While providing child care services, a registered provider and another person in the provider's home shall:

- (a) Be free of the influence of alcohol or a controlled substance, except for use of a controlled substance as prescribed by a physician; and
- (b) Prohibit smoking or vaping in the presence of a child in care

The Lead Agency is in the process of amending the above regulation to meet all requirements as identified during the monitoring visit held in November 2019. The Lead Agency anticipates filing these updates by the end of calendar year 2021.

c. Relative providers must fully comply with all health and safety training requirements.

5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

922 KAR 2:180:

Section 5. General Requirements for Registered Child Care Providers.

(1) A registered child care provider shall not:

- (a) Live in the same residence as the child in care;
- (b) Hold a license to provide child care in accordance with 922 KAR 2:090;
- (c) Hold certification to provide child care in accordance with 922 KAR 2:100; or
- (d) Provide care for more than three (3) children unrelated to the provider in accordance with KRS 199.8982(1)(a).

(2) A registered child care provider shall not provide other home based services, including services, such as:

- (a) A personal care home in accordance with 902 KAR 20:036;
- (b) A family care home in accordance with 902 KAR 20:041;
- (c) An adult day care in accordance with 910 KAR 1:160; or
- (d) Supports for community living in accordance with 907 KAR 1:145 or 907 KAR 12:010.

(3) A registered child care provider shall:

- (a) Comply with the: 1. Provisions of KRS 199.898; and 2. Provider requirements in accordance with 922 KAR 2:160, Section 13;
- (b) Allow the cabinet, the cabinet's designee, another agency with regulatory authority, and a parent of a child in care access to the premises where a child receives care during the hours that the child care services are provided; and
- (c) Report within ten (10) calendar days any change to the provider's:
 - 1. Address;
 - 2. Name;
 - 3. Telephone number;
 - 4. Household members; or
 - 5. Location where the child care is provided.

(4)(a) A registered child care provider who gives care in the provider's home shall comply with the requirements of Section 3(1) of this administrative regulation within thirty (30) calendar days for a:

1. New household member who is eighteen (18) years or older; or
2. Household member who turns age eighteen (18).

(b) If a background check in accordance with Section 3(1) and 922 KAR 2:280 is pending on a member of the registered provider's household who is eighteen (18) years or older, the registered child care provider who gives care in the provider's home shall prohibit unsupervised contact between the household member and a child in care.

(5)(a) A registered child care provider shall maintain an attendance sheet in which the daily arrival and departure times of each child are recorded in accordance with 922 KAR 2:160, Section 13.

(b) A registered child care provider shall retain attendance sheets completed in accordance with paragraph (a) of this subsection for five (5) years.

(6)(a) Care for a child with a special need shall be consistent with the nature of the need as documented by the child's health professional.

(b) A child may include a person eighteen (18) years of age if the person has a special need for which child care is required.

(7) While providing child care services, a registered provider and another person in the provider's home shall:

- (a) Be free of the influence of alcohol or a controlled substance, except for use of a controlled substance as prescribed by a physician; and
- (b) Prohibit smoking or vaping in the presence of a child in care

The Lead Agency is in the process of amending the above regulation to meet all requirements as identified during the monitoring visit held in November 2019. The Lead Agency anticipates filing these updates by the end of calendar year 2021.

[c. Relative providers must fully comply with all monitoring and enforcement requirements.](#)

5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
 - i. Criminal registry or repository using fingerprints in the current state of residency
 - ii. Sex offender registry or repository in the current state of residency
 - iii. Child abuse and neglect registry and database check in the current state of residency
 - iv. FBI fingerprint check
 - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
 - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
 - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
 - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of

progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The Kentucky Early Childhood (EC) Core Content is defined as the specific knowledge competencies, and characteristics needed by early childhood practitioners to work effectively with young children and families. EC Core Content is the foundation for determining training content, college coursework content, and competency standards for

professional performance. The EC Core Content includes seven essential competency subject areas of early childhood education that are organized into five levels of increasing mastery. Individuals planning early childhood education and training programs can use the EC Core content to correlate program content with the expected skill levels and desired competency outcomes of the participants. EC Core Content subject areas are captured within ECE-TRIS to reflect competencies and assist with professional development planning to increase mastery in each content by learner in each area and identify areas where training is needed.

<https://kyecac.ky.gov/families/Documents/pd-framework-2011.pdf>

ii. Career pathways. Describe:

The Kentucky Professional Development (PD) Framework includes a mechanism for linking various EC training and education programs, allows for multiple pathways for entering EC education, and promotes and supports continuous professional development. The EC core competencies are organized from basic to high-level skills across five levels that build on each other with increasing knowledge and skills attained at each level.

iii. Advisory structure. Describe:

The Governor's Office of Early Childhood Professional Development Sub-Committee is charged with formulating and submitting recommendations to the Early Childhood Advisory Council (ECAC) for professional development to support and promote quality standards, while responding to federal and state mandates and increasing capacity through workforce development. This Committee includes representation from the DCC, the state's professional ECE registry, the Child Care Resource and Referral Network, and other system-level partners that represent early childhood projects and initiatives.

iv. Articulation. Describe:

This PD Framework includes a process which blends the system for credentialing and training of early childhood professionals. It includes five levels of competency, each of which articulate into the next level. At lower levels of competency, the completion of a particular credential, program, or certificate can be transferred into college credit between secondary schools, community and technical colleges, training programs, and four-year institution Interdisciplinary Early Childhood Education programs of study.

v. Workforce information. Describe:

The Child Care Resource and Referral Network conducts a workforce study that collects and analyzes child care provider educational preparation, experience, professional development, wages, benefits, and retention efforts. Findings are used to inform policy and promote quality improvement.

vi. Financing. Describe:

Based on annual availability of funds, early childhood development scholarships, incentives, and related expense reimbursement is available to support programs seeking accreditation (e.g., NAEYC, NAFCC, and COA) and individual providers pursuing credentials and degrees.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Kentucky's ECE credentialed trainers design and deliver state-approved high quality professional development that results in the transfer of knowledge to promote quality and support better outcomes for children and families. Professional development activities delivered by non-credentialed trainers are submitted to DCC for review and approval. The Early Care and Education Training Records Information System (ECE-TRIS) provides a centralized database to track and store individual training records for early care and education professionals. ECE-TRIS is free to providers and supports DCC in meeting regulatory requirements and managing professional development data. ECE-TRIS training calendar provides users with a listing of available professional development opportunities with search capabilities to seek by topic or certain content area. (<https://tris.eku.edu/ece>).

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Higher education representatives participate in the Governor's Office of Early Childhood

Professional Development Sub-Committee to formulate and submit recommendations to the Early Childhood Advisory Council (ECAC) for professional development. The Child Care Resource and Referral Network collaborates with higher education to support providers participating in early care and education programs of study.

iii. Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Kentucky Early Childhood Professional Development (PD) Framework has been endorsed by the Early Childhood Advisory Council (ECAC), which is the state authority charged with coordination and collaboration of a high-quality system of early care and education. This document was developed through the Kentucky Partnership for Early Childhood Services at the University of Kentucky in collaboration with the Division of Child Care, Department of Public Health, and Kentucky Department of Education, Division of Early Childhood Development. Proposed revisions to the Kentucky EC PD Framework were submitted to and approved by the Early Childhood Development Authority in April 2008. Based on the approved recommendations, additional work was conducted by a statewide committee (July 2010 through February 2011) and revision based on the work group were added in May 2011.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Kentucky's Quality Rating Improvement System (Kentucky All-STARS) promotes standards of quality that include employment benefits (e.g., paid annual leave, health insurance, retirement, etc.) as a best administrative and leadership practice. Providers are also

encouraged to pursue professional development opportunities that promotes personal growth and supports the delivery of high quality child care. Based on annual available funding, financial incentives and scholarships are awarded to individuals pursuing credentials and degrees through college and non-college programs of study.

The Division of Child Care and the Child Care Resource and Referral Network collaborates with the Kentucky Department of Education to coordinate and deliver the Secondary Education ECE Career and Technical Program which allows high school students to graduate career ready through the completion of a planned program of instruction.

