



Child Care and Development Fund (CCDF) Plan
for
State/Territory Tennessee
FFY 2016-2018

Note: Responses throughout the document are in red text. Where possible, the responses were also aligned with the left margin to help set them apart from the other text (if the document is not printed in color).

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

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

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

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

Form ACF-118 Approved OMB Number _____ expires _____

Table of Contents

Table of Contents.....	2
Introduction and How to Approach Plan Development.....	4
1 Define CCDF Leadership and Coordination with Relevant Systems	7
1.1 CCDF Leadership	7
1.2 CCDF Policy Decision Authority.....	9
1.3 Consultation in the Development of the CCDF Plan	11
1.4 Coordination with Partners to Expand Accessibility and Continuity of Care	14
1.5 Optional Use of Combined Funds	16
1.6 Public-Private Partnerships	17
1.7 Coordination with Local or Regional Child Care Resource and Referral Systems	17
1.8 Disaster Preparedness and Response Plan	18
2 Promote Family Engagement through Outreach and Consumer Education	19
2.1 Information about Child Care Financial Assistance Program Availability and Application Process	21
2.2 Consumer and Provider Education Information.....	21
2.3 Website for Consumer Education.....	27
3 Provide Stable Child Care Financial Assistance to Families	29
3.1 Eligible Children and Families	30
3.2 Increasing Access for Vulnerable Children and Families	36
3.3 Protection for Working Parents	38
3.4 Family Contribution to Payment	41
4 Ensure Equal Access to High Quality Child Care for Low-Income Children	43
4.1 Parental Choice In Relation to Certificates, Grants or Contracts	43
4.2 Assessing Market Rates and Child Care Costs	46
4.3 Setting Payment Rates	48
4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access	50
4.5 Payment Practices and Timeliness of Payments	52
4.6 Supply Building Strategies to Meet the Needs of Certain Populations	54
5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings	56
5.1 Licensing Requirements and Standards	56
5.2 Monitoring and Enforcement Policies and Practices	63
5.3 Criminal Background Checks	69
6 Recruit and Retain a Qualified and Effective Child Care Workforce	72

6.1	Training and Professional Development Requirements	73
6.2	Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds.....	78
6.3	Early Learning and Developmental Guidelines.....	81
7	Support Continuous Quality Improvement.....	84
7.1	Activities to Improve the Quality of Child Care Services	85
7.2	Quality Rating and Improvement System.....	87
7.3	Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers	89
7.4	Child Care Resource & Referral.....	90
7.5	Facilitating Compliance with State Standards	90
7.6	Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services	91
7.7	Accreditation Support.....	91
7.8	Program Standards	91
7.9	Other Quality Improvement Activities.....	92
8	Ensure Grantee Program Integrity and Accountability.....	92
8.1	Program Integrity.....	92

Introduction and How to Approach Plan Development

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

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

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

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

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan

cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

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

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

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

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

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

- Overall target completion date (no later than appropriate effective date deadline)
- Current status for any requirement in this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with

coordinating agencies, etc.)

- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who will work with the responsible agency to complete implementation of the goal/objective.

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

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

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

CCDF Plan Submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see

<http://www.section508.gov/> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

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

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

1 Define CCDF Leadership and Coordination with Relevant Systems

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

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

1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or

Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance

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

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

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance notifications to the designated contact identified here. (658D(a))

- ☐ Name of Lead Agency Tennessee Department of Human Services
- ☐ Address of Lead Agency 400 Deaderick Street, Nashville, TN 37248-1403
- ☐ Name and Title of the Lead Agency Official Dr. Raquel Hatter, Commissioner
- ☐ Phone Number 615.313.4700
- ☐ E-Mail Address Raquel.Hatter@tn.gov
- Web Address for Lead Agency (if any) <http://tn.gov/humanserv/index.html>

1.1.2 Who is the CCDF administrator?

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

a) Contact Information for CCDF

Administrator: Name of CCDF

Administrator

Dr. Katari Coleman

Title of CCDF Administrator

Child Care Services Director

Address of CCDF Administrator

400 Deaderick Street, Nashville, TN

37248-1403

Phone Number 615.313.5485

E-Mail Address Katari.Coleman@tn.gov

b) Contact Information for CCDF Co-Administrator (if

applicable): Name of CCDF Co-Administrator Gwen

Laaser

Title of CCDF Co-Administrator **Director of Planning and Development**

Phone Number **615.313.3893**

E-Mail Address **Gwen.Laaser@tn.gov**

Description of the role of the Co-Administrator **The primary responsibilities of the co-administrator are to provide leadership for the quality initiatives and the child care certificate program.**

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any) **615.313.5485**

Web Address for CCDF program (for the public) (if any)

<http://tn.gov/humanservices/topic/child-care-services>

Web Address for CCDF program policy manual (if any) **None**

Web Address for CCDF program administrative rules (if any) _

None

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

☐ Subsidy/Financial Assistance (section 3 and section 4)

○ Agency/Department/Entity **Tennessee Department of Human Services**

○ Name of Lead Contact **Gwen Laaser**

☐ Licensing/Monitoring (section 5):

○ Agency/Department/Entity **Tennessee Department of Human Services**

○ Name of Lead Contact **Joyce Turner**

☐ Child Care Workforce (section 6):

○ Agency/Department/Entity **Tennessee Department of Human Services**

○ Name of Lead Contact **Gwen Laaser**

☐ Quality Improvement (section 7):

○ Agency/Department/Entity **Tennessee Department of Human Services**

○ Name of Lead Contact **Gwen Laaser**

☐ Grantee Accountability/Program Integrity (section 8):

○ Agency/Department/Entity **Tennessee Department of Human Services**

○ Name of Lead Contact **Dr. Katari Coleman**

1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the

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

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

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

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

☐ State/Territory

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

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

☐ Other. Describe _____ Sliding fee scale is set by the:

☐ State/Territory

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

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

☐ Other. Describe _____ Payment rates are set by the:

☐ State/Territory

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

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

☐ Other. Describe _____

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

1.2.2 How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other

policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

a) Who determines eligibility?

- ☐ CCDF Lead Agency
- ☐ TANF agency. Describe. The lead agency is also responsible for TANF.

Families First, the state's Temporary Assistance for Needy Families (TANF) program, is a workforce development and employment program. It provides temporary assistance and has a primary focus on gaining self-sufficiency through employment. The Families First program helps participants reach this goal by providing transportation, child care assistance, education, job training, employment activities, and other support services. Temporary cash assistance is also provided to families with dependent children when at least one parent is incapacitated, unemployed, deceased, or absent from the home, and the family is unable to pay for essential living expenses.

To be eligible for the program, participants must meet technical and financial eligibility standards and must agree to follow a Personal Responsibility Plan (PRP). As part of the PRP, the participants agree to keep immunizations and health checks up-to-date for their children, to keep their children in school, to cooperate with child support services and, if not exempt, to participate in work and/or training for at least 30 hours per week.

See more at: <http://tn.gov/humanservices/topic/families-first-tanf#sthash.shPgJtTY.dpuf>

- ☐ Other State/Territory agency. Describe. _____
- ☐ Local government agencies such as county welfare or social services departments. Describe. _____
- ☐ Child care resource and referral agencies. Describe. _____ Community-based organizations. Describe. _____
- ☐ Other. Describe. _____

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

- ☐ CCDF Lead Agency
- ☐ TANF agency.

Families First, the state's Temporary Assistance for Needy Families (TANF) program, is a workforce development and employment program. It provides temporary assistance and has a primary focus on gaining self-sufficiency through employment. The Families First program helps participants reach this goal by providing transportation, child care assistance, education, job training, employment activities, and other support services. Temporary cash assistance is also provided to families with dependent children when at least one parent is incapacitated, unemployed, deceased, or absent from the home, and the family is unable to pay for essential living expenses.

To be eligible for the program, participants must meet technical and financial eligibility standards and must agree to follow a Personal Responsibility Plan (PRP). As part of the PRP, the participants agree to keep immunizations and health checks up-to-date for their children, to keep their children in school, to cooperate with child support services and, if not exempt, to participate in work and/or training for at least 30 hours per week.

- ☐ Other State/Territory agency. Describe. _____
- ☐ Local government agencies such as county welfare or social services departments. Describe. ____
- ☐ Child care resource and referral agencies. Describe.

There are 10 Child Care Resource and Referral Centers (CCR&R's) across Tennessee that assist both parents and providers for free.

Parents receive information regarding the components of quality care and what to look for when choosing quality care. CCR&R staff are able to offer parents information on child care providers in their area and answers questions on what type of care is best for their family.

For child care providers, CCR&R's offer technical assistance, training, consultation, materials and resources on developmentally appropriated practices, health related issues and practices. The CCR&R's are able to assist providers to include children with disabilities in their programs. CCR&R's provide onsite consultation to assist providers in problem solving child care, health and inclusion issues. In addition, CCR&R's identify unmet training needs of providers and provide information on existing training opportunities or arrange for training when none exists.

Community-based organizations. Describe. _____

Other. Describe. _____

c) Who issues payments?

- ☐ CCDF Lead Agency
- ☐ TANF agency. Describe.

Families First, the state's Temporary Assistance for Needy Families (TANF) program, is a workforce development and employment program. It provides temporary assistance and has a primary focus on gaining self-sufficiency through employment. The Families First program helps participants reach this goal by providing transportation, child care assistance, education, job training, employment activities, and other support services. Temporary cash assistance is also provided to families with dependent children when at least one parent is incapacitated, unemployed, deceased, or absent from the home, and the family is unable to pay for essential living expenses.

To be eligible for the program, participants must meet technical and financial eligibility standards and must agree to follow a Personal Responsibility Plan (PRP). As part of the PRP, the participants agree to keep immunizations and health checks up-to-date for their children, to keep their children in school, to cooperate with child support services and, if not exempt, to participate in work and/or training for at least 30 hours per week.

- ☐ Other State/Territory agency. Describe. _____

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

☐ Child care resource and referral agencies. Describe. ____ Community-based organizations. Describe. ____

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government.

(658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf

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

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

- ☐ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe

Local government representatives were consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearing(s)

- ☐ [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe

Representatives from the Executive Board and the Steering Committee of the Tennessee Early Childhood Advisory Council were consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearing(s)

Excerpt from letter from the Governor regarding the transition of the State Advisory Council to the Tennessee Young Child Wellness Council:

Re: Tennessee State Advisory Council on Early Childhood Education and Care Tennessee Young Child Wellness Council

To Whom It May Concern,

Please accept this letter as notification that I have designated the Tennessee Young Child Wellness Council as the State Advisory Council on Early Childhood Education and Care, also known as Tennessee's Early Childhood Advisory Council ("ECAC"). At the conclusion of the ECAC grant term, the existing Early Childhood Advisory Council and the Early Childhood Comprehensive Systems State Action Team merged to form the TN Young Child Wellness Council (TYCWC).

The Tennessee Department of Health serves as the lead agency which coordinates and provides staff to the TYCWC. The Council includes representatives from the six child serving state departments included in the Governor's Children's Cabinet, statewide early childhood agencies and organizations, state councils, boards, committees and working groups, as well as many local partners. To the extent possible, participation in the TYCWC includes representatives specified in Section 642B(b)(1)(C) of the Head Start Act, 42 USC 9837B(b)(1)(A)(i).

The TYCWC is a state-level collective impact team responsible for fostering critical partnerships and developing multiple strategies necessary to coordinate and integrate services that support optimal development of all young children to prepare them for success in school and throughout life. The TYCWC leaders are committed to assuring all Tennessee children realize their optimal development and wellness during the early years from birth through school age to create a foundation for life-long success.

I am pleased that this focus on cross-systems partnership and collaboration continues to be a priority in Tennessee.

- If checked, does the Lead Agency have official representation and a decision- making role in the State Advisory Council?
 - ☐ Yes
 - ☐ No.
- If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy _____
- ☐ [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes. Describe, including which Tribe(s) you consulted with_____.

☐ Check N/A if no Indian Tribes and/or Tribal organizations in the State

☐ State/Territory agency responsible for public education. Describe
Representatives from Pre-K, child care providers serving school-age children, and higher education were consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearings(s).

☐ State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe _

☐ State/Territory institutions for higher education, including community colleges. Describe
Representatives from Pre-K, child care providers serving school-age children, and higher education were consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearings(s).

☐ State/Territory agency responsible for child care licensing. Describe
Lead Agency is responsible for licensing child care agencies

☐ State/Territory office/director for Head Start State collaboration. Describe _____

- ☐ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe _____
- ☐ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe
The CACFP Director was consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearing(s)
- ☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe _____
- ☐ Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe _____
- ☐ State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe _____

The State Director was consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearing(s)

- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe _____
- ☐ McKinney-Vento State coordinators for Homeless Education. Describe _____
- ☐ State/Territory agency responsible for public health. Describe _____

The State Director was consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearing(s)

- ☐ State/Territory agency responsible for mental health. Describe _____
- ☐ State/Territory agency responsible for child welfare. Describe _____

Representatives from the Department of Children's Services were consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearing(s)

- ☐ State/Territory liaison for military child care programs. Describe _____

Representatives were consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearing(s)

- ☐ State/Territory agency responsible for employment services/workforce development. Describe _____
- ☐ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe _____

The Lead Agency is also responsible for TANF

- ☐ State/community agencies serving refugee or immigrant families. Describe _____
- ☐ Child care resource and referral agencies. Describe _____
- ☐ Provider groups or associations. Describe _____

Representatives from Tennessee Association for the Education of Young Children, Tennessee Family Child Care Alliance, and the Tennessee Child Care Association were consulted by: review of the draft plan; invitation to collaborators meeting; request for comments/edits on state plan content; invitation to public hearing(s)

- ☐ Labor organizations. Describe _____

- ☐ Parent groups or organizations. Describe _____
- ☐ Other. Describe _____

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

- a) Date(s) of notice of public hearing _____ **Reminder - Must be at least 20 calendar days prior to the date of the public hearing.**

The notice of public hearings was issued December 21, 2015

- b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

Media release and web posting, email notification to collaborators and partners

- c) Date(s) of public hearing(s) _____ **Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.**

Public hearings are scheduled for January 14, 2016

- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed

East TN Region

DHS Office Building
Excellence Room
Suite # 200
2700 Middlebrook Pike
Knoxville, TN 37921
6:30-7:30 PM (EST)

Middle TN Region

Citizens Plaza Building
Tennessee River Room
2nd Floor
400 Deaderick Street
Nashville, TN 37243
6:30-7:30 PM (CST)

West TN Region

One Commerce Square
Training Room 1
5th Floor
40 South Main

- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s)

The content of the plan is available on the state's website at: <http://tn.gov/humanservices/topic/child-care-services>

The plan will also be duplicated and distributed to interested parties upon request by mail or e-mail; electronic copies will be made available to each of the individuals on the coordination/collaboration list. Review copies (paper version) will be made available at each of the public hearings.

- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan?

All comments received by the public will be summarized and distributed to the Lead Agency Executive Staff and Program leadership to determine if the Plan requires amendments.

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

Public hearings are scheduled for the three grand divisions of the state. The hearings are scheduled for the evening to accommodate parent and provider work schedules. The draft plan is posted for public comment on the Lead Agency website.