6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

The Division of Child Care developed and approved orientation curriculum, which is revised as needed to support adherence to current regulatory requirements. The curriculum addresses core competencies in the area of Health, Safety, and Sanitation; Child Abuse and Neglect; and Developmentally Appropriate Child Care Practices. This training is delivered by approved ECE credentialed trainers. Child Care Health Consultants (e.g., Registered Nurses, Health Educators, and Early Childhood Mental Health Specialists) are available for program and child-level consultation regarding specific issues including, but not limited to, health, nutrition, social, emotional, and behavioral health needs.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

N/A

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:

a) with limited English proficiency

The state provider registry ECE-TRIS includes providers' first languages. In order to assess the demand for supports to LEP providers, an inventory of providers who report a first language other than English could be taken from the state provider registry on an annual basis. The CHFS office of Human Resource Management Language Access Program provider accurate, quality interpretation services for providers predominantly in Spanish and other Indo-European languages identified through a statewide assessment. In addition, information is available to families through IEES in the top eight most common languages spoken in Kentucky, other than English.

The state provider registry, ECE-TRIS includes providers' first languages. In order to assess the demand for supports to LEP providers, an inventory of providers who report a first language other than English could be taken from the state provider registry on an annual basis. The CHFS office of Human Resource Management Language Access Program provider accurate, quality interpretation services for providers predominantly in Spanish and other Indo-European languages identified through a statewide assessment. In addition, information is available to families through the Benefind system, in the top eight most common languages spoken in Kentucky, other than English. The Division of Child Care through contractual services provided by Child Care Resource and Referral Network, and in consultation with the Cabinet for Health & Family Services (CHFS) Office of Human Resource Management Language Access Program and the Human Development Institute, provide regional coaching, technical assistance, and resources to support providers with limited English proficiency and persons with disabilities.

The Division of Child Care through contractual services provided by Child Care Resource and Referral Network, and in consultation with the Cabinet for Health & Family Services (CHFS) Office of Human Resource Management Language Access Program and the Human Development Institute, provide regional coaching, technical assistance, and resources to support providers with limited English proficiency and persons with disabilities. Additionally, Childcare Aware provides tips and tools forms translated in Spanish.

The Getting Started video explains the CCAP program to providers. Additionally when we encounter prospective providers with Limited English Proficiency we partner with the Language Access Section to help minimize language barriers. Via the Language Access Section we have access to Language Services Associates (Interpre TALK), the current CHFS telephonic interpretation vendor. This service provides interpretation services in more than 266 languages and is available to us 24 hours a day, seven days a week.

[b\) who have disabilities](#)

Ongoing supports to provide accessible training to providers already include an evidence-based training developed by the University of Kentucky. It has been presented to both providers and trainers by the CCR&R at state-level conferences (ECI and the Trainers Institute). This training is currently being adapted to an online format that will be broadly available to trainers and providers across the state. In addition, the Workforce Study can include a question regarding any additional supports needed by providers across the state in

order to accommodate any special needs including disability and language.

The Division of Child Care through contractual services provided by Child Care Resource and Referral Network, and in consultation with the Cabinet for Health & Family Services (CHFS) Office of Human Resource Management Language Access Program and the Human Development Institute, provide regional coaching, technical assistance, and resources to support providers with limited English proficiency and persons with disabilities.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).

The Division of Child Care, through contractual services provided by Child Care Resource and Referral Network of Services, provide regional coaching, technical assistance, and resources to support providers who care for children receiving child care subsidies, including children of different age groups. State approved training agencies and independent credentialed trainers develop and deliver training based on early care core content that equips providers to respond to the unique needs of these children and their families.

6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

- a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Division of Child Care, through contractual services provided by the Child Care Resource and Referral Network, provides regional coaching, technical assistance, and training to support the needs of providers serving children experiencing homelessness and their families. These resources and relevant trainings are based on consultation with the state McVinney-Vento Coordinator for Homeless Education.

ChildCare Aware of Kentucky developed resource sheets with supports for homelessness specific to each region.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

Priority status is applied to identify homeless children and families to ensure compliance with this provision of the law. Homeless policies and procedures for prioritizing access to child care for homeless children and families through coordination of services ensuring families have information on all available programs and services, such as HANDS, Head Start, and child mental health and other appropriate services.

Homeless households during an initial application are unique from other eligibility types as the household is entitled to up to three calendar months from the date of application to return verification. This allows the household to return all required documentation gradually, if needed. Homeless cases are approved and enrollment starts when the head of household provides ID. (If a driver's license is provided, it does not matter if it is expired.) Households that return all required information and are technically and financially eligible at the end of the three (3) calendar months period, will not see a change in the certification period at approval of application. Homeless households must meet all other technical and financial eligibility criteria in order to continue with the program. All of this is outlined in Policy Manuals and eligibility staff are trained on all of the components listed above.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The Division of Child Care, through contractual services provided by the Child Care Resource and Referral Network of Services, provides regional coaching, technical assistance, and resources to support prospective and current child care providers. A DCC developed and approved training is delivered by coaches as a requirement of licensure. This training includes information pertinent to the successful operation of a child care program to deliver quality child care.

Regional Child Care Administrators have established relationships with the network of Small Business Development Centers throughout KY and regularly refer programs to them for specific business management assistance to complement coaching efforts.

The Kentucky Director's Credential is available to individuals who complete twelve college credit hours in the prescribed major areas of core knowledge and receive a recommendation from the institution where the coursework was completed. 922 KAR 2:230 explains the process in greater detail.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

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

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

The Cabinet for Health and Family Services Department of Community Based Services and the Child Care Aware CCR&R Network of Services Coaches are available to assist providers in assessing needs and match them with resources, which are provided in face to face, online, and via hybrid training options. Connect the Dots is a joint collaboration between multiple early education and behavioral health professionals across Kentucky. This collaboration addresses the need for a high impact skills-based training for early childhood professionals teaching the basics of social emotional best practices. There are three modules: one for Preschool teachers, one for Infant-Toddler, and for parents. In 2020, Connect the Dots for ASD curriculum was added to help support families as well as providers.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

Kentucky Child Care Aware Coaches provide technical assistance to prevent and address discipline issues in child care programs and recommend best practices to develop policies that support children's social-emotional and behavioral health to prevent suspension and expulsion from early childhood programs. Connect the Dots is a joint collaboration between multiple early education and mental health specialist across Kentucky. The collaboration was built to address a common need: The need for a short yet powerful skills-based training teaching the basics of social and emotional best practices. Connect the Dots highlights 4 easy to remember steps to address challenging behaviors. The 4 steps encompass both the "well-being" and the "well-doing" of children to ensure strong social and emotional skills needed for success in school and life. Connect the Dots resources and trainings are for anyone who works with children ages two to five years old..

The Division of Child Care has contracted with the Early Childhood Mental Health Specialists in the Department of Public Health to provide resiliency and trauma-informed care training. The ECMHS team will utilize "provider cafes" in a virtual setting to help child care providers debrief on their own trauma throughout the pandemic. The ECMHS team will also provide training to child care providers on how to support children who are experiencing trauma.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

Kentucky Strengthening Families (KYSF) represents a multi-disciplinary partnership between state and local, and public and private organizations dedicated to embedding six research-based Protective Factors into services and supports for children and their families. Supporting families is a key strategy for promoting school readiness and preventing child abuse and neglect. All families experience times of stress, and research demonstrates that children grow and learn best in families who have the supports and skills to deal with those times. By supporting families and building their skills to copewith stressors, we can increase school readiness and reduce the likelihood that abuse may occur in families.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

Kentucky's early care and education professional development system is the foundation of developing and maintaining a qualified workforce across the commonwealth. Composed of high school graduates who earn their credentials

within Family and Consumer Sciences Early Care and Education Coursework, college graduates with certification as well as those who entered the field from non-related fields. On-going professional development allows workers to move through this career lattice and obtain their long-term goals in the field of early care and education.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

The Cabinet for Health and Family Services coordinates with the Department for Public Health to develop and disseminate training and technical assistance top practitioners on the local level to promulgate effective evidence based practices and comprehensive services to children in child care settings. Parental engagement is a key component in this work. This is an agency internal to CHFS.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

[Describe the content and funding:](#)

Across eight regions, Child Care Aware Training Coaches monitor trainings offered in their area to ensure professional development opportunities are available that cover all core content subject areas and levels that allow child care providers to readily attain relevant, quality training to meet child care regulatory requirements. These activities tracked through ECE-TRIS (Early Care and Education Training Records Information System), the CHFS designated database for all Early Care and Education practitioners in the state. Training Coaches submit quarterly gap analyses to set training priorities for each region to the Regional Child Care Administrators for evaluation and project planning. The Division of Child Care generates a quarterly trend report to determine quality improvement, provider engagement, and participation rates across the state. Kentucky also utilizes the Early Childhood Profile published annually by the Kentucky Center for Statistics (KYSTATS) to examine statewide trends in early education. Finally, the Kentucky Governor's Office of Early Childhood (GOEC) contracted with an independent evaluation and research group to conduct a validation study of Kentucky All STARS as part of the Race To the Top Early Learning Challenge (RTT-ELC) grant. The goal of the validation study is to assess the extent to which Kentucky's five rating levels capture meaningful differences in quality and performance.