- ☐ Working with advisory committees. Describe _____
- ☐ Working with child care resource and referral agencies. Describe _____
- ☐ Providing translation in other languages. Describe _____
- ☐ Making available on the Lead Agency website. List the website _____
- ☐ Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe _____
- ☐ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe _____
- ☐ Other. Describe _____

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

- 1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning

quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

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

Collaborative work with the Tennessee Department of Education. Align early learning standards in child care programs with Pre-K and Kindergarten to improve the transition from child care programs to early education, and help early educators understand the connection between quality child care programs, school readiness, and positive outcomes. Develop a system that promotes effective communication and connections between child care educators and Pre-K and Kindergarten. Promote family engagement.

Information has also been made available through the collaborative efforts with <https://www.kidcentraltn.com/>

- ☐ [REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s) coordinating with ____
 - ☐ Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.
- ☐ [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe

Collaborative work with Tennessee Early Intervention Services and the State Interagency Coordinating Council. Increase awareness, support, and resources for families and providers who care for children with special needs. Promote inclusion.

Information has also been made available through the collaborative efforts with <https://www.kidcentraltn.com/>

- ☐ [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe ____

Language was added to the proposed child care rules to facilitate care for homeless children and to track the need for services.

The agency shall not admit a child into care until the parent/guardian has supplied the agency with a completed application, valid Tennessee Department of Health Official Immunization Certificates record (for children over two (2) months of age), and a health history. Exception: After an initial eligibility determination, children who are homeless and/or children in state custody may receive care prior to providing all required documentation as determined by the Department. Care without documentation of immunizations shall not exceed two weeks.

Exceptions to immunization record requirements may be made only if:

Care for children of homeless families and/or children in state custody is needed before documentation of immunizations can be confirmed. Care without documentation of immunizations shall not exceed two weeks.

Agencies shall submit data as requested by the Department quarterly on topics such as but not limited to: active enrollment, homeless children, non-traditional hours, deaths/serious injuries, child abuse, English as a Second Language/dual language learners, and children with disabilities.

Child Care Resource & Referral centers have begun collecting data on the services to homeless children.

District offices attempt to connect homeless families with available community resources and use those resources as a means of connecting with families in need. Some offices send a case manager to the community resource weekly to take applications for services.

☐ [REQUIRED] Early childhood programs serving children in foster care. Describe Collaborate with Department of Children's Services (DCS) on Licensing and Child Care Subsidy policy and procedures. Update the Memorandum of Understanding regarding joint licensing and DCS staff child abuse and neglect investigations. Align DCS and DHS child care subsidy enrollment policies and procedures for children in state custody and protective services.

Information has also been made available through the collaborative efforts with <https://www.kidcentraltn.com/>

- ☐ State/Territory agency responsible for child care licensing. Describe
The lead agency is responsible for licensing child care agencies.
- ☐ State/Territory agency with Head Start State collaboration grant. Describe _____
- ☐ State Advisory Council authorized by the Head Start Act. Describe _____
- ☐ State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe _____
- ☐ McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe _____
- ☐ Child care resource and referral agencies. Describe _____
- ☐ State/Territory agency responsible for public education. Describe

Collaborative work with the Tennessee Department of Education. Align early learning standards in child care programs with Pre-K and Kindergarten to improve the transition from child care programs to early education, and help early educators understand the connection between quality child care programs, school readiness, and positive outcomes. Develop a system that promotes effective communication and connections between child care educators and Pre-K and Kindergarten. Promote family engagement.

Information has also been made available through the collaborative efforts with <https://www.kidcentraltn.com/>

- ☐ State/Territory institutions for higher education, including community colleges. Describe _____
- ☐ State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe
Lead Agency also administers CACFP. To provide outreach and training for the new meal services available through the CACFP Afterschool Care Meal Component for children from at risk environments. Continued promotion of good nutrition and physical activity in child care agencies enrolled in CACFP.

Information has also been made available through the collaborative efforts with
<https://www.kidcentraltn.com/>

- ☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe ____
- ☐ Other Federal, State, local and/or private agencies providing early childhood and school- age/youth serving developmental services. Describe _____
- ☐ State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe

Collaborative work with the Tennessee Department of Health, Maternal and Child Health Division. Increase home visitation program services awareness – specifically referral process to licensed child care providers and child care services staff.

Information has also been made available through the collaborative efforts with
<https://www.kidcentraltn.com/>

- ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe ____
- ☐ State/Territory agency responsible for public health. Describe

Collaborative work with the Tennessee Department of Health, Family Health and Wellness – Early Childhood Comprehensive Systems. Increase the importance and awareness of physical activity and healthy eating in child care programs to address childhood obesity. Broaden the awareness and access to the pyramid model/training that focuses on social and emotional development and intervention. Increase training for child care providers and child care licensing staff in the areas of:

- Infant mortality
- Brain Development, and
- Safe Sleep

Improve the quality of care for infants and toddlers by including standards from Caring For Our Children in child care licensing rules.

Information has also been made available through the collaborative efforts with
<https://www.kidcentraltn.com/>

- ☐ State/Territory agency responsible for mental health. Describe _____
- ☐ State/Territory agency responsible for child welfare. Describe

Collaborate with Department of Children’s Services (DCS) on Licensing and Child Care Subsidy policy and procedures. Update the Memorandum of Understanding regarding joint licensing and DCS staff child abuse and neglect investigations. Align DCS and DHS child care subsidy enrollment policies and procedures for children in state custody and protective services.

Information has also been made available through the collaborative efforts with
<https://www.kidcentraltn.com/>

- ☐ State/Territory liaison for military child care programs. Describe

- ☐ State/Territory agency responsible for employment services/workforce development.

Describe

The lead agency will work through the Tennessee Early Childhood Training Alliance to inform the child care workforce of state academic initiatives.

- ☐ State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe

Lead Agency also administers TANF. The overall goal is to improve service delivery and provide consumer education to TANF recipients.

Information has also been made available through the collaborative efforts with

<https://www.kidcentraltn.com/>

- ☐ State/Territory community agencies serving refugee or immigrant families. Describe _____

- ☐ Provider groups or associations. Describe

Tennessee Infant and Early Childhood Mental Health Initiative

This initiative is made up of a group of professionals and parents from the fields of mental health, education, medicine, child welfare, parent support, advocacy, and others. Their goal is to bring together supporters of infant and early childhood mental health across the state. They will participate in a needs assessment about what services are currently offered for infants in Tennessee, who offers these services, and what topics or areas are in greatest need of training or technical assistance.

Tennessee Family Child Care Alliance

The alliance strives to promote quality care through peer mentoring, appropriate training, opportunities for support group development, parent/community involvement and peer networking.

Association for Early Learning Leaders

The association maintains a statewide collaboration to align shared efforts to improve child care quality.

Tennessee Association for the Education of Young Children

The organization is a strong advocate for children and families and serves as the voice for the early childhood community in Tennessee.

Labor organizations. Describe ____

- ☐ Parent groups or organizations. Describe

Tennessee Young Child Wellness Council

The ECCS Advisory Council has been transitioned into the Tennessee Young Child Wellness Council, a statewide early childhood entity focused specifically on infants and young children in order to assure a common understanding that promoting young child health and wellness is an important issue. The TNYCWC is a mechanism to assure a common understanding of the social ecological model of wellness, Life Course theory, research on Protective Factors, and role of primary prevention exists across all early childhood professionals, family providers, and topic specific interventionists such as substance abuse and mental health providers. This statewide entity is tasked with assuring recognition and understanding that child development and wellness needs to be influenced in a positive way by focusing on prevention rather than remediation; starting prevention efforts early; and supporting nurturing relationships through comprehensive multi-level approaches. Over 80 statewide partners, agencies and organizations have committed their involvement and are enthusiastically participating in the TNYCWC. Members of the TNYCWC will strengthen knowledge of one another's work; embrace a shared goal and agenda; and work to implement collectively identified strategies.

Prevent Child Abuse Tennessee

Prevent Child Abuse Tennessee is a non-profit that works with parents, professionals and communities to provide education, resources and services that strengthen families across all 95 counties in Tennessee. Our community-based programs have been educating the public about the prevalence of child abuse and their role in child abuse prevention for 30 years.

Tennessee Afterschool Network

The mission of the Tennessee Afterschool Network is to support children, youth, families and communities by advocating and building capacity with a united voice for sustainable investments in safe, healthy, and nurturing afterschool experiences.

Other. Describe _____

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(O))(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits

(https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

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

- ☐ Yes. If yes, describe at a minimum:
- How do you define “combine” _____
 - Which funds will you combine _____

- Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations _____
- ☐ No
- Method of fund allocation (how you will be combining multiple sets of funding, such as at the State/Territory level, local level, program level?) _____
- How are the funds tracked and method of oversight _____

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

- 1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

The lead agency works with the Department of Education (DOE) to allow them access to the licensing database in order for DOE to enter data about the child care agencies that are regulated by DOE. This enables the information about these agencies to be available to parents and the general public through the Find Childcare feature on the lead agency's website.

The lead agency works with the Department of Children's Services (DCS) to allow DCS personnel to make direct arrangements with the lead agency for child care assistance for children in foster care or protective services.

Childcare Nashville

An initiative of The Community Foundation of Middle Tennessee, Childcare Nashville's formation was funded in collaboration with the Tennessee Department of Human Services. Our goal is to ensure the accessibility and sustainability or quality child care programs for the children and families we serve.

Childcare Nashville serves all participants of the childcare community: parents, job-seekers and providers. For parents and job-seekers we offer this website to help save time in finding the child care provider that best meets your needs.

Additionally, our shared services project is now available to child care providers throughout Middle

Tennessee. Our services were developed in order to save child care programs both administrative time and money, increase revenue and improve overall program quality.

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

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

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

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

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

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

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

The lead agency maintains a contract with Signals Centers to provide Child Care Resource and Referral Services.

The contract includes provisions such as:

- Assisting the State in improving the quality of child care by managing and maintaining the statewide Network of Tennessee Child Care Resource and Referral (CCR&R) Agencies and providing quality resources, consistent practices, and support for child care agencies that include expertise, training, and technical assistance.
- The agencies shall maintain consistency in services in the following areas: health and safety, infant/toddler best practices; family and group child care, center-based child care, and school-age care. Services must reflect developmentally appropriate practice around core areas such as: supervision, discipline, parent engagement/child care consumer education information, child outcomes and kindergarten readiness.
- Each CCR&R agency responds to requests from Child Care Licensing staff to provide training and technical assistance to licensed child care agencies and their staff as part of a plan of corrective action . Priority shall be given to agencies with serious health and safety violations; i.e. provider supervision; and injuries to children while in child care.
- The agencies provide Environment Rating Scale (ERS) expertise.
- The agencies provide services to providers that includes:
 - Consumer education on quality child care and accessibility to parents who are enrolling their children in the Child Care Certificate Program;
 - Provide a system of outreach and support to parents, including teen parents, to strengthen families and promote quality child care;
 - Identify parent child care needs, availability and accessibility with emphasis on infant/toddler, school-age care, nontraditional hour child care, children who are homeless and in Foster Care;
 - Identify parent child care needs, availability and accessibility with emphasis on infant/toddler, school-age care, nontraditional hour child care, children who are homeless and in Foster Care;
 - Develop and distribute parent education materials on topics including, but not limited to; choosing quality child care, early child learning/brain development, safe sleep, school readiness, and importance of parent and family involvement. This shall include, distributing appropriate brochures and resources for parents and providing referrals to the State's internet www.state.tn.us/humanserv/ and kidcentral.com;
 - Provide training, consultation, technical assistance and targeted technical assistance to all licensed child care agencies to include, but not limited to the Tennessee Child Care Provider Training System (TN-CCPT);
 - Collaborate with community partners to support early child care and school-age care; and
 - Assist all licensed child care agencies with understanding and improving program scores on the Environment Rating Scales.
- Ensure that the following required health and safety topics are included in the TN-CCPT trainings and technical assistance.
 - Provide parents in the State with consumer education information concerning the full range of child care options, including child care provided during nontraditional hours and through emergency child care centers;
 - Work with families who receive child care assistance to make an informed decision about which child care providers they will use;
 - Collect data and provide information on the coordination of services and supports, including services under section 619 and part C of the Individuals with Disabilities Education Act for children with disabilities;

- Collect data and provide information on the supply of and demand for child care services within the state and submit such information to the State;
 - Work to establish partnerships with public agencies and private entities to increase the supply and quality of child care services in the State; and
 - Coordinate CCR&R partnership activities with the activities of the State.
 - Provide support to licensed child care agencies to assist them with the State mandated assessment process.
 - Collecting and reporting on data requested by the State.
 - Work collaboratively with the State partner agencies and professional organizations to raise the quality of the early childhood staff. Said collaborations shall include but not be limited to:
 - Facilitates state partner meetings where the prescribed format developed by CCR&R and approved by the State will be followed;
 - Representation at local, regional, state and national early childhood meetings, task groups and committees at the direction of the State;
 - Participation on the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) State partnership, Strengthening Families, and the Department of Health related initiatives; and
 - Assisting the State in responding to state or national requirements to improve child care quality.
 - Provide technical assistance and training to improve the Star Quality Assessment scores of individual licensed child care facilities on the health and safety standards.
 - Provide staff who will lead the development of the Early Learning and Wellness Collaboration, a professional learning network for home visitors, care coordinators, and early care and education providers.
 - Make available and analyze results of Early Learning and Wellness Workforce Development Survey in order to identify and prioritize training needs.
 - Plan and implement the first Tennessee Early Learning and Wellness Collaboration, a collaborative professional development opportunity for home visitors, care coordinators, and early care and education providers which addresses training needs identified in the workforce survey.
 - Identify and promote opportunities for collaborative training events to include home visitors, care coordinators, and early care and education providers.
- ☐ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

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

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification

with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.

- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

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

The child care law requires child care centers and homes licensed by the lead agency to develop a written multi-hazard plan in consultation with local authorities and emergency management to protect children in emergencies.

Child Care Emergency Preparedness Law

71-3-517. Development of a written multi-hazard plan to protect children in emergencies.

All persons or entities operating a child care agency as defined in this part, excluding drop-in child care centers and those programs and facilities exempt from licensing as provided in § 71-3-503, shall, in consultation with appropriate local authorities and local emergency management, develop a written multi-hazard plan to protect children in the event of emergencies, including, but not limited to, fires, tornados, earthquakes, chemical spills, and floods. Such persons or entities shall also inform parents and guardians of children attending the child care agency of the plan.

The written plan required pursuant to this section shall include:

- Procedures for child care agency staff to notify parents in an emergency;
- The development of designated relocation sites and evacuation routes to those sites;
- Reunification plans for children and families; and
- Written individualized plans for accommodating a child's special needs in an emergency situation.
- The child care agency shall maintain documentation that the emergency plan is reviewed monthly.
- All child care agency staff persons shall be trained on the plan annually.

The child care agency shall implement these emergency procedures through timely practice drills to meet local regulations and local emergency services plans and shall maintain documentation of drills for one (1) year. Such drills shall involve the following:

At least one (1) fire drill shall be conducted monthly;

Child care agencies shall alternate drills each month to cover each shift while children are present, including extended care hours;

At least one (1) drill other than fire shall be conducted every six (6) months; and

All drills shall be conducted in such a way as to simulate, as closely as is practical, conditions of a real emergency, with alarms to be utilized and evacuation plans to be practiced.

Emergency telephone numbers for the following entities shall be posted next to all child care agency telephones and shall be readily available to all child care agency staff members:

- Fire department;
- Police department and sheriff's office;
- Nearest hospital emergency room;
- Department of children's services child abuse hotline;
- Local emergency management agency;
- Ambulance or rescue squad;
- Poison control center; and
- Department of human services child care complaint hotline.

If a generic emergency number, including, but not limited to, 911 service, is operable in the community, it shall also be posted in the manner prescribed in this subsection (f).

All contact information for parents, guardians, and emergency personnel shall be readily available to all child care agency staff, including work, home and cell phone numbers.

The state has a data recovery plan in place to address hardware and software if impacted by a disaster. The lead agency maintains a plan for continuation of services that includes provisions for continuing payment, processing eligibility, and for licensing/regulatory oversight during an emergency.

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

The options below are being considered to address interruptions of service due to a disaster.

In the event of a disaster in which normal operations would be interrupted:

- 1) Providers would be issued payment identical to previous payment and then adjustments would be made with next payment
- 2) Payments would be made via Edison (server is out of state), or F & A could allow for paper checks to be created
- 3) Enrollments would be taken via state temporary disaster centers and/or at child care programs that are open.
- 4) Applications would be processed manually.
- 5) Temporary approvals could be made if documents are unavailable due to disaster situation.

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

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

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy

intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

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

1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
2. Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
 - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3)

information on corrective actions taken (if applicable).

- b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
- c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

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

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services.

(658E(c)(2)(E)(i)(1))

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

- a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

The lead agency uses county poverty estimates to identify potential areas of need and to allocate funding.

- b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

Child Care Resource and Referral, Home Visitors

- c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach?)

Lead agency website and Kidcentral website

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

- ☐ Electronically via online application, mobile app or email.

Current Link: <http://www.tennessee.gov/humanservices/article/applying-for-services>

Email option will not be available until January 1, 2016

- ☐ In-person interview or orientation. Describe agencies where these may occur

In person interviews/orientation occur at county offices statewide.

- ☐ Phone
- ☐ Mail
- ☐ At the child care site
- ☐ At a child care resource and referral agency
- ☐ Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe _____
- ☐ Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe _____
- ☐ Other strategies. Describe _____

2.2 Consumer and Provider Education Information

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

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

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

- ☐ **Yes. The State/Territory certifies that it collects and disseminates the above information to parents, providers and the general public.** Describe using 2.2.2 through 2.2.8 below.
- ☐ **No.** If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
- Unmet requirement - Identify the requirement(s) not fully implemented _____

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

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

- a) Describe how the State/Territory makes information about the full diversity of child care services available to parents of eligible children, providers and the general public

Website with simplified navigation (3 clicks when possible),

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Find Child Care - (<http://tn.gov/humanservices/article/find-child-care>)

The Find Child Care feature on the website allows parents/public to search for child care providers by county or based upon a specified address. Search results include provider location and contact information, star rating, capacity, min/max age served, open/close time, whether or not the agency participates in the child care certificate program, whether or not they provide discounts, wheelchair access, transportation, compliance history, and contact info for the Licensing Program Evaluator assigned to the agency.

A description of the types of regulated care and examples of care that does not require licensure.

- c) Describe who you partner with to make information about the full diversity of child care choices available

Child Care Resource and Referral

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

- a) Describe how the State/Territory makes information about child care quality available to parents of eligible children, providers and the general public

Report Card and Rated Licensing information for licensed providers are maintained on the lead agency website.

- b) Describe what you provide and how (i.e., methods such as written materials, direct

communication, etc.)

Website includes provider listing with Star ratings – all licensed providers must display a report card.

c) Describe who you partner with to make information about child care quality available

Child Care Resource and Referral, University of Tennessee Social Work Office of Research and Public Service (<http://tnstarquality.org/>)

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

Information for the following is available on either TN.gov, or the lead agency or kidcentraltn website.

Below is a draft of the content from a Quick Reference Guide that may also be made available as hard copy or/and on the lead agency website

Temporary Assistance for Needy Families (TANF)

Families First, the state's Temporary Assistance for Needy Families (TANF) program, is a workforce development and employment program. It is temporary and has a primary focus on gaining self-sufficiency through employment. The Families First program helps participants reach this goal by providing transportation, child care assistance, education, job training, employment activities, and other support services. Temporary cash assistance is also provided to families with dependent children when at least one parent is incapacitated, unemployed, deceased, or absent from the home, and the family is unable to pay for essential living expenses.

To be eligible for the program, participants must meet technical and financial eligibility standards and must agree to follow a Personal Responsibility Plan (PRP). As part of the PRP, the participants agree to keep immunizations and health checks up-to-date for their children, to keep their children in school, to cooperate with child support services and, if not exempt, to participate in work and/or training for at least 30 hours per week. For more information:

<http://tn.gov/humanservices/topic/families-first-tanf>

Head Start / Early Head Start

Since 1965, the federal Head Start program has been committed to serving the needs of young children and their families from low-income environments. Today, Head Start is well known as a leader in early childhood education and in the field of school readiness.

But along with preparing children for the classroom, Head Start works to build families and the community. After all, families and communities have an important role to play in childhood growth and development. Head Start serves as a trusted resource, often teaming up with other state and local organizations to meet the growing needs of at-risk children and their families in the communities where they live. For more information:

<https://www.kidcentraltn.com/article/head-start>

The Early Head Start (EHS) program is free preschool for infants from birth to 36 months from low-income families. EHS programs follow the national EHS Performance Standards that define high quality services in early childhood education, parent engagement, social services, nutrition and health. EHS programs help children by providing comprehensive services that link high quality early education with families, strengthened by parent education and ties to community services. For more information:

<https://www.kidcentraltn.com/program/early-head-start-ehs>

Low Income Home Energy Assistance Program

The Low-Income Energy Assistance Program (LIHEAP) is a federally funded grant program created by the Omnibus Reconciliation Act of 1981. The program aims to assist low income households, primarily those who pay a high proportion of household income on home energy, in meeting their immediate energy needs. Applicants must meet both income eligibility and priority points in order to be served. Income eligible households are those at or below 150% of the U.S. Poverty Guidelines. For more information:

<https://www.kidcentraltn.com/program/low-income-home-energy-assistance-program-liheap>

Supplemental Nutrition Assistance Programs

The Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) provides nutritional assistance benefits to children and families, the elderly, the disabled, unemployed and working families. SNAP helps supplement monthly food budgets of families with low-income to buy the food they need to maintain good health and allow them to direct more of their available income toward essential living expenses. DHS staff determines eligibility of applicants based on guidelines established by the U.S. Department of Agriculture (USDA). The primary goals of the program are to alleviate hunger and malnutrition, and to improve nutrition and health in eligible households. DHS has a dual focus on alleviating hunger and establishing or re-establishing self-sufficiency. For more information:

<http://tn.gov/humanservices/topic/supplemental-nutrition-assistance-program-snap>

Women, Infants, and Children Program

WIC stands for Women, Infants, and Children and is also called the Special Supplemental Nutrition Program. WIC is a federal program designed to provide additional food to low-income pregnant, postpartum and breastfeeding women, infants and children until the age of 5. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, breastfeeding promotion and support, and referrals for healthcare. WIC has proved to be effective in preventing and improving nutrition-related health problems.

The United States Department of Agriculture (USDA) funds the WIC Program. The Tennessee Department of Health provides the services in about 140 county health department locations and hospital sites throughout the state. Participants must be residents of Tennessee, meet the income guidelines, and be determined to be at nutritional or medical risk. For more information:

<https://www.kidcentraltn.com/article/women-infants-and-children-wic>

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) is a federally funded program that provides reimbursement for eligible meals that are served to participants who meet age and income requirements. Administrative payments are also provided for those agencies that sponsor the participation of day care homes. All payments are based on annual rates established by the U.S. Department of Agriculture (USDA). CACFP provides aid to child and adult care institutions and family or group day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children, and the health and wellness of older adults and chronically impaired disabled persons. Research shows that well-nourished children are healthier, more attentive, and have better mental performance than children who are under-nourished. Findings also indicate that children served by CACFP eat healthier food than children who bring food from home. The CACFP helps facilities implement "best practices" to ensure children have access to a variety of nutritious foods. For more information:

<http://tn.gov/humanservices/article/child-and-adult-care-food-program1>

Medicaid

Information about the Medicaid eligibility categories in Tennessee can be found at:

<http://www.tn.gov/tenncare/article/categories>

Children's Health Insurance Program (CoverKids)

CoverKids is full health coverage for children 18 and under whose families cannot afford employer-sponsored insurance or individual insurance and who make too much to be eligible for TennCare. CoverKids is part of the Children's Health Insurance Program, which provides health insurance to uninsured children in all 50 states.

Any child who is eligible for TennCare will be covered by TennCare, not CoverKids. Children who aren't eligible for TennCare are eligible for CoverKids. For more information:

<https://www.kidcentraltn.com/article/coverkids>

Individuals with Disabilities Education Act

The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 was designed to help families and educators provide better services to children with disabilities. The Tennessee Department of Education, Division of Special Education (TDE/DSE), and the Office of General Counsel provide a wide range of information and guidance to both schools and parents regarding the IDEA. For more information:

Voluntary Pre-K Program

Tennessee's Voluntary Pre-K Program is a state-funded educational program designed to prepare children for success in kindergarten. Pre-K classes are available in every eligible Tennessee school district. The program is specifically for 4-year-olds, with first priority given to those at risk for entering school ready to learn. For more information:

<https://www.kidcentraltn.com/article/voluntary-pre-k-program>

- a) Temporary Assistance for Needy Families (TANF)
 - b) Head Start and Early Head Start Programs
 - c) Low Income Home Energy Assistance Program (LIHEAP)
 - d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)
 - e) Women, Infants, and Children Program (WIC)
 - f) Child and Adult Care Food Program(CACFP)
 - g) Medicaid
 - h) Children's Health Insurance Program (CHIP)
 - i) Individuals with Disabilities Education Act (IDEA)
 - j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)
 - k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)
- 2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?

See info in 2.2.4 above

- a) Temporary Assistance for Needy Families (TANF)
- b) Head Start and Early Head Start Programs
- c) Low Income Home Energy Assistance Program (LIHEAP)
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)
- e) Women, Infants, and Children Program (WIC)

- f) Child and Adult Care Food Program(CACFP)
- g) Medicaid
- h) Children's Health Insurance Program (CHIP)
- i) Individuals with Disabilities Education Act (IDEA)
- j) Other State/Federally Funded Child Care Programs (example-State Pre-K)
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

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

- a) Describe how the State/Territory makes information about research and best practices in child development available to parents of eligible children, providers and the general public

The Kidcentraltn website serves as a clearing house for information on child health, education, development, and support.

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

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Child Care Resource and Referral provides written materials and direct onsite communications through visits to county offices and events such as the super Saturday parent trainings.

- c) Describe who you partner with to make information about research and best practices in child development available

Child Care Resource and Referral, Tennessee Early Childhood Training Alliance, Tennessee Outstanding Providers Supported Through Available Resources and KIDCENTRALTN

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

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

- i. Parents_Through web materials such as those on kidcentraltn.com

- ii. Providers Through web materials such as the Personal Safety Curriculum
http://tn.gov/assets/entities/humanservices/attachments/keeping_kids_safe_content_updated_wdraft_cover.pdf
- iii. General public_
Through web materials such as those on kidcentraltn.com

- b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

Voices for TN Children

Tennessee Voices for Children, Inc. (TVC) was formally organized in 1990 as a statewide coalition of individuals, agencies and organizations working together as a Steering Council to promote children's health and education services. TVC has progressed to become a statewide and national source of referral, support, and advocacy for families and the systems that serve them. Through the Statewide Family Network and its other ten main programs, our organization has informed, supported, and assisted parents and providers across the state. In the past fiscal year, TVC has reached more than 150,000 parents/caregivers, family members, and professionals (providers, educators, other advocates, etc.).

<http://www.tnvoices.org/>

Council on Children's Mental Health

Legislation passed in 2008 established the Council on Children's Mental Health to design a plan for a statewide system of mental health care for children. The Council is a community of statewide stakeholders in children's mental health care that includes children, youth and families. The Council was created to develop a plan for a statewide system of care where children's mental health services are child-centered, family-driven, culturally and linguistically competent, and provides a coordinated system of care for children's mental health needs in the state. Other Council duties include stimulating more effective use of resources, assisting in developing interagency agreements, determining whether programs are evidence-based, research-based and theory-based and submitting those findings.

The Council is co-chaired by the commissioner of the Department of Mental Health and Substance Abuse Services and the executive director of the Tennessee Commission on Children and Youth.

The statewide plan for a system of care created by the Council on Children's Mental Health (CCMH) must:

- Provide a service delivery system that focuses on the principles of care for a system of care and enumerates those principles;
- Include a core set of services and supports that appropriately and effectively address the mental health needs of children and families;
- Develop a financial resource map and cost analysis of all federal and state funded programs for children's mental health to guide and support the plan.

<https://www.tn.gov/tccy/topic/ccmh-home>

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

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

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

The following language was added to the proposed rules to address expulsion:

The agency shall have a written expulsion policy.

The policy shall be:

- Clearly articulated to staff and parents;
- Developmentally appropriate, and consistent, and;
- Non-discriminatory;

Other options shall be considered prior to expulsion, such as but not limited to reducing the number of days or amount of time the child may attend, or if applicable, referrals to the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), Early Intervention System, Individuals with Disabilities Act (IDEA).

Procedures shall be developed to allow for a planned transition of a child to another program if expulsion must occur.

Aggregate data that includes reasons for expulsions shall be maintained and reported to the Department annually.

- ☐ No.

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

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

See language above

- ☐ No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

Link to information about screenings on Kidcentraltn: <https://www.kidcentraltn.com/program/early-periodic-screening-diagnosis-and-treatment-epsdt> The site allows families to search for screening locations by entering their zip code.

Early Periodic Screening Diagnosis and Treatment (EPSDT) is a program of checkups and health care services for children, teens and young adults up to age 21. EPSDT checkups are provided by all county health departments in the state. These services make sure that babies, children, teens and young adults receive the health care they need and include physical exam, lab tests (if needed), immunizations or shots, and vision and hearing screening.

Children, teens and young adults up to age 21 enrolled in TennCare and children, teens and young adults up to age 21 who are uninsured.

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency policy citation(s) and: ____

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

<https://www.kidcentraltn.com/article/screenings-newborns-and-infants-birth-12-months>

<https://www.kidcentraltn.com/article/screenings-beyond-12-months>

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

TennCare is the state of Tennessee's Medicaid program which provides health insurance coverage for people who qualify for the program. Part of the TennCare program is called TennCare Kids which is a full program of check ups and health care services for children from birth to age 21. You can apply for the program at www.healthcare.gov if you do not have a computer or internet access you can apply at your local Department of Human Services office.

<http://www.tn.gov/tenncare/section/tenncare-kids>

<http://www.tn.gov/assets/entities/tenncare/attachments/welcome.pdf>

CoverKids provides health insurance for children 18 and under and maternity coverage for pregnant women. Coverage for children is similar to the benefits offered to dependents of state employees.