[Which type of providers are included in these training and professional development activities?](#)

- [Licensed center-based](#)
- [License exempt center-based](#)
- [Licensed family child care home](#)
- [License- exempt family child care home](#)
- [In-home care \(care in the child's own home\)](#)

[vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.](#)

[Describe the content and funding:](#)

Regulations governing CCAP require participation in the Kentucky All STARS Tiered Quality Rating and Improvement System. As community-based child care providers migrated to the new Tiered Quality Rating and Improvement System, Kentucky's Child Care Aware CCR&R Network of Services utilized Coaches and

specialists to provide access to training and skill development, analysis of geographic areas identified as child care deserts in effort to increase access to quality child care services.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

Child Care providers receive screening and assessment training, which provides families access to identify potential development issues for referral to early intervention system for available services to children with developmental disabilities or delays. The Lead Agency has also developed a series of Trainer the Trainers that focus supporting children with disabilities or developmental delays:

When Childhood Anxiety Leads to Challenging Behaviors: Classroom Strategies to Support Anxious Children

Introduction to Early Intervention: How to Spot a Need and Where to Turn for Support

Communicating with Families and Caregivers to Provide Support to Children with Developmental Delays

Working with Children with Epilepsy

Autism 101

Which type of providers are included in these training and professional development activities?

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

The Division of Child Care in collaboration with Kentucky Strengthening Families (KYSF) support and promote the embedding six research-based Protective Factors into services and supports for children and their families. Supporting families is a key strategy for promoting positive development of school-age children to during times of stress, and providing skills to deal with those times.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

N/A

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
 - Licensed center-based
 - License exempt center-based
 - Licensed family child care home
 - License- exempt family child care home
 - In-home care (care in the child's own home)
- iv. Other.
 - Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

Describe:

6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

DCC conducts monthly and quarterly analysis of child care programs movement in Kentucky All STARS TQRIS to measure progress of movement in rating level based on review of the domains and standards accessed by providers. Weekly analysis displays the number of providers participating at each level of quality broken out by provider type. Quarterly analysis includes regional data.

Before the state of emergency due to Covid-19 Kentucky All STARS TQRIS system had met and was maintaining its contractual goal of 45% high quality participation in All STARS (providers operating at 3-5 stars). Targeted recruitment plans and special incentives have been put in place to help maintain and improve this participation

6.4 Early Learning and Developmental Guidelines

6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and

implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The Early Childhood advisory Council (ECAC), Division of Child Care (DCC), Child Care Resource and Referral Network of Services, and Kentucky Department of Education (KDE), in collaboration with other ECE system-level partners, continuously monitor early learning standards to ensure alignment with evidence-based practices that promote quality and support better outcomes for children and their families.

The first edition of the Kentucky Early Childhood Standards was completed in June 2003. The original document as well as subsequent updates represents the collaborative work and development process of work groups which include representatives from the Cabinet for Health and Family Services, the Kentucky Department of Education, Head Start and additional state stakeholders representing the needs of children from birth - age four. In 2007, these work groups were reconvened to start looking at revisions and a revised version of the Kentucky Early Learning Standards was completed and released in 2009. This first revision included changes to both content and format based on relevant recent research as well as input from early care and education professionals. The most current revision of the KY Early Childhood Standards (2013) includes updates made to the document to ensure alignment with the Early Childhood Advisory Council (ECAC) vision, including the school readiness definition. In addition, these updates include alignment with the Head Start Child Development and Early Learning Framework. The Early Childhood Standards revision was a focus of PDG Round 1, but Kentucky was not awarded PDG Round 2. However, the GOEC continues to the work with meeting scheduled to finalize updates/revisions to the Early Childhood Standards.

ii. Developmentally appropriate.

The Early Childhood advisory Council (ECAC), Division of Child Care (DCC), Child Care Resource and Referral Network of Services, and Kentucky Department of Education (KDE), in collaboration with other ECE system-level partners, continuously monitor early learning standards to ensure alignment with evidence-based practices that promote quality and support better outcomes for children and their families.

The first edition of the Kentucky Early Childhood Standards was completed in June 2003. The original document as well as subsequent updates represents the collaborative work and development process of work groups which include representatives from the Cabinet for Health and Family Services, the Kentucky Department of Education, Head Start and additional state stakeholders representing the needs of children from birth - age four. In 2007, these work groups were reconvened to start looking at revisions and a revised version of the Kentucky Early Learning Standards was completed and released in 2009. This first revision included changes to both content and format based on relevant recent research as well as input from early care and education professionals. The most current revision of the KY Early Childhood Standards (2013) includes updates made to the document to ensure alignment with the Early Childhood Advisory Council (ECAC) vision, including the school readiness definition. In addition, these updates include alignment with the Head Start Child Development and Early Learning Framework. The Early Childhood Standards revision was a focus of PDG Round 1, but Kentucky was not awarded PDG Round 2. However, the GOEC continues to the work with meeting scheduled to finalize updates/revisions to the Early Childhood Standards.

iii. Culturally and linguistically appropriate.

The Early Childhood advisory Council (ECAC), Division of Child Care (DCC), Child Care Resource and Referral Network of Services, and Kentucky Department of Education (KDE), in collaboration with other ECE system-level partners, continuously monitor early learning standards to ensure alignment with evidence-based practices that promote quality and support better outcomes for children and their families.

The first edition of the Kentucky Early Childhood Standards was completed in June 2003. The original document as well as subsequent updates represents the collaborative work and development process of work groups which include

representatives from the Cabinet for Health and Family Services, the Kentucky Department of Education, Head Start and additional state stakeholders representing the needs of children from birth - age four. In 2007, these work groups were reconvened to start looking at revisions and a revised version of the Kentucky Early Learning Standards was completed and released in 2009. This first revision included changes to both content and format based on relevant recent research as well as input from early care and education professionals. The most current revision of the KY Early Childhood Standards (2013) includes updates made to the document to ensure alignment with the Early Childhood Advisory Council (ECAC) vision, including the school readiness definition. In addition, these updates include alignment with the Head Start Child Development and Early Learning Framework. The Early Childhood Standards revision was a focus of PDG Round 1, but Kentucky was not awarded PDG Round 2. However, the GOEC continues to the work with meeting scheduled to finalize updates/revisions to the Early Childhood Standards.

[iv. Aligned with kindergarten entry.](#)

The Early Childhood advisory Council (ECAC), Division of Child Care (DCC), Child Care Resource and Referral Network of Services, and Kentucky Department of Education (KDE), in collaboration with other ECE system-level partners, continuously monitor early learning standards to ensure alignment with evidence-based practices that promote quality and support better outcomes for children and their families.

The first edition of the Kentucky Early Childhood Standards was completed in June 2003. The original document as well as subsequent updates represents the collaborative work and development process of work groups which include representatives from the Cabinet for Health and Family Services, the Kentucky Department of Education, Head Start and additional state stakeholders representing the needs of children from birth - age four. In 2007, these work groups were reconvened to start looking at revisions and a revised version of the Kentucky Early Learning Standards was completed and released in 2009. This first revision included changes to both content and format based on relevant recent research as well as input from early care and education professionals. The most current revision of the KY Early Childhood Standards (2013) includes updates made to the document to ensure alignment with the Early Childhood Advisory Council (ECAC) vision, including the school readiness definition. In addition, these updates include alignment with the Head

Start Child Development and Early Learning Framework. The Early Childhood Standards revision was a focus of PDG Round 1, but Kentucky was not awarded PDG Round 2. However, the GOEC continues to the work with meeting scheduled to finalize updates/revisions to the Early Childhood Standards.

v. [Appropriate for all children from birth to kindergarten entry.](#)

The Kentucky Early Childhood standards are designed as a framework to assist parents, early care, intervention, and education professionals, administrators, and others in understanding what children are able to know and do from birth through four years of age.

vi. [Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.](#)

The Cabinet for Health and Family Services (CHFS), the Kentucky Department of Education (KDE), Child Care Resource and Referral Network of Services, and the Early Childhood Advisory Council (ECAC) along with other partnerships with public and private organizations ensure dissemination across various disciplines and agencies.

b. [Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.](#)

i. [Cognition, including language arts and mathematics.](#)

<https://kyecac.ky.gov/Documents/kentucky-ec-standards.pdf>

ii. [Social development.](#)

<https://kyecac.ky.gov/Documents/kentucky-ec-standards.pdf>

iii. [Emotional development.](#)

<https://kyecac.ky.gov/Documents/kentucky-ec-standards.pdf>

iv. [Physical development.](#)

<https://kyecac.ky.gov/Documents/kentucky-ec-standards.pdf>

v. Approaches toward learning.