CoverKids is comprehensive health insurance available to uninsured children age 18 and under with household income below 250 percent of the federal poverty level. Refer to the table of qualifying incomes based on federal poverty guidelines to see if your child qualifies - <http://tn.gov/covertn/topic/coverkids-qualifying-income>. Additionally, pregnant women who meet other eligibility criteria can receive maternity coverage through CoverKids HealthyTNBabies. CoverKids must be your only health plan. To get benefits, your child cannot be part of any other plan. You cannot use CoverKids as a second health plan. CoverKids must be your only health plan. CoverKids HealthyTNBabies covers pregnant women who do not have maternity health benefits. You cannot use CoverKids HealthyTNBabies as a second health plan if your health plan covers maternity benefits. Open to children 18 and under Household income up to 250% of federal poverty level U.S. citizen or Qualified Legal Alien (babies born in the U.S. will be considered U.S. citizens) Tennessee resident Maternity coverage available for pregnant women at or below 250% of the federal poverty level who meet other eligibility criteria Screened first for TennCare eligibility or access to other state-

sponsored insurance Federal guidelines prohibit children of state employees, K-12 teachers and full-time support staff from participating in this coverage If the CoverKids application indicates your child(ren) are American Indian/Alaskan Native, please send a copy of your federally recognized tribal papers for additional benefits.

<https://www.kidcentraltn.com/article/coverkids>

- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward completion implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

a) How does the State/Territory define substantiated parental complaint
It is defined as a complaint that is investigated and found to be valid.

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

Complaints are maintained in Tennessee Licensed Care System. The information is maintained indefinitely.

c) How does the State/Territory make substantiated parental complaints available to the public on request

Persons inquiring about complaints on agencies are referred directly to the Program Evaluator who

is responsible for monitoring the agency. Normally, the Program Evaluator verbally gives an account of the electronic record that includes the number of complaints, the type of complaint, and whether or not the complaint was validated. If requested, the Program Evaluator may provide a print out of the complaint information from the electronic record. Extensive public records requests are routed through the office of the Department's general council.

- d) Describe how the State/Territory defines and maintains complaints from others about providers

Complaints can be made directly to a Licensing staff person in a local county office or made via a centralized Complaint Hotline. Complaints can be made by telephone, in person, electronically, or by mail. All complaints are encoded in the Tennessee Licensed Care System (TLCS). The Program Evaluator completes an investigation of the complaint and enters the results into TLCS. Complaints involving abuse, improper supervision, inappropriate discipline or injury to a child are also sent to Department of Children's Services. The information in the electronic record is maintained indefinitely. Parental complaints about unregulated providers are managed on the local level through county Department of Human Services offices.

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

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

- ☐ Application in other languages (application document, brochures, provider notices)
- ☐ Informational materials in non-English languages
- ☐ Training and technical assistance in non-English languages
- ☐ Website in non-English languages
- ☐ Lead Agency accepts applications at local community-based locations
- ☒ Bilingual caseworkers or translators available
- ☐ Bilingual outreach workers
- ☐ Partnerships with community-based organizations
- ☒ Other _____
- ☐ None

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

An interpreter service that translates for effectively any language

2.3 Website for Consumer Education

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

on the number of deaths, serious injuries and child abuse in child care settings.

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

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

- ☐ Fully implemented and meeting all Federal requirements outlined above. Provide the link to the website and describe how the consumer education website meets the requirements to:

Kidcentraltn: <https://www.kidcentraltn.com/>

Department of Human Services: <http://tn.gov/humanservices/>

Child Care Services: <http://tn.gov/humanservices/topic/child-care-services>

Tennessee State Government: <http://tn.gov/>

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

The Find Child Care feature of the website allows the public to search for providers by county or by searching for providers near a given address. Compliance history information is listed for each provider and includes the date of the last visit, a description of any violations, and the violation correction date. <http://tn.gov/humanservices/article/find-child-care>

- b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers

Child Care Centers, Group Child Care Homes, Family Child Care Homes, and Drop-in Child Care Centers are licensed by the lead agency. The licensing rules for these categories include areas such as:

- Basis for Issuance of a License
- Procedures for Obtaining a License
- Ownership, Organization and Administration
- Supervision
- Staff
- Equipment for Children
- Program
- Health and Safety
- Food
- Physical Facilities
- Transportation
- Care of Children with Special Needs

The regulations for each category can be viewed on the web at:

<http://share.tn.gov/sos/rules/1240/1240-04/1240-04.htm>

Individuals that do not meet the threshold for licensure, but provide care for children participating in the Certificate Child Care Program are subject to a Health and Safety Checklist that includes areas such as

- Sign-In & Sign-Out
- Ratios
- Working Telephones
- Parent Contact Information
- Exits & Windows
- Smoke Detectors
- Storage of Toxic Substances
- Use of Portable Heaters
- Unused Electrical Outlets
- Physical Condition of Dwelling
- Storage of Weapons
- Lighting, Heating, and Ventilation
- Inaccessibility of Dangerous Tools
- Toileting & Diapering Areas
- Hot & Cold Running Water
- Condition of Children's Toys
- Sick Children Policy and Medication Administration
- Immunization and Physical Examination Information
- First Aid Supplies
- Records of Special Needs
- Adequate Bedding
- Smoking
- Transportation
- Food Prep
- Drinking Facilities
- Sewage Disposal
- Garabage Disposal
- Insects & Rodents
- Supervision
- Outdoor Play Areas
- Emergency Preparedness
- Prevention and Control of Infectious Disease
- Food Allergy Precautions/Procedures
- Safe Sleep Procedures
- Shaken Baby Syndrome/Abusive Head Trauma
- appropriate disposal of bio contaminants

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

Procedures for Becoming a Licensed Agency:

1. Attend Orientation Meeting
2. To proceed after Orientation, you must obtain a Federal Employer Identification Number (FEIN)
3. Schedule an onsite visit with your assigned Child Care Program Evaluator:
 - o To verify that the facility contains no apparent hazards inside or outside
 - o To verify that the facility is appropriate for group care.
 - o To draft a floor plan with dimensions and take photos
4. Evaluation by Environmental and Fire/Safety inspectors.
5. Complete an application and submit appropriate fee (**Non-refundable**). The fee must be in the form of a money order or cashier's check made out to the **Treasurer, State of Tennessee**.

You must submit the following with your application:

- a. Proof of Education
- b. Proof of Experience
- c. Three non-related references

Monitoring

Providers are monitored for compliance with licensing standards at regular intervals throughout the year. Currently, licensed agencies receive a minimum of 1 announced visit and up to 6 unannounced visits based upon their Star Rating. Additional unannounced visits may also occur for transportation, complaint investigation.

Proposed Monitoring Policy

Administrative Policies and Procedures: 13.02

Child Care Centers, Group Child Care Homes, Family Child Care Homes, and Drop-in Child Care Centers are required to receive announced and unannounced agency visits. The following are the minimum visitation frequencies:

All agencies must receive a minimum of one (1) announced evaluation visit during the licensing year. Exception: Agencies on a temporary license must receive an additional announced visit for the purpose of providing technical assistance.

Child care agencies issued temporary licenses must receive two (2) unannounced visits during the temporary period.

Child care agencies issued initial annual licenses must receive three (3) unannounced monitoring visits.

Child care agencies issued annual licenses must receive two (2) unannounced agency monitoring visits.

Additional unannounced monitoring visits will be based on complaints and compliance history.

Program Evaluators (PEs) must provide schedule to their supervisor on announced and unannounced visit. It is the supervisor's responsibility to ensure that the announced visits are set two months prior to the expiration date and unannounced visits are balanced throughout the licensing year.

Criminal Background and Registry Checks

All persons applying to work with children as a paid employee, director or manager with a child care

agency are required to complete a criminal background check. The Department will check an individual's status on the Department of Health's Vulnerable Persons Registry (VPR), the Department of Children's Services abuse registry and the State's Sex Offender registry.

Complete and sign Criminal History Disclosure form ([Link to Form](#))

Schedule and submit a fingerprint sample for a criminal background check

Excludable offenses:

Offenses involving violence against a child or person

Offenses involving drugs

Offenses of physical abuse, sexual abuse or neglect of a child

Upon demonstration of compliance with all laws and regulations governing the specific type of child care agency and if applicant has satisfactorily met the requirements, the Department shall issue a temporary license. More detailed information will be provided during the Orientation meeting.

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

The lead agency is working with the Department of Children's Services to annually provide this information the most recent federal fiscal year by posting it on the lead agency website along with other relevant aggregate data.

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

The lead agency website is set-up for easy navigation (three click maximum is the goal when possible). The Find Child Care feature of the website allows the public to search for providers by county or by entering a specific address and searching for providers near that address.

Compliance history information is listed for each provider and includes the date of the last visit, a description of any violations, and the violation correction date. The Information and Resources page includes data about:

- Reports and Information
- Forms and Applications
- FAQs
- Publications
- Statistics
- Legal and Compliance
- Program Descriptions

The lead agency website includes multiple links for accessing the rules and regulations for child care providers. The website also includes a prominent link to the kidcentraltn website. Kidcentraltn includes a wealth of information health, education, development, and available services/supports.

- ❑ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) ____
 - Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, in progress, partially completed, substantially completed, other) _

 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet Requirement(s) – Identify the requirement(s) that is not fully implemented _
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity ____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

3 Provide Stable Child Care Financial Assistance to Families

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

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and

redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child

includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

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

3.1.1 Eligibility Criteria Based upon Child's Age

a) The CCDF program serves children from 6 (weeks/months/years) to 13 years (through age 12).

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

Yes, and the upper age is 18 (may not equal or exceed age 19). Provide the Lead Agency definition of physical or mental incapacity –

Physically or mentally incapable of self-care

☐ No.

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

☐ Yes, and the upper age is 18 (may not equal or exceed age

☐ 19) No.

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

a) residing with

To be eligible to receive child care benefits, a child must live in a place of residence maintained by a specified relative (within the 5th degree) as his or her home and the home of the child. This same individual must have care and control of the child. A relative is considered to have care and control of child when he/she has the major responsibility for parental obligations of day-to-day care, support, supervision and guidance for the child.

b) in loco parentis

A caretaker must be within the 5th degree of relationship to be eligible for assistance.

3.1.3 Eligibility Criteria Based on Reason for Care

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

- working

For individuals receiving TANF cash assistance, any TANF-countable activity per the State’s Work Verification Plan qualifies as “work” for the purposes of receiving child care assistance. Thirty hours of paid work per week, including self-employment and/or education and training hours, must be met to receive post-TANF cash child care assistance. Work that does not meet the federal minimum wage requirement is allowed, but the “countable” hours per week are determined by dividing the gross weekly income by the federal minimum wage.

- attending job training
- attending education

Attending Job Training or Educational Program

For individuals receiving TANF cash assistance, any TANF-countable activity per the State’s Work Verification Plan qualifies as “work” for the purposes of receiving child care assistance. For the post-TANF population, the following education and training hours can be counted: Class hours in any public school, Tennessee Board of Regents (TBR) school (including Internet courses), or accredited private institution; Non-paid work performed in college service learning or volunteer programs; Internship hours; Laboratory hours; Tutoring hours received or provided by the participant; and Clients participating in educational activities will be allowed to count supervised homework/study time and one hour of unsupervised homework/study time for each hour of class time. Supervised homework/study time must be verified and documented to be countable toward educational training hours. The total countable homework/study time may not exceed the hours required or advised by the educational program.

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

☐ Yes.

☐ No. If no, describe additional requirements

Part-time work + education and training that equals the minimum work requirement of 30 hours

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

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

1) Definition of protective services

The child welfare agency (Department of Children’s Services) determines eligibility for this category of assistance, and the lead agency functions only as a data entry entity for these cases.

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

- ☐ Yes.
- ☐ No

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

☐ No

3.1.4 Eligibility Criteria Based on Family Income

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

- Definition of income

For most categories of assistance, 60% of the State Median Income. The State Agency considers the following sources as countable income:

Gross Wages or Salary

Net Income from Non-Farm Self-Employment

Net Income from Farm Self-Employment

Social Security

Dividends, Interest, Income from Estates or Trusts, from Net Rental Income or Royalties

Public Assistance or Welfare Payments

Pensions and Annuities

Unemployment Compensation

Worker's Compensation

Alimony

Child Support

Veterans Pension

Education and Training Stipends received directly by the student or to cover living expenses

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and

(d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum “exit” eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, ☐ check here

. Describe how many jurisdictions set their own income eligibility limits _____.
Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1	\$2863	\$2434	NA	NA	NA	NA
2	\$3743	\$3182	\$2153	60%	\$2246	60%
3	\$4624	\$3931	\$2660	60%	\$2775	60%
4	\$5505	\$4679	\$3166	60%	\$3303	60%
5	\$6386	\$5428	\$3673	60%	\$3831	60%

Above based upon State Median Income Estimates for Federal Fiscal Year 2016 - LIHEAP and 10-1-15 co-pay tables.

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

c) SMI Source and year _____

d) These eligibility limits in column (c) became or will become effective on _____

e) Provide the link to the income eligibility limits _____

3.1.5 Graduated Phase-Out of Assistance

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

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

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out _____
- ☐ **Not implemented.** The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

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

The provision will be effective for the Non-TANF working category on January 1, 2016 and all other categories effective July 1, 2016

- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

The lead agency is revising policies to incorporate a graduated phase-out.

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented

Policy revisions are in progress.

- Unmet requirement - Identify the requirement(s) not fully implemented

Policy revisions are in progress and will not be effective until July 1, 2016.

- Tasks/Activities – What steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Policy revisions that may include changes to rules

- Projected start date for each activity

The process to revise policy began November 2015

- Projected end date for each activity

Policy revisions are projected to be implemented by July 1, 2016

- Agency – Who is responsible for complete implementation of this activity

The lead agency is responsible for complete implementation

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

Lead Agency and Internal Partners

3.1.6 Fluctuation in Earnings

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

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

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

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the

Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement ____

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

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

The overall target completion date is July 1, 2016

- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

Partially implemented - The provision will be effective for the Non-TANF working category on January 1, 2016 and all other categories effective July 1, 2016

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented ____

- Unmet requirement - Identify the requirement(s) not fully implemented

Change in TANF and other categories of child care assistance i.e. DCS Teen Parent.

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revision of policy

- Projected start date for each activity

Policy revisions are in progress

- Projected end date for each activity

The overall target completion date is July 1, 2016

- Agency – Who is responsible for complete implementation of this activity

The lead agency is responsible for complete implementation of this activity

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

The lead agency is solely responsible for implementation.

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

- ☐ **Applicant identity.** Describe

Based on TANF eligibility

- ☐ **Applicant's relationship to the child.** Describe

Based on TANF eligibility

- ☐ **Child's information for determining eligibility** (e.g., identity, age, etc.). Describe

Based on TANF eligibility

- ☐ **Work.** Describe

Based on TANF eligibility

- ☐ **Job training or Educational program.** Describe

Based on TANF eligibility

- ☐ **Family income.** Describe

Same as above until TANF cash assistance ends. Then, income is verified every 6 months either with existing information from the Family Assistance eligibility system used for other programs, or with client-provided verification.

- ☐ **Household composition.** Describe

Based on TANF eligibility

- ☐ Applicant residence. Describe _____

- ☐ Other. Describe _____

Reminder – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI- CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

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

- ☐ **Time limit for making eligibility determinations.** Describe length of time
Forty-five (45) days
- ☐ **Track and monitor the eligibility determination process**
- ☐ Other. Describe _____
- ☐ None

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

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to re-examine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead

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

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE:** The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency _

Tennessee Department of Human Services

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

- "appropriate child care"

State licensed child care or approved unregulated (unlicensed) child care that meets the needs of the child. _____

- "reasonable distance" _

This term is not formally defined, but applied on a case-by-case basis based on the parent/caretaker's circumstances.

"unsuitability of informal child care"

Informal child care or "unregulated" child care providers must comply with a health and safety check list and must provide information regarding their criminal background. Certain crimes such as those involving children, violence against another person, or those that are drug related will disqualify a prospective provider. Registers that can be accessed without a fee are checked, such as the Sex Offender Registry.

"affordable child care arrangements"

Affordable arrangements are determined by the parent's ability to pay for child care available in their area. Parents/caretakers who are unable to locate and/or pay for care will not be penalized for their inability to perform required work activities due to lack of child care.

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

☐

In

☐

writing

Verbally

☐

Other. Describe _____

☐

List the citation to this TANF policy _____

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

☐ Yes. The Lead Agency certifies that it will require families to certify that the family

assets do not exceed \$1,000,000 no later than September 30, 2016.

This provision was added to the child care assistance application.

3.2 Increasing Access for Vulnerable Children and Families

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

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

- a. Provide definition of “Children with special needs” _____ and describe how services are prioritized

This is not defined because they are given the same priority as other CCDF eligible families. However, there is an increased age limit for children with special needs. If a waiting list established, children with special needs along with families with other at risk factors will be made a priority.

- b. Provide definition of “Families with very low incomes” _____ and describe how services are prioritized

Guaranteed subsidy eligible if receiving TANF and participating in a work component
There is also a different financial eligibility threshold for teen parents in high school.

- c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act)

Priority is solely based upon income limits. Certain child-only cases are eligible for At-Risk Child Only (ARCO) child care if funding is available. Former Families First recipients who are working at least 30 hours a week can receive up to 18 months of Transitional Child Care (TCC) after their cases are closed. There is a co-pay for ARCO, TCC and ACC (currently no more funding for ACC) child care. Benefits are time-limited to 60 months in a participant’s lifetime for TANF (except transitional and non-working).

3.2.2 Improving Access for Homeless Children and Families.

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

child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described

in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements.

(658E(c)(2)(I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

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

☐ Fully implemented and meeting all Federal requirements outlined above. Describe the following:

- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements ____
- b. Procedures to conduct outreach to homeless families to improve access to child care services _
- c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services _____

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

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

The overall target completion date is July 1, 2016.

Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

The revised child care certificate application that will be used beginning January 1, 2016 will collect information on homeless populations that will allow us to prioritize for this category.

Information about improving access for homeless children has also been added to the proposed child

care rules.

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented

The application has been revised and language regarding relaxed immunization requirements has been added to the proposed rules.

- Unmet requirement - Identify the requirement(s) not fully implemented

Procedures to conduct outreach to homeless families need to be more formally defined and standardized. For example, some offices send a case manager to the community resource agency that serves homeless families weekly to take applications for services.

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____

- Projected start date for each activity

Information about improving access for homeless children has also been added to the proposed child care rules and the child care certificate application has been revised.

- Projected end date for each activity

Rulemaking hearings for the proposed are tentatively scheduled for January/February 2016. The projected effective date of the revised rules is July 1, 2016. Use of the revised child care certificate application began January 1, 2016.

- Agency – Who is responsible for complete implementation of this activity **Lead Agency**

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

Internal Lead Agency Partners – Families First

3.3 Protection for Working Parents

3.3.1 Twelve-Month Eligibility

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

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

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

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

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination
- ☐ **Not implemented.** If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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

The overall target completion date is July 1, 2016

- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

The provision will be effective for the Non-TANF working category on January 1, 2016 and all other categories effective July 1, 2016

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented

The provision will be effective for the Non-TANF working category on January 1, 2016 and all other categories effective July 1, 2016

- Unmet requirement - Identify the requirement(s) not fully implemented _

Revise and implement eligibility and redetermination policy

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Finalize policy changes (including policy change review/approval process) implement policy, train staff

Projected start date for each activity

Efforts to revise policy were started November 2015

- Projected end date for each activity

Non-TANF working category on January 1, 2016 and all other categories effective July 1, 2016

- Agency – Who is responsible for complete implementation of this activity

The lead agency is responsible for complete implementation.

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

Internal Lead Agency Partners – Families First

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

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

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

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

- ☐ **Yes**, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program **ONLY**. List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs

Administrative Policies and Procedures: 11.02

A parent's eligibility and child's enrollment will be terminated when any of the following situations exist:

The gross monthly income for the family/household exceeds the income standard for that family size;

The only child receiving care in the assistance group leaves the home or ages out (age five (5) or Kindergarten eligible or Pre-K eligible).

A graduated phase-out of 90 days would apply to both instances above.

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

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment,

education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii))

Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

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

- ☐ **Fully implemented** and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

CaseConnect allows live chat to communicate information about the case, case questions are also answered by email. Families First participants are only required to come in to the office if their case is changing categories.

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

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

complete implementation of this activity ____

3.4 Family Contribution to Payment

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

- 3.4.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here ☐. Describe how many jurisdictions set their own sliding fee scale None. Fill in the chart based on the most populous area of the State.

Family Size	(a) Minimum "Entry" Income Level	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b) ?	(d) Maximum "Entry" Income Level	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1	NA	NA	NA	NA	NA	NA
2	\$2153	\$155	7%	\$2246	\$155	7%
3	\$2660	\$189	7%	\$2775	\$189	7%
4	\$3166	\$228	7%	\$3303	\$228	7%
5	\$3673	\$262	7%	3831	\$262	7%

a) What is the effective date of the sliding fee scale(s)? 10-1-2015

b) Provide the link to the sliding fee scale

http://tn.gov/assets/entities/humanservices/attachments/Income_Eligibility_Limits_and_Parent_Co-Pay_Fee_Table_HH1-20_2015.pdf

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

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

children Fee is per child up to a maximum per family

- ☐ No additional percentage applied charged after certain number of
- ☐ children Fee is per family
- ☐ Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe _____
- ☐ Other. Describe _____

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

- ☐ Yes, and describe those additional factors using the checkboxes below.
 - ☐ Number of hours the child is in care
 - ☐ Lower copayments for higher quality of care as defined by the State/Territory
 - ☐ Other. Describe other factors _____
- ☐ No.

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

- ☐ Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$_____.
- ☐ No, the Lead Agency does not waive family contributions/co-payments.

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

- ☐ Limits the maximum co-payment per family. Describe _____
- ☐ Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit and describe ____

The current co-pay fees are calculated so that no family receiving subsidized child care pays in excess of 8% of their income toward that expense (not applicable if more than one child is receiving assistance)

- ☐ Minimizes the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. Describe ____
- ☐ Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying. Describe _____
- ☐ Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider. Describe ____

☐ Other. Describe _____

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

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

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

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

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

4.1 Parental Choice In Relation to Certificates, Grants or Contracts

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

- 4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

Parents are offered a selection of providers by zip code or a general list or through the Find Child Care feature on the website.

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

- ☐ Certificate form provides information about the choice of providers, including high quality providers
- ☐ Certificate is not linked to a specific provider so parents can choose provider of choice
- ☐ Consumer education materials on choosing child care
- ☐ Referral to child care resource and referral agencies
- ☐ Co-located resource and referral in eligibility offices
- ☐ Verbal communication at the time of application
- ☐ Community outreach, workshops or other in-person activities
- ☐ Other. Describe

CCRR staff travel to eligibility offices to provide services.

4.1.3 Child Care Services Available through Grants or Contracts

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

☐

Yes. If yes, **describe:**

- ☐ the type(s) of child care services available through grants or contracts _____
- ☐ the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) _____
- ☐ the process for accessing grants or contracts _____
- ☐ the range of providers available through grants or contracts _____
- ☐ how rates for contracted slots are set through grants and contracts _____ or increasing supply and/or improving quality _____
- ☐ if contracts are offered statewide and/or locally

Early Head Start Child Care Partnership Grants: provision of contracts to maintain 25% subsidy enrollment per child care agency in collaboration with the Early Head Start Program.

☐

No. If no, skip to 4.1.4.

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

☐

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

- ☐ Programs to serve children with disabilities
- ☐ Programs to serve infants and toddlers
- ☐ Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☐ Programs to serve homeless children
- ☐ Programs to serve children in underserved areas

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

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

YES

Center Rules

(e) During operating hours, parents shall be permitted immediate access to their children.

1. The agency shall grant access to noncustodial parents if the noncustodial parent provides the agency with a valid court order granting the noncustodial parent access to the child during agency operating hours; provided, however, that such access is not otherwise restricted or prohibited by an Order of Protection or other legal document.

2. The custodial parent may not prohibit or restrict, or require the agency to prohibit or restrict, the noncustodial parent's access to the child while in the care of the agency if the noncustodial parent meets the provisions of part (e)1 above.
3. The agency may place reasonable restrictions on access by any parent as needed to limit disruption of the children's routines, e.g., limiting the number of days each week the parent may visit, the duration of the visit, etc. Any such limitations or restrictions must be clearly stated in the agency policy provided to the parent upon enrollment of the child, or at any subsequent time if the agency's policy is changed.

Home Rules

(d) During normal hours of operation, parents shall be permitted access to their children, and ready access to all licensed areas of the home and premises shall be granted to Department representatives and inspection authorities (i.e., fire safety, sanitation, and health).

Provider Agreement

Applicable language is included on the provider application. The requirement was also added to revised provider agreement and the health and safety checklist that governs care in unregulated homes. The revised agreement and checklist is scheduled to be effective July 1, 2016.

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

- ☐ **Yes.** If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
- ☐ Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe _
- ☐ Restricted based on provider meeting a minimum age requirement. Describe _____
- ☐ Restricted based on hours of care (certain number of hours, non-traditional work hours). Describe _
- ☐ **Restricted to care by relatives.** Describe
Instances where the caregiving relative lives in the child's home

Language from provider agreement:

Care provided in the child's home is not permitted except in those circumstances where the child under care resides in the Provider's home

- ☐ Restricted to care for children with special needs or medical condition. Describe _____
- ☐ Restricted to in-home providers that meet some basic health and safety requirements. Describe _____
- ☐ Other. Describe _____
- ☐ No

4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically

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

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

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

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

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

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology.

Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

☐ MRS

☐ Alternative Methodology. Describe _____

☐ Both. Describe _____

☐ Other. Describe _____

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

Tennessee law requires the lead agency to perform a market rate survey of child care rates annually. The lead agency maintains a contract with an outside entity to conduct the survey each year. The data collection for the most recent market rate survey process was already in progress by summer 2015. Therefore, the lead agency didn't specifically consult with the State Advisory Council or child care resource and referral in developing the most recent survey. However, the market rate survey process utilizes fee data reported by all licensed child care agencies statewide.

Starting fiscal year 2017 we will consult with the Tennessee Young Child Wellness Council (TYCWC) and other appropriate advisory structures prior to developing and conducting the MRS. In the meantime, information will be forwarded to the TYCWC steering committee to be included on the bi-monthly agenda.

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

The Daycare Market Rate Survey utilizes the Department of Human Services' exhaustive list of reported provider rates across care type and child age, as well as the proportion of providers' enrollment that is subsidized. In order to minimize the effect of subsidization on market rate calculations, providers with more than half of their enrollments receiving subsidies for childcare are excluded. Additionally, a lower bar is set on weekly rates in order to exclude reported part-time rates from analysis. Finally, if a provider does not report a weekly rate, it is calculated using, for example, the daily rate provided.

After these adjustments are made to the data, the average market rate and ranked percentiles are calculated for two tiers of the market, as well as for the state as a whole. The First Market is comprised of Tennessee counties with either one of the top-20 highest 2013 populations or one of the top-20 highest 2011-2013 average per capital personal income. The Second Market includes all those counties not in the First Market. Separating the two markets based on population and personal income captures the different conditions faced in each market, and exclusion of heavily-subsidized providers minimizes DHS influence on percentile and average calculations.

- 4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:

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

The Market Rate data are gathered from an Annual Reporting Survey that is required of all licensed child care agencies in the state of Tennessee.

b) Type of provider

Rate data for all active child care providers across the state are collected and reported for three provider categories: Day Care Centers, Group Homes, and Family Homes.

c) Age of child

Within each provider category, rates are further categorized by age of child (infant through school-age).

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

Percentiles are reported for two groups of counties, as well as the state as a whole. The method used to identify the counties in the first group (Tier I Market) includes those Tennessee counties that were either one of the top-20 highest 2013 population counties or one of the top-20 highest 2011-2013 average per capita personal income counties. This method is preferable to one that relies on a ranking of the average daycare rates charged by day care centers. Use of population and personal income rankings allows selection based on measures that are likely correlated with the conditions in each market for child care services, while at the same time it separates the selection criteria from the Department of Human Services' influence on the market rates.

4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.

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

The initial draft of the most recent market rate survey was completed during the summer of 2015. The results of the report were finalized and approved by the lead agency on October 8, 2015.

- b) Date report containing results was made widely available, no later than 30 days after the completion of the report _

The 2015 Market Rate Survey was posted on the website on October 28, 2015.

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

The Market Rate Survey is made available via the lead agency website:
<http://tn.gov/humanservices/article/child-care-certificate-program>

4.3 Setting Payment Rates

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

- a) Infant (6 months), full-time licensed center care in most populous geographic region
- Rate \$132.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile 21st
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
- Rate \$Family = \$100.00 Group = \$115.00 per week unit of time (e.g., hourly, daily, weekly, monthly, etc.)
 - Percentile Family = 7th - 22nd Group = 26th - 33rd
- c) Toddler (18 months), full-time licensed center care in most populous

geographic region

- Rate **\$115.00** per week unit of time (e.g., hourly, daily, **weekly**, monthly, etc.)
 - Percentile **14th-20th**
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
- Rate **\$Family=\$95.00 Group=\$100.00** per week unit of time (e.g., hourly, daily, **weekly**, monthly, etc.)
 - Percentile **Family=9th-21st Group=16th-25th**
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
- Rate **\$99.00** per week unit of time (e.g., hourly, daily, **weekly**, monthly, etc.)
 - Percentile **19th**
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
- Rate **Family=\$85.00 Group=\$90.00** per week unit of time (e.g., hourly, daily, **weekly**, monthly, etc.)
 - Percentile **Family=12th-18th Group=10th-14th**
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
- Rate **\$75.00** per week unit of time (e.g., hourly, daily, **weekly**, monthly, etc.)
 - Percentile **51st-57th**
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
- Rate **Family=\$75.00 Group=\$75.00** per week unit of time (e.g., hourly, daily, **weekly**, monthly, etc.)
 - Percentile **Family =50th-52nd Group=30th-35th**
- i) Describe the calculation/definition of full-time care - **Full-time care = 20 or more hours per week**
- j) Provide the effective date of the payment rates **October 1, 2015**
- k) Provide the link to the payment rates_
http://tn.gov/assets/entities/humanservices/attachments/Provider_Rate_Schedule_10-1-15.pdf

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

incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

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

- ☐ Tiered rate/rate add-on for non-traditional hours. Describe ____
- ☐ Tiered rate/rate add-on for children with special needs as defined by the State/Territory. Describe ____
- ☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe _____
- ☐ Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe _____

Bonus payments are available for licensed center and home providers who participate in the child care subsidy program and earn one, two, or three stars through the QRIS. However, we do not specifically provide tiered reimbursement related to quality within the unregulated/license exempt realm alone. The current tiered reimbursement that is found solely within the unregulated/license exempt realm is limited to income differences based upon the geographic location of care provided (i.e. some counties receive a higher rate).