<https://kyecac.ky.gov/Documents/kentucky-ec-standards.pdf>

vi. Describe how other optional domains are included, if any:

<https://kyecac.ky.gov/Documents/kentucky-ec-standards.pdf>

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The first edition of the Kentucky Early Childhood Standards was completed in June 2003. The original document as well as subsequent updates represents the collaborative work and development process of work groups which include representatives from the Cabinet for Health and Family Services, the Kentucky Department of Education , Head Start and additional state stakeholders representing the needs of children from birth - age four.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

The Division of Child Care collaborates with Kentucky Out of School Alliance (KYOSA) to establish afterschool quality standards as well as professional development training targeted to providers in afterschool settings. This collaboration with KYOSA seeks to establish afterschool quality standards as well as professional development training targeted to providers in afterschool settings.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

[Early Childhood Standards- Governor's Office of Early Childhood \(ky.gov\)](#)

The Professional Development Committee voted and approved the revised Early Childhood Standards on 8/09/2021. These revised standards will be presented to the Early Childhood Advisor Council to vote and adopt on 9/16/2021 at which time we will enter the next phase including a soft launch, 10/01/2021-3/01/2022. The revised and updated standards will be posted during the Formal Launch at the 2022 Early Childhood Institute.

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

Kentucky's Early Childhood Standards are research-based indicators were used to develop and expand the unified five-star quality rating and improvement system serving all early care and education programs – including childcare centers, Heads Start and public preschool – that receive public funding.

Kentucky's credentialed trainers provide Kentucky Early Learning Guidelines (ELG) training to child care providers across the state. Child care providers training records are tracked in ECE-TRS (Early Care and Education Training Records Information System) which provides training data for analysis to evaluate training progress in relation to change in the providers Kentucky All STARS TQRIS level.

6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Early Childhood Standards was completed in June 2003. The original document as well as

subsequent updates represents the collaborative work and development process of work groups which include representatives from the Cabinet for Health and Family Services, the Kentucky Department of Education, Head Start and additional state stakeholders representing the needs of children from birth – age four.

In 2007, these work groups were reconvened to start looking at revisions and a revised version of the Kentucky Early Learning Standards was completed and released in 2009. This first revision included changes to both content and format based on relevant recent research as well as input from early care and education professionals.

The most current revision of the KY Early Childhood Standards (2013) includes updates made to the document to ensure alignment with the Early Childhood Advisory Council (ECAC) vision, including the school readiness definition. In addition, these updates include alignment with the Head Start Child Development and Early Learning Framework.

7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high

quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

Kentucky operates the Kentucky All STARS program as the regulated quality rating and improvement system for the state. This unified system serves all early care and education programs that receive public funding including child care centers, Head Start and public preschool. All STARS recognizes programs that have made a commitment to continuous quality improvement through monetary and non-monetary incentives.

The Division of Child Care generates a quarterly trend report to determine quality improvement, provider engagement, and participation rates across the state. Kentucky also utilizes the Early Childhood Profile published annually by the Kentucky Center for Statistics (KYSTATS) to examine statewide trends in early education.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.

Kentucky's All STARS Program became Kentucky's new TQRIS in 2018. All assessments since have showed that providers are pleased with the updates to the QRIS through Kentucky All STARS. Areas identified for focus of future initiatives lie in parent education and interim engagement of providers.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Kentucky's Master Tobacco Settlement Agreement funds

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Kentucky's Master Tobacco Settlement Agreement funds

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Kentucky's Master Tobacco Settlement Agreement funds

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

Kellogg Grant

Hiring a full-time Infant and Toddler Specialist utilizing state quality dollars.

Starting a Family Child Care Network utilizing CRRSA funds

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring

5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

Kentucky All STARS was developed and implemented with Race to the Top Early Learning Challenge funds and replaced STARS for Kids Now, Kentucky's QRIS since 2001, on April 15, 2018. This QRIS is administered by the Division of Child Care with technical assistance provided through contract with the University of Kentucky.

eb Link: [Kentucky All STARS](#)

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.
Describe the other system of quality improvement and provide a link, if available.

7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation at any level is satisfactory for providers of children receiving subsidy. However, providers who participate at higher quality, Level 3-5, receive additional quality incentive payments calculated by percentage of enrolled subsidy children compared to center capacity. A level 1 in Kentucky All STARS requires adherence to child care licensing standards. Providers who do not meet licensing requirements may not participate in Kentucky All STARS and do not qualify for CCAP subsidies or All STARS incentives.

All STARS Quality Incentives:

Initial Achievement Award for a first time provider for achieving a Kentucky All STARS Rating.

Annual Achievement Award for a provider who maintains a Kentucky All STARS Rating (Level 3 - 5). Eligibility for award is determined during Licensure Anniversary Month.

Additional quality incentives for high quality providers serving children in the subsidy program.

Web Link: [All STARS Regulated Incentives](#)

- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers

- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

Quality Rating staff who are reliable on ITERS-R, ECERS-R, ECERS-3, SACERS-U, and FCCERS-R use these scales to measure the level of quality in these environments.

Providers receive a score, which factors into their final QRIS rating level.

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

No

Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.

a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .

b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).

c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

d. Programs that meet all or part of state/territory school-age quality standards.

e. Other.

Describe:

N/A

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

b. Embeds licensing into the QRIS

c. State/territory license is a "rated" license

d. Other.

Describe:

N/A

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

N/A

7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

DCC conducts weekly and quarterly analysis of child care programs movement in Kentucky All STARS TQRIS to measure progress of movement in rating level based on review of the domains and standards accessed by providers. Weekly analysis displays the number of providers participating at each level of quality broken out by provider type. Quarterly analysis includes regional data.

Before the state of emergency due to Covid-19 Kentucky All STARS TQRIS system had met and was maintaining it's contractual goal of 45% high quality participation in All STARS

(providers operating at 3-5 stars). Targeted recruitment plans and special incentives have been put in place to help maintain and improve this participation.

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based

- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

DCC contracts with Kentucky's Child Care Aware CCR&R Network of Services who conducts monthly and quarterly analysis of child care programs. Training topics, specific to developmentally appropriate practices of infant and toddler conducted in collaboration with regional training agencies and statewide credentialed trainers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Training topics, specific to developmentally appropriate practices of infant and toddler conducted in collaboration with regional training agencies and statewide credentialed trainers. Child Care Aware collaborates with the Governor's Office of Early Childhood to host infant toddler related sessions at their annual Early Childhood Institute and at a potential 2019 Infant Toddler Institute.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

Describe:

Child Care Aware Quality Coaches trained in infant-toddler recommended practice and reliable on the Infant Toddler Environment Rating Scale provide ongoing technical assistance to providers on quality infant-toddler care.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

QRIS Rating staff reliable on various scales including the Infant/Toddler Environment Rating Scale (ITERS-R) use this scale during an environment-rating visit. The results of the environment rating scale(s) and level requirements determine the program approved level. In addition, data indicates that infant-toddler ratios are lower at higher levels of quality.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

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

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

Describe:

The Kentucky Child Care Provider Search, available through kynect, allows families to access information on child care services at any hour of the day. This information is available in nine languages.

Information and the availability of child care services are also provided through brochures, a quarterly newsletter, provider and public listservs used to disseminate

important information related to child care services, and through direct communications, such as public forums and direct contact by Kentucky Child Care Aware Coaches through mentoring and coaching.

Information about child care assistance is posted in every local DCBS office in all 120 counties. Each applicant for any type of public assistance is screened for other types of assistance for which they may qualify, including child care assistance/subsidy.