- ☐ Tiered rate/rate add-on for programs serving homeless children. Describe ____
- ☐ Other tiered rate/rate add-on beyond the base rate. Describe ____
- ☐ None.

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

Rates for child care services were not set in accordance with the results of the most recent market rate survey because it was not possible to increase rates to this level without significantly decreasing the number of families receiving CCDF child care assistance.

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

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to

certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

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

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

The lead agency monitors the number of children enrolled in the certificate program who are in care at facilities with Star Ratings. The September report indicated the following distribution:
13,778 children in three star agencies
1667 children in two star agencies
35 children in one star agencies
2112 children in zero star agencies

- ☐ Data on where children are being served showing access to the full range of providers. Describe _____
- ☐ Feedback from parents, including parent survey or parent complaints. Describe _____
- ☐ Other. Describe _____

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

- ☒ Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access

The child care certificate can be used at any provider (exception – Non-TANF can only be used at a licensed child care)

- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief

text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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

4.5 Payment Practices and Timeliness of Payments

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

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

- ☐ **Fully implemented** and meeting all Federal requirements outlined above. Describe using 4.5.2 through 4.5.3 below.
- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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

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

- ☐ Pays prospectively prior to the delivery of services. Describe _____
- ☐ Pays within no more than 21 days of billing for services. Describe _____
- ☐ Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory’s definition of occasional absences _____
- ☐ Support fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and _____
- ☐ Supports fixed costs of providing child care services by delinking provider payments from a child’s occasional absences by providing full payment if a child is absent for a certain number of days in a month. Specify the number of absence days allowed and paid for and described _____

Up to 5 absences are allowed each month

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

Part-time=1-19 hours Full-time=20 or more hours

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

- ☐ Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment _____
- ☐ Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe _____
- ☐ Other. Describe _____

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

☐ Policy on length of time for making payments. Describe length of time
Providers should receive payment within 10 business days

☐ Track and monitor the payment process
A weekly report from the payment system tracks EAVs processed in 10 days or less.

☐ Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe
Online reporting of child care attendance facilitates the payment process. It is a requirement for licensed child care providers and an option for unregulated providers.

Direct deposit is mandatory for regulated providers (it is estimated that 70% of all providers use this feature). The percentage of providers that submit electronic EAVs: Unregulated-20.3%, Licensed – 93.9%, All Combined -67.4%.

☐ Other. Describe _____

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

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

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

- ☐ Yes. Describe data sources _____
- ☐ No. If no, how does the State/Territory determine most critical supply needs? _____

The lead agency utilizes county poverty data to determine need.

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

a) Infants and toddlers

- ☐ Grants and contracts (as discussed in 4.1.3)
- ☐ Family child care networks
- ☐ Start-up funding
- ☐ Technical assistance support
- ☐ Recruitment of providers

- ☐ Tiered payment rates (as discussed in 4.4.1)
- ☐ Other. Describe _____

b) Children with disabilities

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

c) Children who receive care during non-traditional hours

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

If needed, the law allows for an alternative fee schedule to recognize and encourage care during non-traditional hours: **(2)** Notwithstanding any other law to the contrary, in order to address the need for and encourage the development of extended child care for parents working at **nights** or on weekends, or for any other nontraditional child care needs for which the department determines that available child care is inadequate or unavailable in all or any part of the state, the department may promulgate rules pursuant to the Uniform Administrative Procedures Act, providing for alternative fee schedules in order to recognize and encourage the development of care to meet such needs.

d) Homeless children

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

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families

in areas that have significant concentrations of poverty and unemployment and that do not have such high- quality programs. (658E(c)(2)(Q)) Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

☐ **Fully implemented** and meeting all Federal requirements outlined above. Describe

The lead agency uses poverty data for each county to determine funding allotments. The child care assistance application was revised to collect additional data that would further enable the lead agency to prioritize need. In addition, the lead agency has also provides funding for Non-TANF Child Care Assistance.

The Non-TANF Child Care Payment Assistance program was created to provide care to children who are not eligible for TANF. A child may receive Non-TANF child care payment assistance if one (1) or more of the following is true:

- The Child is between ages six (6) weeks to five (5) years old;
- Pre-K is unavailable;
- The child lives in a home and for whom the parent is responsible and has care and control as defined in the policy for "Determining Family Household Size";
- The child's family is located within a county that does not offer Pre-K programs;
- The child's family is located within a county with a Pre-K waiting list.

If the child meets eligibility because they do not have access to Pre-K in their county or is on a waiting list for Pre-K, the child may not remain in the Non-TANF child care payment assistance once they are eligible for Kindergarten or is selected to attend Pre-K from the waiting list

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify

agreements with coordinating agencies, etc.) __

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

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

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

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

5.1 Licensing Requirements and Standards

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

- 5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

"Child care center" means any place or facility operated by any person or entity that provides child care for three (3) or more hours per day for at least thirteen (13) children who are not related to the primary caregiver; provided, that a child care agency shall not be classified as a

"child care center" that operates as a "group child care home" and keeps three (3) additional school-age children as permitted in subdivision (10); provided, further, that all children, related or unrelated shall be counted in the adult-to-child supervision ratios and group sizes applicable to child care centers; with the exception, that if the child care center is operated in the occupied residence of the primary caregiver, children nine (9) years of age or older who are related to the primary caregiver will not be counted in determining the adult-to-child supervision ratios or group sizes applicable to child care centers if such children are provided a separate space from that occupied by the child care center. The department may permit children in the separate space to interact with the children in the licensed child care center in such manner as it may determine is appropriate;

"Group child care home" means any place or facility operated by any person or entity that provides child care for three (3) or more hours per day for at least eight (8) children who are not related to the primary caregiver; provided, however, that the maximum number of children present in a group child care home, including those related to the primary caregiver, shall not exceed twelve (12) children, with the exception that, if the group child care home is operated in the occupied residence of the primary caregiver, children related to the primary caregiver nine (9) years of age or older will not be counted in determining the maximum number of children permitted to be present in a group child care home, if those children are provided a separate space from that occupied by the group child care home; and, provided, further, that up to three (3) additional school age children, related or unrelated to the primary caregiver, may be received for child care before and after school, on school holidays, on school snow days and during summer vacation. The department may permit children in the separate space to interact with the children in the licensed group child care home in such manner as it may determine is appropriate;

"Family child care home" means any place or facility that is operated by any person or entity that provides child care for three (3) or more hours per day for at least five (5) children but not more than seven (7) children who are not related to the primary caregiver; provided, that the maximum number of children present in the family child care home, including related children of the primary caregiver shall not exceed twelve (12), with the exception that, if the family child care home is operated in the occupied residence of the primary caregiver, children related to the primary caregiver nine (9) years of age or older will not be counted in determining the maximum number of children permitted to be present in a "family child care home" if those children are provided a separate space from that occupied by the family child care home. The department may permit children in the separate space to interact with the children in the licensed family child care home in such manner as it may determine is appropriate;

"Drop-in center" means a place or facility operated by any person or entity providing child care, at the same time, for fifteen (15) or more children, who are not related to the primary caregiver, for short periods of time, not to exceed fourteen (14) hours per week and for not more than seven (7) hours per day for any individual child during regular working hours, Monday through Friday six o'clock a.m. (6:00 a.m.) to six o'clock p.m. (6:00 p.m.); provided, however, that a drop-in center may provide such child care during evenings after six o'clock p.m. (6:00 p.m.) and weekends, Friday, six o'clock p.m (6:00 p.m.) through Sunday, ten o'clock p.m. (10:00 p.m.), so long as the drop-in center provides no more than a total of twenty (20) hours per week, exclusive of snow days, defined as days when the school of the affected child is closed; provided,

further, that drop-in centers may provide such care during snow days; provided, however, that, notwithstanding any other requirements of this part, training requirements for the staff of this class of child care agency shall be limited to basic health and safety precautions and the detection and reporting of child abuse and neglect for children in care; provided, further, that, notwithstanding any other provision of this chapter to the contrary, drop-in centers that provide child care for no more than two (2) hours per day with a maximum of ten (10) hours per week without compensation, while the parent or other custodian is engaged in short-term activities on the premises of the organization, shall register as providing casual care and shall not be deemed to be a drop-in center or regulated as a drop-in center;

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

- ☐ **Yes.** Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

Boys and Girls Clubs - the organization structure includes personnel dedicated to helping Clubs establish best practices that create and maintain safe settings for the children in their care. Care is also limited to older school-age children.

Any center falling under the jurisdiction of the Department of Education- Although technically exempt from licensing, the Department of Education adopts and enforces rules that are closely based upon the rules in effect for licensed care.

Individuals that provide care for less than five (5) unrelated children – Although technically exempt from licensing, a health and safety checklist is used to monitor these settings. These settings receive an initial monitoring visit and may receive an unannounced visit based upon complaints received. Effective July 1, 2016 an annual monitoring visit will also be required and the health and safety checklist will be completed during the pre-service visit.

- ☐ No

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

- ☐ **Fully implemented** and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.
- ☐ Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____

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

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

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition

Current Rule: "Infants" shall be comprised of children six (6) weeks to fifteen (15) months of age;
Proposed Rule: Infant. A child who is six (6) weeks through twelve (12) months of age.

- Ratio 1:4
- Group size 8

2. Toddler

- State/Territory age definition

Current Rule: "Toddlers" shall be comprised of children twelve (12) months to thirty (30) months of age.
Proposed Rule: Toddler. A child who is thirteen (13) months through thirty (30) months of age.

- Ratio 1:6
- Group size 12

3. Preschool

- State/Territory age definition

Proposed Rule: A child who is thirty-one (31) months of age and who has not entered kindergarten to school-age.

Current Rule: A general term for any child who is six (6) weeks through five (5) years of age and not in kindergarten, including children who are more specifically defined under this subchapter as an "Infant" or a "Toddler".

- Ratio

24 -35 Months = 1:7

3 Years = 1:9

4 Years=1:13

5 Years=1:16

- Group size

24 -35 Months = 14

3 Years = 18

4 Years=20

5 Years=20

4. School-Age

- State/Territory age definition

Current Rule: A child who is five (5) years of age and enrolled in kindergarten through seventeen (17) years of age. A five (5) year-old may be classified as a school-age child in the summer immediately preceding the child's fall entry into kindergarten.

Proposed Rule: School Age Child. A child who has entered kindergarten through seventeen (17) years of age.

- Ratio 1:20
- Group size No Max

5. If any of the responses above are different for exempt child care centers, describe

By definition exempt centers are exempt from licensing requirements. Therefore, the ratio requirements for licensed centers do not apply to exempt centers. Exempt Boys and Girls clubs only serve school-age children and generally have ratio guidelines in the 1:15 to 1:20 range. Department of Education programs adopt requirements similar to licensing standards or follow school system requirements.

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups

Proposed Rule Chart:

Age Grouping	10	16	18	20	22	24	No Max
Six (6) wks.–Thirty (30) mos.	1:5						
Two (2)–Four (4) years		1:8					
Two and One-Half (2½)–Three (3) years (Thirty (30)–Forty-Seven(47) mos.)			1:9				
Two and One-Half (2½)–Five (5) years				1:11			
Two and One-Half (2½)–Twelve (12) years	1:10						
Three (3)–Five (5) years (includes Three (3)–Four (4) years)					1:13		
Four (4) – Five (5) years						1:16	
Five (5) - Twelve (12) Years							1:20

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition

Current Rule: Infant. A child who is six weeks through 15 months of age.

Proposed Rule: Infant. A child who is six (6) weeks through twelve (12) months of age.

- Ratio

- Supervision requirements are expressed in terms of the overall number of educators required:
- One Educator - Up to 15 children – no more than 12 children three years of age or older – three children must be school-age
- Two Educators – Up to 15 children – up to nine children under three years with no more than four under 2 years – three children must be school age
- Three Educators – Up to 15 children – ten or more under three years – three must be school-age

- Group size

See ratio information above

2. Toddler

- State/Territory age definition

Proposed Rule: Toddler. A child who is thirteen (13) months through thirty (30) months of age.

Current Rule: Toddler. A child who is 16 months through 30 months of age.

- Ratio

See information in item 1. above

- Group size

See information in item 1. above

3. Preschool

- State/Territory age definition

Current Rule: A person who is 31 months through five years of age. The term includes infants and toddlers.

Proposed Rule: A child who is thirty-one (31) months of age and who has not entered kindergarten to school-age.

- Ratio

See information in item 1. above

- Group size

See information in item 1. above

4. School-Age

- State/Territory age definition

Current Rule: School-age Child. A person who is five years of age and in kindergarten or older (refers to kindergarten through grade six).

Proposed Rule: School Age Child. A child who has entered kindergarten through seventeen (17) years of age.

- Ratio

See information in item 1. above

- Group size

See information in item 1. above

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

The maximum number of children present in a group child care home shall not exceed twelve (12).

Exception:

- If the group child care home is in the occupied residence of the primary educator, children nine (9) years of age or older and related to the primary educator are not counted if those children are provided a separate space from that occupied by the group child care home; and,
- Up to three (3) additional school age children, related or unrelated to the primary educator, may be in care before and after school, on school holidays, on school snow days and during summer vacation upon written approval by the Department

Children related to the primary educator who are nine (9) years of age or older may interact with the children in the licensed group child care home provided that the required level of care and supervision is not compromised.

Adult:child ratios and group sizes in group child care homes may exceed requirements by up to ten percent (10%), rounded to the nearest whole number, no more frequently than three (3) days per week.

- At no time shall the licensed capacity be exceeded.
- Infant and toddler groups may never exceed the required ratios and group sizes.

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

There are no exempt group homes

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

c) Licensed Family Child Care:

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

Proposed Rule:

No more than seven (7) children may be present at any one time;

Exception: Up to twelve (12) children may be present only if any number above seven (7) are related to the primary educator.

- (Exception: If the family child care home is the occupied residence of the primary educator, children related to the primary educator nine (9) years of age or older will not be counted in determining the maximum number of children permitted if those children are provided a separate space from that occupied by the family child care home.

- Children related to the primary educator nine (9) years of age or older may interact with children in the licensed family child care home provided that the required level of care and supervision is not compromised.

The number of educators in a family child care home required to supervise children enrolled in the home shall comply with one of the options listed on the chart below.

Maximum Number of Children and Ages (including children 'related' to the primary educator under nine years of age)	Educators Required
7 or fewer children and no more than 4 under 2	1
7 or fewer children and 5 or more under 2	2
More than 7 children and no more than 4 under 2	2
More than 7 children and 5 or more under 2	3

Current Rule:

The total number of children (including "related" children under nine years of age) shall not exceed 12. (See Chapter 1240-04-04-.01 for definition of "related".)

A family day care home shall comply with one of the following two options at all times.

Family Day Care Homes with One Caregiver:

The total number of children in a family day care home with one caregiver shall not exceed seven, including 'related' children under nine years of age, and in a home with one caregiver, the number of children under two years of age shall not exceed four.

If the number of children, including the primary caregiver's "related" children (See Chapter 1240-04-04-.01 for definition of "related"), exceeds seven, one of the following options shall be met at all times:

- Two Educators - More than 7 children (including "related" children under age 9), no more than 4 under age 2.
- Three Educators - More than 7 children (including "related" children under age 9), with more than 4 under age 2.

2. If any of the responses above are different for exempt family child care home providers, describe

There are no exempt group homes

d) Any other eligible CCDF provider categories:

Describe the ratios , group size , the threshold for when licensing is required

, maximum number of children that are allowed in the home at any one time

, if the State/Territory requires related children to be included in the child-

to- provider ratio or group size , or the limits on infants and toddlers or

additional school-age children that are allowed for part of the day

Boys and Girls Clubs - Care is also limited to school-age children. These programs generally have ratio guidelines in the 1:15 to 1:20 range.

Any center falling under the jurisdiction of the Department of Education- Department of Education programs adopt requirements similar to licensing standards or follow school system requirements

Individuals that provide care for less than five (5) unrelated children – Maximum of six children (four unrelated and two related)

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

a) Licensed Center-Based Care:

1. Infant lead teacher and assistant teacher qualifications
2. Toddler lead teacher and assistant teacher qualifications
3. Preschool lead teacher and assistant teacher qualifications
4. School-Age lead teacher and assistant teacher qualifications
5. Director qualifications

Current Center Rules:

Before any caregiver can assume caregiving duties of any type in an infant room they shall be oriented in the foregoing SIDS procedures.

Every staff person, both paid and unpaid, who are under the age of eighteen (18) years must be supervised by an adult while in the presence of children.

Caregiver Qualifications - Each caregiver shall be at least eighteen (18) years of age. Exception: Sixteen (16)

and seventeen (17) year-old students currently enrolled in a Department-recognized vocational child care program may be counted in the adult-child ratio; provided, however, that they shall always be under the direct supervision of an adult and shall not be left alone with a group of children.

Each group shall have at least one (1) caregiver present who has a high school diploma or equivalent educational credential as recognized by the Department.

Qualifications of On-Site Director under a Multi-Site Coordinator – A minimum of a high school diploma or equivalent educational credential recognized by the Department in addition to at least two (2) years of full-time (paid or unpaid) documented work experience with young children in a group setting.

Director - High School Diploma (or Department recognized equivalent), and Tennessee Early Childhood Training Alliance (TECTA) certificate for completing thirty (30) clock hours of orientation training, or the equivalent as recognized by the Department and Four (4) years of full-time (paid or unpaid) experience in a group setting

Assistant Director Qualifications are at a minimum are a high school diploma or equivalent educational credential recognized by the Department and two (2) years of full-time (paid or unpaid) documented work experience in a group setting.

Proposed Rules:

Every staff person, both paid and unpaid, who is under the age of twenty-one (21) years, shall not be left alone with children.

At all times during child care operating hours, one (1) adult educator with at least a high school diploma shall be on the premises. Exception: Not applicable for primary educators who received their initial license before the effective date of these rules.

Prior to assuming duties, each new employee shall receive documented instruction in, and have a working knowledge of :

Program philosophy and policies; Job description; Emergency health and safety procedures; Behavior management procedures; Detection, reporting, and prevention of child abuse; Procedures for receiving and releasing children;

Safe sleep procedures; Shaken baby syndrome/abusive head trauma; Meal service and safe food preparation policies;

Supervision during high risk activities such as eating and outdoor play; Food allergies; Expectations for communications with parent/guardian; Disease control and health promotion; An overview of licensing requirements; Information on risks of Cytomegalovirus (CMV) to female employees of childbearing age;

Multi-Site Coordinator

The multi-site coordinator shall meet the same requirements listed below for a single-site child care center director.

Qualifications of On-Site Director under a Multi-Site Coordinator.

The on-site director under a multi-site coordinator shall have earned at least eighteen (18) credit hours of college course work, or shall have earned a Department-recognized credential and one (1) year of full-time documented work experience with children in a group setting; or

A high school diploma or equivalent educational credential recognized by state law, in addition to at least two (2) years of full-time documented work experience with children in a group setting.

Qualifications for Director of a Single-Site Child Care Center.

The director shall meet at least one (1) of the minimum qualifications listed in the chart below:

If Minimum Education Is:	The Minimum Group Care Experience Required Is:
Graduation from an accredited four-year (4-year) college.	(1) year of full-time (paid or unpaid) experience with children in a group setting . If an RN with less than a four year degree, one (1) year of full-time (paid or unpaid) experience with children in a group setting.
Thirty-six (36) credit hours of college coursework, with at least thirty (30) hours of which shall be in business or management, child or youth development, early childhood education or closely related field or a Tennessee Early Childhood Administrator Credential.	Two (2) years of full-time (paid or unpaid) experience with children in a group setting.
High School Diploma (or equivalent as recognized by state law), and Tennessee Early Childhood Training Alliance (TECTA) certificate for completing thirty (30) clock hours of the	Four (4) years of full-time (paid or unpaid) experience with children in a group setting.

Administrator Orientation training, or the equivalent as recognized by the Department.	
Has been continuously employed as an on-site child care director or a child care agency owner since July 1, 2000.	Not Applicable.

The director of a single site child care center shall be at least twenty-one (21) years of age.

Assistant Director Qualifications for Child Care Centers.

The on-site assistant director shall have completed at least eighteen (18) credit hours of college course work or shall have earned a Department-recognized credential and one (1) year of full-time documented work experience with children in a group setting; or

The on-site assistant director shall have earned a high school diploma or equivalent educational credential recognized by the Department and two (2) years of full-time (paid or unpaid) documented work experience with children in a group setting.

The assistant director of a child care center shall be at least twenty-one (21) years of age

Educator Qualifications for Child Care Centers.

Center Staff Age Requirements		
Staff Position	Minimum Age	Stipulations
Lead Educators	21	Each classroom must have a lead educator
Lead Educators	18	With CDA or post secondary Early Childhood Education certification/degree
Educators/Floaters/Assistants	18	May be used to meet A:C ratios, always under direct supervision of a lead educator and never left alone with a group of children
Students used as floaters or assistants (may be used to meet ratios)	16	May be used to meet A:C ratios, always under direct supervision of a lead educator and never left alone with a group of children. Must be currently enrolled in a Department-recognized career and technical child

		care education program
--	--	---------------------------

Each classroom shall have a lead educator at least twenty-one (21) years of age. Exception: Eighteen (18) through twenty (20) year olds with a Child Development Associate or post secondary Early Childhood Education certification/degree.

Educators, floaters and assistant teachers shall be at least eighteen (18) years of age provided, however, that they shall always be under the direct supervision of an adult educator and shall not be left alone with a group of children or counted in the adult:child ratios.

Sixteen (16) and seventeen (17) year-old students currently enrolled in a Department-recognized career and technical child care educational program may be used as floaters or assistant teachers provided, however, that they shall always be under the direct supervision of an adult educator and shall not be left alone with a group of children.

Each group shall have at least one (1) educator present who has a high school diploma or equivalent educational credential as recognized by the Department.

b) Licensed Group Child Care Homes:

1. Infant lead teacher and assistant qualifications
 2. Toddler lead teacher and assistant qualifications
 3. Preschool lead teacher and assistant qualifications
 4. School-Age lead teacher and assistant
- ☐ qualifications N/A. State/Territory does not have group child care homes.

Current Rules:

Every staff person, including volunteers, practicum students, and substitutes, shall be physically, mentally, and emotionally capable of performing his/her duties satisfactorily.

A person who has a physical, mental, or emotional condition which is in any way harmful to children shall not be present with the children.

To be counted in the caregiver to child ratio, caregivers shall be at least 16 years of age and able to read and write, and must be supervised by an adult.

Caregivers shall be of suitable character to work with young children.

All caregivers shall be able to explain emergency procedures to follow in case of fire, serious injury or illness of a child or a caregiver, or disaster.

All caregivers shall have training in detection, reporting, and prevention of child abuse.

Prior to issuance of a license, the primary caregiver in a single-site home and all primary caregivers in a system shall:

be 18 years of age or older; be able to read and write English; and have earned a high school diploma.

A substitute for the primary caregiver shall be at least 18 years of age.

In order to receive a license, the central operator or person in charge of the child care system (or multiple homes) shall have: Graduated a four-year college or university and completed one year of fulltime work experience with a group of young children; or completed some formal college training in early childhood education or child development (or related field), or received a Child Development Associate (CDA) credential or National Association of Family Day Care (NAFDC) accreditation, and completed one year of full-time work experience with a group of young children; or

A high school diploma or its equivalent and two years full-time work experience with a group of young children.

Proposed Rules:

Every staff person, both paid and unpaid, who is under the age of twenty-one (21) years, shall not be left alone with children.

At all times during child care operating hours, one (1) adult educator with at least a high school diploma shall be on the premises. Exception: Not applicable for primary educators who received their initial license before the effective date of these rules.

Prior to assuming duties, each new employee shall receive documented instruction in, and have a working knowledge of :

Program philosophy and policies; Job description; Emergency health and safety procedures; Behavior management procedures; Detection, reporting, and prevention of child abuse; Procedures for receiving and releasing children;

Safe sleep procedures; Shaken baby syndrome/abusive head trauma; Meal service and safe food preparation policies;

Supervision during high risk activities such as eating and outdoor play; Food allergies; Expectations for communications with parent/guardian; Disease control and health promotion; An overview of licensing requirements; Information on risks of Cytomegalovirus (CMV) to female employees of childbearing age;

Group Home Staff Age Requirements		
Staff Position	Minimum Age	Stipulations
Primary Educator	21	
Primary Educator	18	With CDA or post secondary Early Childhood Education certification/degree
Educators/Assistants	16	May be used to meet A:C ratios, always under direct supervision of a primary educator and never left alone with a group of children

The primary educator shall be twenty-one (21) years of age or older. Exception: Eighteen (18) through twenty (20) year olds with a Child Development Associate or post secondary Early Childhood Education certification/degree.

Primary educators shall have a high school diploma or equivalent educational credential as recognized by state law.

c) Licensed Family Child Care home provider qualifications

Current Rules:

Every staff person, including volunteers, practicum students, and substitutes, shall be physically, mentally, and emotionally capable of performing his/her duties satisfactorily.

A person who has a physical, mental, or emotional condition which is in any way harmful to children shall not be present with the children.

To be counted in the caregiver to child ratio, caregivers shall be at least 16 years of age and able to read and write, and be supervised by an adult.

Caregivers shall be of suitable character to work with young children.

All caregivers shall be able to explain emergency procedures to follow in case of fire, serious injury or illness of a child or a caregiver, or disaster.

All caregivers shall have training in detection, reporting, and prevention of child abuse.

A primary caregiver or any substitute for him/her, shall be 18 years of age or older.

A primary caregiver shall be able to read and write English.

In order to receive a license, the central operator or person in charge of a child care system (or multiple homes) shall have: Graduated a four-year college or university and completed one year of fulltime work experience with a group of young children; or Completed some formal college training in early childhood education or child development (or related field), or received a Child Development Associate (CDA) credential or National Association of Family Day Care (NAFDC) accreditation, and completed one year of full-time work experience with a group of young children; or A high school diploma or its equivalent and two years full-time work experience with a group of young children.

Proposed Rules:

Every staff person, both paid and unpaid, who is under the age of twenty-one (21) years, shall not be left alone with children.

At all times during child care operating hours, one (1) adult educator with at least a high school diploma shall be on the premises. Exception: Not applicable for primary educators who received their initial license before the effective date of these rules.

Prior to assuming duties, each new employee shall receive documented instruction in, and have a working knowledge of: Program philosophy and policies; Job description; Emergency health and safety procedures; Behavior management procedures; Detection, reporting, and prevention of child abuse; Procedures for receiving and releasing children;

Safe sleep procedures; Shaken baby syndrome/abusive head trauma; Meal service and safe food preparation policies;

Supervision during high risk activities such as eating and outdoor play; Food allergies; Expectations for communications with parent/guardian; Disease control and health promotion; An overview of licensing requirements; Information on risks of Cytomegalovirus (CMV) to female employees of childbearing age;

Family Home Staff Age Requirements		
Staff Position	Minimum Age	Stipulations
Primary Educator	21	
Primary Educator	18	With CDA or post secondary Early Childhood Education certification/degree
Educators/Assistants	16	May be used to meet A:C ratios, always under direct supervision of a primary educator and never left alone with a group of children

The primary educator shall be twenty-one (21) years of age or older. Exception: Eighteen (18) through twenty (20) year olds with a Child Development Associate or post secondary Early Childhood Education certification/degree.

Primary educators that received an initial license on or after the effective date of these rules shall be required to have earned a high school diploma or equivalent educational credential as recognized by state law.

Educators/Assistants sixteen (16) through (20) years of age may assist an educator and be counted as an adult in the adult:child ratio if the individual is: Never left alone with children; and always under the direct supervision of a primary educator.

d) Other eligible CCDF provider qualifications

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

- a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:
 - Prevention and control of infectious diseases (including immunization)

- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation (CPR) certification

- ☐ **Yes.** The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas.

The health and safety requirements are covered for all licensed providers through the licensing rules except for two items (shaken baby syndrome/abusive head trauma). Language was added to the proposed rules to cover the requirement related to prevention of shaken baby syndrome and abusive head trauma. Someone must be present who is certified in first aid and CPR, but all staff are not required to be certified.

The health and safety checklist used to monitor unregulated providers who participate in the child care certificate program has been revised to cover all the health and safety requirements. A version of this checklist will also be used by child care licensing staff to monitor exempt programs who participate in the child care certificate program.

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

- Overall Target Completion Date (no later than September 30, 2016) _____
- Current Status – Describe the State/Territory’s status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____

- Unmet requirement - Identify the requirement(s) not fully implemented _
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity ____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____
- b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address these training requirements.

- ☐ **Yes.** The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

Current Center Rules

The applicant shall attend one pre-application training session as provided by the Department. In the case of a program that is governed by a board of directors or trustees, this training shall be attended by the applicant. If the applicant is not responsible for the day-to-day management of the program, this training shall be attended by both the applicant and the individual responsible for the day-to-day management.

New directors/managers shall attend a pre-service orientation training as provided by the Department and which is at least four (4) hours in length. In the case of a program that is governed by a board of directors or trustees, this training shall be attended by an individual who is responsible for the day-to-day

management of the program.

Current center rules require new caregivers to have two clock hours of pre-service orientation training within the first 30 days of employment. New directors are required to complete an orientation course with the 3 months of assuming the position.

Prior to assuming duties, each new employee shall receive orientation in, and be able to explain: Program philosophy; Job description; Emergency procedures; Policies regarding discipline of children; Policies regarding the reporting of child abuse; and Policies for receiving and dismissing children.

Within the first two (2) weeks on the job, each employee (including auxiliary staff, such as bus driver, cook, etc.) shall receive instruction in: Child abuse detection, reporting, and prevention; Parent-center communication; Disease control and health promotion; An overview of licensing requirements; and Information on risks of infection to female employees of childbearing age.

During the first year of employment a new director shall:

Have evidence of receiving at least thirty-six (36) hours of Department recognized, competency-based training, at least six (6) hours of which must be in administration, management or supervisory training; or Earn credit for the year in one (1) academic course in administration, child development, early childhood education, health/safety or other related field.

After the first (1st) year of employment, the director shall:

Have evidence of receiving at least eighteen (18) clock hours annually in Department-recognized workshops, competency-based training, or one-to one consulting sessions:
Six (6) hours of training shall be in administration, management or supervisory training; and Four (4) hours of the required eighteen (18) hours may be earned by conducting training.