Web Link: [Kentucky Child Care Provider Search](#)

Web Link: [Division of Child Care - Child Care Assistance](#)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

The Child Care Health Consultation for Healthy Start in Child Care Program, through the Department for Public Health, provides training and technical assistance to child care providers

- Licensed center-based

- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

Families and child care providers have access to multiple agencies and/or programs within CHFS for screening and assessment. These programs include First Steps Early Intervention System, the Early Childhood Mental Health Program, and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program. Each of these programs accepts referrals from child care providers and/or individuals who may have a developmental and/or cognitive delay.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home care (care in the child's own home)

7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.

The Kentucky Early Care and Education Training Records Information System (ECE-TRIS) provides detailed reports of the number of providers trained in early learning standards, infant and toddler and related topics, number of trainings offered, and number of active trainers across the state. The Kentucky Integrated Child Care System identifies and tracks all staff working in a licensed, certified child care facility.

7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

DCC contracts with Kentucky's Child Care Aware CCR&R Network of Services who conducts monthly and quarterly analysis of child care programs. Training topics, specific to developmentally appropriate practices of infant and toddler conducted in collaboration with regional training agencies and statewide credentialed trainers.

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Data analysis assists in identification of trends and progress in program areas to assist management with regulatory and programming decisions. Data analyzed for trends and measures of progress may include number of families and children served by type of provider, review of demographic location, type of care such as non-traditional hours and care for special needs. Census data may also be used in conjunction with provider data to determine areas of greatest need for recruitment of additional child care providers. Measurable outcomes can be established based on identified needs, and progress toward outcome attainment then measured accordingly.

Kentucky captures data from various sources such as: Kentucky Integrated Child Care System

kynect - Assistance & Support Programs for Kentuckians

Kentucky Early Care and Education Training Records Information System (ECE-TRIS)

eMARS - Enhanced Management Administrative Reporting System

7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

Health and Safety Coaches provide technical assistance to child care providers around regulatory compliance and work with Level 1 and 2 programs in Kentucky's QRIS system.

Coaches assist providers in preparing for annual licensing and certification inspections and provide technical assistance on Plan of Corrections to statement of deficiency found during inspection. Health and Safety Coaches will locate training when requested by the providers to address health and safety issues. Coaches follow standards for inspection and monitoring for consistent technical assistance delivery across the state.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

- No
- Yes. If yes, which types of providers can access this financial assistance?
 - Licensed CCDF providers
 - Licensed non-CCDF providers
 - License-exempt CCDF providers
 - Other

Describe:

7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

Measurable indicators of progress relevant to the use of funds for technical assistance and coaching would include analysis of licensing data regarding deficiencies, and progress of providers in increasing quality level in the state's QRIS.

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

7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?

No

Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Quality Rating staff who are reliable on ITERS-R, ECERS-R, ECERS-3, SACERS-U, and FCCERS-R use these scales to measure the level of quality in these environments. Providers receive a score, which factors into their final QRIS rating level. With the integration of All STARS data into the Kentucky Integrated Child Care System (KICCS), the Lead Agency is able to study environmental rating scores in relation to other measures of quality tracked within the system. The Lead Agency works closely with the Kentucky Center for Statistics to study child care quality performance in relation to education and workforce data within the state. Beginning in Fall 2018, All STARS data will be available in the Early Childhood Profile.

Web Link: [Early Childhood Profile](#)

7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

DCC conducts weekly and quarterly analysis of child care programs movement in Kentucky All STARS TQRIS to measure progress of movement in rating level based on review of the

domains and standards accessed by providers. Weekly analysis displays the number of providers participating at each level of quality broken out by provider type. Quarterly analysis includes regional data.

Before the state of emergency due to Covid-19 Kentucky All STARS TQRIS system had met and was maintaining it's contractual goal of 45% high quality participation in All STARS (providers operating at 3-5 stars). Targeted recruitment plans and special incentives have been put in place to help maintain and improve this participation.

7.8 Accreditation Support

7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

The Division of Child Care administers grants to support programs seeking accreditation from the Council on Accreditation, National After-School Association, National Association for the Education of Young Children, and the National Association for Family Child Care. Child Care Aware Professional Development Coaches are available to provide technical assistance to child care programs preparing for accreditation.

- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- e. No, but the state/territory is in the in the development phase of supporting accreditation.

- i. Focused on child care centers

Describe:

- ii. Focused on family child care homes

Describe:

- f. No, the state/territory has no plans for supporting accreditation.

7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

With the integration of All STARS data into the Kentucky Integrated Child Care System (KICCS), the Lead Agency is able to study adopted standards of practice in relation to other measures of quality tracked within the system.

Before the state of emergency due to Covid-19 Kentucky All STARS TQRIS system had met and was maintaining it's contractual goal of 45% high quality participation in All STARS (providers operating at 3-5 stars). Targeted recruitment plans and special incentives have been put in place to help maintain and improve this participation.

7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

a. Infants and toddlers

Kentucky All STARS domains and standards are based on the following quality indicators: Family & Community Engagement Classroom & Instructional Quality Staff Qualifications & Professional Development Administrative & Leadership Practices.

Any provider participating at a Level 3 or higher has completed an evaluation of the program using a nationally standardized tool, the Environmental Rating Scale (ERS). (by Harms, Cryer and Clifford). All STARS providers have access to technical assistance coaches who provide guidance in the areas of health & safety, quality improvement, professional development, and training.

Standards of quality are based on Kentucky's Early Childhood Standards and research based indicators of quality. On a five-star scale, STARS level one is obtained by meeting regulatory requirements. Providers qualify for initial and annual monetary incentives beginning at level 2. Providers operating at high quality (levels 3-5) qualify for additional monetary incentives if they serve children receiving CCAP subsidies. These incentives are higher for programs serving infants and children.

b. Preschoolers

Kentucky All STARS domains and standards are based on the following quality indicators: Family & Community Engagement Classroom & Instructional Quality Staff Qualifications & Professional Development Administrative & Leadership Practices.

Any provider participating at a Level 3 or higher has completed an evaluation of the program using a nationally standardized tool, the Environmental Rating Scale (ERS). (by Harms, Cryer and Clifford). All STARS providers have access to technical assistance coaches who provide guidance in the areas of health & safety, quality improvement,

professional development, and training.

Standards of quality are based on Kentucky's Early Childhood Standards and research based indicators of quality. On a five-star scale, STARS level one is obtained by meeting regulatory requirements. Providers qualify for initial and annual monetary incentives beginning at level 2. Providers operating at high quality (levels 3-5) qualify for additional monetary incentives if they serve children receiving CCAP subsidies. These incentives are higher for programs serving infants and children.

c. and/or School-age children.

Kentucky All STARS domains and standards are based on the following quality indicators: Family & Community Engagement Classroom & Instructional Quality Staff Qualifications & Professional Development Administrative & Leadership Practices.

Any provider participating at a Level 3 or higher has completed an evaluation of the program using a nationally standardized tool, the Environmental Rating Scale (ERS). (by Harms, Cryer and Clifford). All STARS providers have access to technical assistance coaches who provide guidance in the areas of health & safety, quality improvement, professional development, and training.

Standards of quality are based on Kentucky's Early Childhood Standards and research based indicators of quality. On a five-star scale, STARS level one is obtained by meeting regulatory requirements. Providers qualify for initial and annual monetary incentives beginning at level 2. Providers operating at high quality (levels 3-5) qualify for additional monetary incentives if they serve children receiving CCAP subsidies. These incentives are higher for programs serving infants and children.

7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

With the integration of All STARS data into the Kentucky Integrated Child Care System (KICCS), the Lead Agency is able to study adopted standards of practice in relation to other measures of quality tracked within the system.

Before the state of emergency due to Covid-19 Kentucky All STARS TQRIS system had met and was maintaining it's contractual goal of 45% high quality participation in All STARS (providers operating at 3-5 stars). Targeted recruitment plans and special incentives have been put in place to help maintain and improve this participation.

7.10 Other Quality Improvement Activities

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

N/A

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. Verifying and processing billing records to ensure timely payments to providers

Describe:

The Provider Billing form (PBF) record is generated and submitted electronically or mailed by approved Child Care Providers for prior month of Child Care services. For accuracy and integrity of records, the Lead Agency staff may request from the provider Child Care Daily Attendance Records (DCC-94E) for comparison to the Kentucky Integrated Child Care System (KICCS) billing and payment records to identify any records, errors, potential fraud, or overpayment.

Lead Agency staff process provider-billing payments for the prior month after the 1st day of each month, within (10) ten calendar days of receipt. The KICCS System maintains and records the payment status of each Provider Billing Form (PBF) submitted to ensure payment are issued within ten (10) days of receipt for prior month services. Issuance of payment in reference to KRS Chapter 45.453 Budget and Financial Administrations, Time Period for Payment.

Providers shall receive payment within 30 working days of processing the PBF, except when there are payment discrepancies in the payment amount billed and the amount owed to the provider. In these instances, the Cabinet is not held to the thirty (30) day timeperiod for payment.

b. Fiscal oversight of grants and contracts

Describe:

The Division of Administration and Financial Management (DAFM), Policy and Program Administration Branch is responsible for fiscal oversight and monitoring of grants and contracts. DAFM administers the Personal Service Contracts (PSC's), Memorandum of Agreements (MOA's), and Memorandum of Understandings (MOU'S); development and issuance of competitive solicitations or RFP's; contract monitoring functions; coordination of federal formula and block grant applications and their electronic archiving; and review of OMB A-133 audit reports from sub recipients of federal funds. DAFM also works with the state's Division of General Accounting (DGA) to ensure that earmark requirements, Maintenance of Effort (MOE), and State Match requirements are met. These two agencies work in a combined effort to periodically check the earmark requirements for compliance and maintain an analysis spreadsheet that tracks this information. In addition, DGA and DAFM work together to submit the ACF-696 Financial Report. This report track's all expenditures for every funding source with the program and is submitted quarterly for each Program Period that is still open. The report is submitted within 30 days of the end of the Quarter

c. Tracking systems to ensure reasonable and allowable costs

Describe:

The Division of Administration and Financial Management (DAFM) budget staff is responsible for the compilation and submission of the biennial budget for grant programs; monthly monitoring of financial activity; budget modifications and realignments; and contract funding verification. A Market Rate Survey is conducted by Child Care Aware of Kentucky, the contracted statewide CCR&R network housed at the Human Development Institute of the University of Kentucky. The Market Rate Survey estimates cost of care based on rates set by providers broken down by geographic location, provider type, and age of child.

d. Other

Describe:

8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

a. Conduct a risk assessment of policies and procedures

Describe:

b. Establish checks and balances to ensure program integrity

Describe:

c. Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

The Child Care Eligibility determination transitioned to an Integrated Electronic Eligibility System (IEES) on October 1, 2017. IEES allows Kentucky's families to easily access public assistance benefits and information 24/7 through an on-line application and account. To ensure accuracy in eligibility determination, cases processed by an eligibility worker without case decision requires supervisor review. Program policy requires random case reviews to ensure consistency in application of eligibility determination guidelines. The Public Assistance Quality Control (PAQC) Review Branch, within the Office of the Ombudsman and Administrative Review, will conduct a monthly random sample of 15 Positive cases and 5 Negative cases. Positive cases are those in which a subsidy payment was issued for the sample month. Negative cases are those in which a denial/discontinuance of services was issued for the sample month. PAQC staff will conduct their reviews to ensure state eligibility staff have applied proper policy in determining eligibility and issuing the correct monthly subsidy payment. If a discrepancy is discovered, detailed information surrounding the cause of the error is sent to state eligibility staff for corrections. PAQC will issue a monthly error trend report to the Division of Child Care and Division of Family Support. This report will identify each case in error, the elements contributing to the error, if it

contained an improper payment, and a brief summary of findings from PAQC staff. This information will be used to determine a monthly error rate percentage and to establish error trends of state eligibility staff, which may lead to additional training and/or policy revisions.

d. Other

Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Providers receive policy change notices through various communication modes: DCBS Facebook page, video clips posted on the DCBS website, Division of Child Care List Serv messages, and town hall meetings.

Department-level oversight for policy, state plans, and regulation work is the ultimate responsibility of the Department of Community Based Services Commissioner's Office. The Department of Administration and Financial Management (DAFM) is responsible for contract monitoring functions including monthly monitoring of financial activity; budget modifications and realignments; and contract funding verification. Contract and Budget staff are required to complete procurement, budget and grant training.

DCBS Policy Staff conduct semi-yearly policy panels to train staff on policy notices and procedures, which support program integrity and accountability. Additionally,

the Lead Agency, through contractual services provided by the Child Care Resource and Referral Network, provides regional coaching, technical assistance, and resources to support prospective and current child care providers. Coaches deliver CHFS-approved training as a requirement of licensure. This training includes information pertinent to the successful operation of a child care program to deliver quality child care including, but not limited to, fiscal management, human resource management, risk management, public relations and communications.

ii. [Issue policy manual.](#)

[Describe:](#)

Providers receive policy change notices through various communication modes: DCBS Facebook page, video clips posted on the DCBS website, Division of Child Care List Serv messages, and town hall meetings.

iii. [Provide orientations.](#)

[Describe:](#)

iv. [Provide training.](#)

[Describe:](#)

DCBS Policy Staff conduct semi-yearly policy panels to train staff on policy and processes to support program integrity and accountability. All Licensed, Certified and Registered providers have online access to current state regulations regarding Health & Safety Standards and the Child Care Assistance Program. The [Division of Child Care Operation Manual, Vol VIII](#) for the Child Care Assistance Program (CCAP) is also available for review. All providers are required to take a Billing Basics training that provides an overview of the billing process for the Child Care Assistance Program including information on completing the DCC 94E, Daily Attendance Sheet. This training stresses the importance of completing the provider billing form and review of the necessary requirements of the CCAP billing process. The Division of Child Care also uses Listserv as an online newsletter platform to keep providers that

v. [Monitor and assess policy implementation on an ongoing basis.](#)

Describe:

Department-level oversight for policy, state plans, and regulation work falls to the Department for Community Based Services Commissioner's Office. The Department of Administration and Financial Management (DAFM) is responsible for contract monitoring functions including monthly monitoring of financial activity; budget modifications and realignments; and contract funding verification. Contract and Budget staff are required to complete procurement, budget and grant training.

- vi. Meet regularly regarding the implementation of policies.

Describe:

- vii. Other.

Describe:

Child Care Aware Network of Services Coaches conduct follow-ups with Providers around best practices of Technical Assistance and Training to support program integrity and accountability.

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

- ii. Train on policy change notices.

Describe:

DCBS Policy Staff conduct semi-yearly policy panels to train staff and support program integrity and accountability.

- iii. Issue policy manuals.

Describe:

- iv. Train on policy manual.

Describe:

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Department-level oversight for policy, state plans, and regulation work is the responsibility of the Department of Community Based Services Commissioner's Office. The Department of Administration and Financial Management (DAFM) is responsible for contract monitoring functions including monthly monitoring of financial activity; budget modifications and realignments; and contract funding verification. Contract and Budget staff are required to complete procurement, budget and grant training.

- vi. Meet regularly regarding the implementation of policies.

Describe:

- vii. Other.

Describe:

Child Care Aware Network of Services, Coaches, conduct follow-ups with providers for TA and Training to support program integrity and accountability.

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:

The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, address, and social security numbers of children, parents and childcare providers). The IEES System generated reports access data to validate and report any inconsistencies. The Provider and Applicant Validation analyzes the employee master file and vendor master file for duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. The Lead Agency staff conduct an analysis of invoices; Billing forms (DCC-97), Claims and payment; Attendance Records (DCC-94E) to

identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, theft and misappropriation of funds.

The Claims Section receives documented findings and reviews for potential processing of claim establishment. Case reviews and interviews are conducted for Inadvertent Error (IE) determination. An IE occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim. A Claim is categorized as fraud after the case has been adjudicated in court and the client/provider has been convicted of fraud by a court of law. The Office of Inspector General (OIG) is the entity within the Cabinet for Health and Family Services that investigates alleged fraud cases and pursues prosecution through the court system. If the estimated claim amount is or exceeds \$5,000 (individuals) and \$10,000 (Providers) and there is reason to believe fraud, the Division of Child Care sends a referral to the OIG for further investigation and possible prosecution initiated by completion of the DCC-99A OIG Fraud Referral.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

[Describe the activities and the results of these activities:](#)

The IEES online portal allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program (CCAP). The system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Claim's Section receives documented findings and reviews for potential processing of Claim establishment. Office of Inspector General (OIG) investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000 (Child Care Providers) for potential prosecution. In FY 2020, utilizing the IEES eligibility system and Kentucky Integrated Child Care System (KICCS), Kentucky's Claim section audited approximately 350 Child Care Provider Attendance Records (DCC-94E). These systems allow the Lead Agency to enter, track, and maintain established claims in a centralized system. Of those audited attendance records, 250 Provider Claims were established and 9 referred to OIG for further investigation of potential fraud, intentional program violations or prosecution. In Quarter 1 of 2021, the Claim Section has audited approximately 75 Provider records with 8 referred to OIG.

The Lead Agency shares in an eligibility system that conducts a data match across eligibility programs to validate demographic details (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Claim's Section receives documented findings and reviews for potential processing of Claim establishment. The IEES system generates reports access data to validate and report any inconsistencies. The Provider and Applicant Validation analyzes the employee master file and vendor master file for duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. The Child Care Payment Analyst conduct an analysis of invoices; Billing forms (DCC-97), Claims and payment; CHild Care Daily Attendance Records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, theft and misappropriation of funds. Office of Inspector General (OIG) investigates further fraudulent activities of over \$5,000 (Applicants) and \$10,000 (Child Care Providers) for potential prosecution.

Each of these activities assists in the identification and prevention of fraud and

IPVs through: data matches on demographic elements (e.g. income, addresses and social security numbers) of children, parents, and childcare providers. The Provider and Applicant Validation analyzes the employee master file and vendor master file help to identify duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. Child Care payment analysis helps to conduct an analysis of billing invoices and attendance records.

ii. [Run system reports that flag errors \(include types\).](#)

[Describe the activities and the results of these activities:](#)

The IEES system generates reports access data to validate and report any inconsistencies. The Provider and Applicant Validation analyzes the employee master file and vendor master file for duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. The Child Care Payment Analyst conduct an analysis of invoices; Billing forms (DCC-97), Claims and payment; Attendance Records (DCC-94E) to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, theft and misappropriation of funds. The Claims Section processes documented findings of fraud and, if over \$5,000 (Applicants) and \$10,000 (Child Care Providers), Office of Inspector General (OIG) conducts further investigation and potential prosecution. In FY 2020, application reports of the above activities yielded results of approximately 6,887 delinquent or past due Claims; 6,368 individual or client claims and 519 provider claims. Verification through this report indicates 6,887 delinquent or past due claims for FY 2020 with 6,020 for the 1st Quarter of 2021 with the reduction of 867 paid in full delinquent/past due claims. FY 2020 Data validation reports generated 80 overpayments for FY 2020, and roughly 20 as of Quarter 1 of 2021.

iii. [Review enrollment documents and attendance or billing records](#)

[Describe the activities and the results of these activities:](#)

Designated Lead Agency staff during a review may request from the provider enrollment and attendance sign in sheets (DCC-97E) for comparison to the Kentucky Integrated Child Care System (KICCS) billing and payment records for errors and potential fraud or overpayment. The Claims Section processes

documented findings of fraud and, if over \$5,000 (Applicants) and \$10,000 (Child Care Providers), the Office of Inspector General (OIG) conducts further investigation and potential prosecution. In FY 2020, application reports of the above activities yielded results of approximately 6,887 Delinquent or Past Due Claims; 6,368 Individual or Client Claims and 519 Provider Claims. Data validation reports generated 80 overpayments for FY 2020, and roughly 20 as of Quarter 1 of 2021. As of the first Quarter of 2021, there are currently 6,450 delinquent or past due claims; 6,031 individual or client claims and 420 provider claims.

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

v. Audit provider records.

Describe the activities and the results of these activities:

Designated Lead Agency staff may audit provider records upon report or detection of potential fraud. In FY 2020, documented findings utilizing the IEES system, Kentucky Claims' section returned approximately 350 audits of Child Care Providers Attendance Records (DCC-94E). Of those audited Attendance Records, 250 Provider Claims were established Claims. In Quarter 1 of 2021, Kentucky has audited an additional 75 Provider records.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

vii. Other

Describe the activities and the results of these activities:

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The online portal IEES allows Kentucky's families access to public assistance benefits such as Supplemental Nutrition Assistance Program (SNAP), Kentucky Transitional Assistance Program (KTAP), Medicaid and Child Care Assistance Program. The system shares and conducts a data matches across eligibility programs to validate demographic details (e.g. income, address and social security numbers of children, parents and child care providers. Documented findings of Inadvertent Error (IE) are submitted to Claims Section for review and processing. IE occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim. In FY 2020, utilizing the IEES eligibility system and Kentucky Integrated Child Care System (KICCS), Kentucky's Claim's section audited approximately 350 Child Care Provider Attendance Records (DCC-94E). These systems allow us to enter, track, and maintain established claims in a centralized system. Of those audited attendance records, 250 Provider Claims were established and 9 referred to OIG for further investigation of potential fraud, intentional program violations or prosecution. In Quarter 1 of 2021, the Claim Section has audited approximately 75 Provider records with 8 referred to OIG.

IE occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim. Activities include but are not limited to: Child Care Payment analysis of invoices; Billing forms (DCC-97), Claims and payment; Child Care Daily Attendance Records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, theft and misappropriation of funds. Above activities assists in identification of Intentional Program Violations (IPV), IPVs ordered by the court, and Suspected Intentional Program Violations (SIPV), Agency Error (AE), and Inadvertent Household Error (IHE).

ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

The IEES system generates reports access data to validate and report any inconsistencies. The Provider and Applicant Validation analyzes the employee master file and vendor master file for duplication or records, unusual relationships, potential conflicts of interests between vendors and employees and other anomalies. The Child Care Payment Analyst conduct an analysis of invoices, claims and payment records to identify trends and anomalies resulting in unauthorized disbursements, duplicate payments, potential overpayments, theft and misappropriation of funds. Case reviews and interviews are conducted for Inadvertent Error (IE) determination. An Inadvertent Error occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim. The Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, overpayments or other potential fraudulent activities. In FY 2020, 9 Child Care Providers/Centers were referred to OIG for further investigation of potential fraud, intentional program violations or prosecution. In Quarter 1 of 2021, the Claim Section has referred 8 Child Care Providers/Centers to OIG. In FY 2020, 80 overpayments were determined, with roughly 20 as of Quarter 1 of 2021.

iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

Designated Lead Agency staff during a review may request from the provider the enrollment and attendance sign in sheets for comparison to the Kentucky Integrated Child Care System (KICCS) billing and payment records used in Inadvertent Error (IE) determination. The Claims Section processes documented findings of fraud. In FY 2020, utilizing the IEES eligibility system and Kentucky Integrated Child Care System (KICCS), Kentucky's Claim's section audited approximately 350 Child Care Provider Attendance Records (DCC-94E). These systems allow Lead Agency staff to enter, track, and maintain established claims in a centralized system. Of those audited attendance records, 250 Provider Claims were established

- iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

- v. Audit provider records.

Describe the activities and the results of these activities:

- vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

- vii. Other

Describe the activities and the results of these activities:

Non fraud claims are overpayments caused by an inadvertent or non-deliberate action on the part of a recipient or provider. Office of Inspector General (OIG), may return claims to the Lead Agency that do not meet the acceptance criteria of (i.e. less than \$5,000.00 for individuals or \$10,000.00 for Providers) without court action. The Lead Agency treat these claims as Inadvertent Error (IE) (non-fraud claims). Situations that may cause an Inadvertent Error claim include: •The recipient of child care subsidy funds unintentionally fails to provide the service agent staff with correct or complete information. •The recipient unintentionally fails to report a change that impact child care benefits to the Cabinet for Health & Family Services, Community Based Services staff. •A provider unintentionally fails to notify the Community Based Services staff of temporary operational changes or of circumstances, which affect payments for children receiving subsidies. The Lead Agency utilizes the data match system to generate a 100% attendance report that flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, overpayments or other potential fraudulent activities. In FY 2020, 9 Child Care Providers/Centers were referred to OIG for further investigation of potential fraud, intentional program violations or prosecution. In Quarter 1 of 2021, the Claim Section has referred 8 Child Care Providers/Centers to OIG. FY 2020, 80 overpayments were determined, with roughly 20 as of Quarter 1 of 2021.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can

include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The IEES system shares and conducts a data match across eligibility programs to validate demographic details (e.g. income, address, and social security numbers of children, parents, and Child Care Providers). In FY 2020, utilizing the IEES eligibility system and Kentucky Integrated Child Care System (KICCS), Kentucky's Claim's section audited approximately 350 Child Care Provider Attendance Records (DCC-94E). These systems allow us to enter, track, and maintain established claims in a centralized system. Of those audited attendance records, 250 Provider Claims were established and 9 referred to OIG for further investigation of potential fraud, intentional program violations or prosecution. In Quarter 1 of 2021, the Claim Section has audited approximately 75 Provider records with 8 referred to OIG.

The Agency utilizes the data match system and the 100% attendance report to flag attendance anomalies with Child Care Providers that may lead to IE, duplicate payments, overpayments or other potential fraudulent activities. These systems allow us to identify agency errors and utilize systematic measures to prevent agency errors.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

- iii. Review enrollment documents and attendance or billing records

Describe the activities and the results of these activities:

iv. Conduct supervisory staff reviews or quality assurance reviews.

Describe the activities and the results of these activities:

The Public Assistance Quality Control (PAQC) Review Branch, within the Office of the Ombudsman and Administrative Review, will conduct a monthly random sample of 15 Positive cases and 5 Negative cases. Positive cases are those in which a subsidy payment was issued for the sample month. Negative cases are those in which a denial/discontinuance of services was issued for the sample month. PAQC staff will conduct their reviews to ensure state eligibility staff have applied proper policy in determining eligibility and issuing the correct monthly subsidy payment. If a discrepancy is discovered, detailed information surrounding the cause of the error is sent to state eligibility staff for corrections.

PAQC will issue a monthly error trend report to the Division of Child Care and Division of Family Support. This report will identify each case in error, the elements contributing to the error, if it contained an improper payment, and a brief summary of findings from PAQC staff. This information will be used to determine a monthly error rate percentage and to establish error trends of state eligibility staff, which may lead to additional training and/or policy revisions.

PAQC has completed results with implementation of these reports for FY 2020 with an accuracy rate of 96.01% and an adverse rate of only 3.99%. Due to a current federal review year, CCAP Error Report for FY 2021 will be somewhat delayed.

v. Audit provider records.

Describe the activities and the results of these activities:

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

vii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

Agencies under the Cabinet for Health & Family Services responsible for pursuing fraud and overpayments include, Division of Family Support, Claims Management Section and the Division of Child Care, Claims Section. The Office of Inspector General (OIG) is the entity within the Cabinet for Health and Family Services that investigates alleged fraud cases of, over \$5,000 (Applicants) and \$10,000 (Child Care Providers) and pursues prosecution through the court system.

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

A Claim is categorized as fraud after the case has been adjudicated in court and the client/provider has been convicted of fraud by a court of law. The Office of Inspector General (OIG) is the entity within the Cabinet for Health and Family Services that investigates alleged fraud cases and pursues prosecution through the court system. If the claim amount estimation is or exceeds \$5,000 (Individual) and \$10,000 (Provider) and there is suspicion of fraud, a referral goes to the OIG for further investigation and possible prosecution by completion of the DCC-99A OIG Fraud Referral.

The Claims Section receives documented findings and reviews for potential processing of claim establishment. Case reviews and interviews are conducted for Inadvertent Error (IE) determination. An Inadvertent Error occurs when there is a misunderstanding or an unintended error by the recipient causing a Claim.

In FY 2020, utilizing the IEES eligibility system and Kentucky Integrated Child Care System (KICCS), Kentucky's Claim's section audited approximately 350 Child Care Provider Attendance Records (DCC-94E). These systems allow us to enter, track, and maintain established claims in a centralized system. Of those audited attendance records, 250 Provider Claims were established and 9 referred to OIG for further investigation of potential fraud, intentional program violations or prosecution. In Quarter 1 of 2021, the Claim Section has audited approximately 75 provider records with 8 referred to OIG.

- 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:](#)

- iii. [Recover through repayment plans.](#)

[Describe the activities and the results of these activities:](#)

Repayment agreements are sent to the Individual/Provider if a Claim has been determined to be an agency error or inadvertent error (non-fraud). If an individual, who is a Child Care Provider, submits a completed DCC-97 Supplement A, Voluntary Payment Reduction, indicating the amount the Provider wishes to have applied to the Claim, the Child Care Provider currently receiving CCAP payment may choose to have an amount withheld from the Provider's CCAP payment to be applied towards the Claim. The amount indicated on the DCC-97 shall not be less than ten (10%) percent of the total CCAP payment. All Repayment agreements must be in writing on the DCC-98.

In FY 2020, application reports of the above activities yielded results of approximately 6,887 Delinquent or Past Due Claims; 6,368 Individual or Client Claims and 519 Provider Claims. Data validation reports generated 80 overpayments for FY 2020, and roughly 20 as of Quarter 1 of 2021. As of the first Quarter of 2021, there are currently 6,450 Delinquent or Past Due Claims; 6,031 Individual or Client Claims and 420 Provider Claims with approximately 200 repayments agreements for Individual/Clients and 55 Provider repayment agreements agreed upon in writing.

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) Collection of a Claim, Section 10.

iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

Claim (Applicant) payments delinquent for 90 calendar days automatically go through the eligibility system to the Kentucky Revenue Service for state tax offset.

In FY 2020, approximately 6,887 Individual and Provider Claims were sent to Kentucky Revenue Cabinet for state tax interceptions.

vi. Recover through other means.

Describe the activities and the results of these activities:

vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

viii. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.

ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

- vii. Recover through other means.

Describe the activities and the results of these activities:

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

- ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.

- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

Repayment agreements are sent to the Individual/Provider is if a Claim has been determined to be an agency error or inadvertent error (non-fraud). If an individual, who is a Child Care Provider, submits a completed DCC-97 Supplement A, Voluntary Payment Reduction, indicating the amount the Provider wishes to have applied to the Claim, the Child Care Provider currently receiving CCAP payment may choose to have an amount withheld from their CCAP payment to be applied towards the Claim. The amount indicated on the DCC-97 shall not be less than ten (10%) percent of the total CCAP payment. All Repayment agreements must be in writing on the DCC-98. In FY 2020, application reports of the above activities yielded results of approximately 6,887 Delinquent or Past Due Claims; 6,368 Individual or Client Claims and 519 Provider Claims. Data validation reports generated 80 overpayments for FY 2020, and roughly 20 as of Quarter 1 of 2021. As of the first Quarter of 2021, there are currently 6,450 Delinquent or Past Due Claims: 6,031 Individual (Client) Claims and 420 Provider Claims with approximately 200 repayments agreements for Individual/Clients and 55 Provider repayment agreements.

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) Collection of a Claim, Section 10.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

The eligibility system automatically sends Claims (Applicant) delinquent in payment for 90 calendar days to the Kentucky Revenue Cabinet for state tax offset. I

n FY 2020, the Kentucky Revenue Cabinet received approximately 6,887 individual and provider claims for state tax interception.

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

ix. Other

Describe the activities and the results of these activities:

8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

When a recipient/provider is determined to have committed an Intentional Program Violation (IPV), the State Approved Agency imposes a disqualification and sends a Notice of Disqualification.

A disqualification penalty shall adhere to the follow guidelines:

12 months disqualification for the first occurrence,

24 months for the second occurrence; and

Permanently disqualified for the third occurrence; or

The length of penalty assigned by court.

If a recipient/provider disagrees with the claim, they may request a hearing. All completed claim forms are sent to central office claims section so claim collections may be suspended if appeal is within a 30 day timeframe of the establishment of the claim. If

the appeal is timely, but meets good cause criteria by Quality Assurance for hearing, collections will suspended upon notification. Any hearing where a client has legal representation the hearing officer must request legal assistance to assist in these cases.

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties, Section 8.

b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

An administrative hearing is a formal process by which any applicant, recipient, or provider may appeal and action or inaction taken by the agency which they do not agree. Information regarding hearing rights is included on various agency forms mailed or given to the applicant/recipient or provider. Impartial hearing officers conduct the Hearings.

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties, Section 8.

c. Prosecute criminally.

Describe the activities and the results of these activities:

Citation: 922 KAR 2:020. Child Care Assistance Program (CCAP) improper payments, claims, and penalties, Section 8.

d. Other.

Describe the activities and the results of these activities:

[Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form](#)

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.