Training for Caregivers During the First (1st) Year of Employment.

New caregivers shall complete, within the first (1st) thirty (30) days of employment with the agency, two (2) clock hours of pre-service orientation training offered or recognized by the Department. Pending completion of the orientation training, the caregiver's employment status as a caregiver with the agency is conditional.

New caregivers shall additionally complete sixteen (16) hours of Department recognized, competency-based training within the first (1st) year of employment, six (6) hours of which must be completed within the first six (6) months of employment. Failure of the caregiver to complete the required two (2) hours of pre-service orientation and/or failure to complete the required six (6) hours of training within the first (1st) six (6) months of employment shall require that the employee be removed from caregiver duties until completion of the training.

Exception. Caregivers who have been employed in child care during the last three (3) years, hold a Bachelors or Associates degree in child development or a related field, or who hold a CDA credential or CCP credential as recognized by the Department shall instead comply with the training requirements for experienced caregivers required in subparagraph (d) below.

Training for Caregivers After the First (1st) Year of Employment.

Experienced caregivers shall complete at least twelve (12) clock hours annually of Department-recognized, competency-based training.

A maximum of two (2) hours training credit annually may be credited for Child and Adult Care Food Program (CACFP) training.

At least six (6) hours of the required training must be non-agency based, e.g., obtained outside of the center.

Up to four (4) hours training credit annually may be earned by conducting training.

Credit for Tennessee Early Childhood Training Alliance Orientation Training. Completion of a thirty (30) hour orientation class through the TECTA program shall satisfy the caregiver's minimum annual training requirements for two (2) years.

Current Home Rules

A primary caregiver shall complete a DHS-sponsored child care orientation class within three months of licensure.

The Department offers one prelicensure consultation session. When an individual or group is giving consideration to opening a child care service/business, the local county office of the Tennessee Department of Human Services should be contacted. The individual or group will be given the name of a licensing representative who will serve as their consultant.

The Department will offer prelicensure training to prospective providers of day care. Interested persons or groups should contact a licensing representative to determine the date of the next meeting in their area.

All caregivers shall have training in detection, reporting, and prevention of child abuse.

All caregivers shall have a minimum of two hours training annually, in addition to other required training in specific subject areas.

A group home primary caregiver shall present evidence of receiving eight hours of training, consultation, or technical assistance annually in child care or a related field. After the first year of licensure (in any category), this training shall be in addition to other required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety or first aid, etc.

A family home primary caregiver shall annually complete at least four hours of workshops or other training, or present evidence of four hours of consultation or of personal study (one-time only), in child care or a related field. After the first year of licensure, this training shall be in addition to other required training [such as Child and Adult Food Care Program (CAFCP), personal safety or first aid, etc.].

Proposed Rules

The primary educator (child care home) shall complete a Department-sponsored child-care informational intake meeting and an orientation session that is at least four (4) hours in length no later than six (6) months prior to a license being issued.

The agency shall provide orientation on safe sleep practices before allowing any educator to assume infant caregiving duties ;

Prior to assuming duties, each new employee shall receive documented instruction in, and have a working knowledge of : Program philosophy and policies; Job description; Emergency health and safety procedures; Behavior management procedures; Detection, reporting, and prevention of child abuse; Procedures for receiving and releasing children; Safe sleep procedures; Shaken baby syndrome/abusive head trauma; Meal service and safe food preparation policies; Supervision during high risk activities such as eating and outdoor play; Food allergies; Expectations for communications with parent/guardian; Disease control and health promotion; An overview of licensing requirements; Information on risks of

Cytomegalovirus (CMV) to female employees of childbearing age; A minimum of two (2) hours pre-service training as recognized by the Department;

No more than six (6) months prior to issuance of the first license, owners (or a designee thereof who is not the on-site director) and directors shall complete a child care informational intake meeting sponsored by the Department.

Within the first three months of employment the director shall complete a department provided training that includes but is not limited to applicable licensing rules.

The director shall complete pre-employment training, recognized by the Department that includes but is not limited to, training in interviewing and evaluating caregivers for service in an agency and in working effectively with parents.

After the first (1st) year of employment, the director shall:

Earn credit during the year in one (1) academic course in administration, child development, early childhood education, health/safety or other related field; or

The director in a child care center shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions:

- Effective July 1, 2016 at least eighteen (18) clock hours
- Effective July 1, 2017 at least twenty-four (24) clock hours
- Effective July 1, 2018 at least thirty (30) clock hours

Six (6) hours of training shall be in administration, management or supervisory training.

At least two (2) hours of required annual training shall be business training

At least six (6) hours must be health and safety such as but not limited to: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

Four (4) hours of the required eighteen (18) hours may be earned by conducting training.

Training for Educators (centers) after the First (1st) Year of Employment

Educators in a child care center shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions

- Effective July 1, 2016 at least twelve (12) clock hours
- Effective July 1, 2017 at least twenty-four (24) clock hours
- Effective July 1, 2018 at least thirty (30) clock hours

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

A maximum of two (2) clock hours training credit annually may be credited for Child and Adult Care Food Program (CACFP) training.

At least six (6) clock hours of the required training shall be non-agency based, e.g., obtained from sources other than training resources developed within the center itself. Multi-location programs may conduct conference-like or pre-service events that meet the required training needs.

At least six (6) hours must be health and safety such as but not limited to: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

Up to four (4) clock hours training credit annually may be earned by conducting training.

Credit for Tennessee Early Childhood Training Alliance Orientation Training. Completion of a thirty (30) clock hour orientation class through the TECTA program shall satisfy the educator's minimum annual training requirements for two (2) years.

The primary educator in a family child care home shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions:

- Effective July 1, 2016 at least eighteen (18) clock hours
- Effective July 1, 2017 at least twenty-four (24) clock hours
- Effective July 1, 2018 at least thirty (30) clock hours

At least five (5) hours must be health and safety such as but not limited to: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma; Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

At least two (2) hours of required annual training shall be business training

After the first year, this training shall be in addition to other required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety, etc.

Training in First Aid and CPR may be counted as necessary to maintain current certification as required by 1240-04-01-.12.

Completion of a thirty (30) hour orientation class through the TECTA program shall satisfy the Primary Educator's minimum annual training requirements for two (2) years.

All educators in a family child care home shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions::

- Effective July 1, 2016 at least twelve (12) clock hours
- Effective July 1, 2017 at least twenty-four (24) clock hours
- Effective July 1, 2018 at least thirty (30) clock hours

At least three (3) hours must be health and safety such as but not limited to: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma; Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

After the first year, this training shall be in addition to other required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety, etc.

Training in First Aid and CPR may be counted as necessary to maintain current certification as required by 1240-04-01-.12.

All staff responsible for food service, preparation, or supervision shall be trained on the mealtime supervision plan as described in 1240-04-01-.11 (2) (c).

The primary educator in a group child care home shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions:

- Effective July 1, 2016 at least eighteen (18) clock hours
- Effective July 1, 2017 at least twenty-four (24) clock hours
- Effective July 1, 2018 at least thirty (30) clock hours

At least five (5) hours must be health and safety such as but not limited to: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma; Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

At least two (2) hours of required annual training shall be business training

Required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety, etc. shall be counted once OR only in the year initially completed.

Training in First Aid and CPR may be counted as necessary to maintain current certification as required by 1240-04-01-.12.

Completion of the thirty (30) hour TECTA Family Child Care Orientation shall satisfy the Primary Educator's minimum annual training requirements for two (2) years.

An educator in a group child care home shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions:

- Effective July 1, 2016 at least twelve (12) clock hours
- Effective July 1, 2017 at least twenty-four (24) clock hours
- Effective July 1, 2018 at least thirty (30) clock hours

At least three (3) hours must be health and safety such as but not limited to: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma; Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

Required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety, etc. shall be counted once OR only in the year initially completed.

Training in First Aid and CPR may be counted as necessary to maintain current certification as required by 1240-04-01-.12.

All staff responsible for food service, preparation, or supervision shall be trained on the mealtime supervision plan as described in 1240-04-01-.11 (2) (c).

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

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

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

☐ Nutrition. Describe

Current Center Rule:

Nutritional Needs

If the agency provides meals, the agency shall provide developmentally appropriate meals, snacks, and drinks for each child that are of sufficient proportions and nutritional value to meet each child’s health needs in accordance with the following minimum requirements

Appropriate foods shall be encouraged; highly inappropriate foods, e.g. foods high in sugar and/or fat content, but containing low nutritional value, shall be discouraged.

Proposed Center Rule:

Nutritional Needs

If the agency provides food, it shall be in accordance with the USDA's Child and Adult Care Food Program (CACFP) nutritional guidelines

Healthy, nutritious foods shall be provided. Non-nutritious foods that are high in sugar or unhealthy fat with low nutritional value shall be avoided.

☐ Access to physical activity. Describe

Current Center Rule:

There shall be alternating periods of vigorous activity and quiet play or rest throughout the day.

Indoor physical activities, requiring children to use both large and small muscles, shall be provided for children of each age group.

For infants/toddlers, a portion of the day shall include floor time for activities that develop physical, social, language and cognitive skills.

An opportunity for outdoor play shall be extended to children of all ages who are in care more than three (3) daylight hours; provided, however, for agencies where outdoor play is prohibitive or dangerous, as determined in the discretion of the Department, unoccupied indoor space providing fifty (50) square feet per child is acceptable.

Proposed Center Rule:

There shall be a balance between vigorous activity and quiet play or rest throughout the day.

Children of all ages, including infants, shall have a daily opportunity for outdoor play when the temperature range, after adjustment for wind chill and heat index, is between thirty-two degrees and ninety-five degrees Fahrenheit (32°F and 95°F) and not raining who are in care more than three (3) daylight hours.

Exception: Agencies where outdoor play is prohibitive or dangerous, may substitute unoccupied indoor space providing fifty (50) square feet per child, subject to approval by the Department.

Outdoor play and moderate to vigorous indoor or outdoor physical activity shall be available as follows:

Weather permitting infants shall be taken outside at least once per day.

Toddlers and preschoolers shall have sixty to ninety minutes of outdoor play per day.

Indoor activity can be increased if adverse weather does not permit outdoor play.

Toddlers shall have sixty to ninety minutes of moderate physical activity per eight hour day.

Preschoolers shall have ninety to one-hundred and twenty minutes of moderate physical activity per eight hour day.

Staff shall plan and implement activities that engage all children in developmentally appropriate active, physical play such as skipping, running,, jumping,

☐ Screen time. Describe

Proposed Rule:

Television, Radio, Videos, Computers, and Personal Electronic Devices.

If television, video tapes/DVDs, video/computer games are used, they shall be limited as follows:

Television, video tapes/DVDs shall be limited to one hour per day and for educational or physical activities use only.

Exception: Viewing time may exceed one hour per day for special activities such as movie time as long as the total average time per week does not exceed one hour per day.

Computer and personal electronic device time is limited to one hour per day.

TV, video, or DVD viewing is not allowed during meal or snack time.

Exceptions:

Use of media containing personal recorded messages from relatives serving abroad in the military is not limited.

Use of media during transition times when there is a single educator such as during preparation of a meal is limited to the duration of the transition.

School age children may use computers for completion of homework with no time limitations.

All children may participate in activities that utilize computers and electronic devices for educational programs.

If used, computers which allow internet access by children shall be equipped with monitoring or filtering software, or other type of software protection, which limits children's access to inappropriate web sites, e-mail, and instant messages.

Videos, movies, and video/computer games shall be previewed by staff for content.

Programs, movies, computer games, and music with violent or adult content shall not be permitted in children's presence.

Programs/movies/computer games shall be developmentally appropriate for the viewers.

Agencies shall inform parents in writing of any scheduled media program viewing, and Other activity choices shall be available to children who do not wish to participate in media time.

Current Center Rule:

Television, Radio, Videos, and Computers.

Programs, movies, computer games, and music with violent or adult content (including "soap operas") shall not be permitted in children's presence.

Programs/movies/computer games shall be developmentally appropriate for the viewers.

Parents shall be informed of movie showings and video/computer games and their ratings.

Videos, movies, and video/computer games must be previewed by staff for content.

If television, video tapes/DVDs, video/computer games, and/or movies are used, they shall be limited to:

Two (2) hours per day, or the length of a movie if more than two (2) hours in the case of school-agers.

Extended Care.

Television viewing by children during night care between 6 p.m. and 6 a.m., shall be limited to one (1) hour.

All programs shall be designed for children's education and/or enjoyment.

Up to one (1) additional hour per day, but not more than three (3) days per week, can be added to viewing time for computer use.

School-age children may use computers for completion of homework with no time limitations.

Computers, if used, shall be located in view of a caregiver for monitoring purposes.

Computers which allow internet access by the children shall be equipped with monitoring or filtering software, or an analogous software protection, which limits children's access to inappropriate web sites, e-mail, and instant messages.

Other activity choices shall be available to children during television/movie viewing or computer use.

☐ Caring for children with special needs. Describe

Proposed Rule:

Child care agencies shall obtain training relevant to the special needs of the child in care and shall consult with parents/guardians and appropriate service providers regarding techniques used in the home to ensure the child's safety.

General Requirements for Children's Records shall include:

A current information form:

The child's name and date of birth;

Name of parent(s)/ guardians;

Child's and parents'/guardians home addresses and phone numbers;

Parents/guardians business address, phone numbers, work hours;

Any special needs, medical conditions, including allergies, or relevant history and the child; and

For a child with life-threatening allergies, a written plan of action endorsed by the child's pediatrician or licensed medical provider.

The parents/guardians shall be consulted in developing a plan to meet the individual needs of a child with special needs.

Current Center Rule:

CARE OF CHILDREN WITH SPECIAL NEEDS.

When children with disabilities are enrolled, all reasonable and appropriate efforts shall be made to provide each child an equal opportunity to participate in the same program activities as their peers.

Parents or other appropriate individual identified by the parent shall provide information and, as appropriate, training for caregivers regarding special needs/techniques/emergency measures/etc., as utilized in the child's home to ensure the child's safety and well-being.

Adaptations to the environment shall be directed toward normalizing the lifestyle of the child by helping the child to become independent and develop self-help skills.

Behavior management techniques or program activities which would tend to demean or isolate the child are prohibited.

The agency shall inform parents of any specialized services available from the agency, and if the agency is aware of any specialized services available through third parties, shall additionally inform the parent of such services.

Efforts to provide specialized services (e.g., speech/hearing therapy, physical therapy, psychological evaluation, or services for the mentally retarded) either directly or by referral, shall be conducted only with written permission by the parent and documented in the child's record. Any information exchange regarding these services that is shared with or received from third parties shall also be documented.

Emergency Plans.

The agency shall have written individualized emergency plans for each disabled child who requires more assistance in emergencies than other children of the same age or in the same group.

The emergency plan shall be approved by the Department.

The agency shall maintain documentation that the Emergency Plan is practiced monthly.

Each non-verbal child's daily activities, including, as applicable to the individual child, the time and amount of feeding, elimination, times of diaper changes, sleep patterns, and developmental progress, shall be recorded and shared with the parents daily.

Diapering of School-age Children with special needs shall be completed as required by Rule 1240-04-03-.10.

☐ Other subject areas determined by the State/Territory to be necessary to promote

child development or to protect children's health and safety. Describe

- 5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics? Note this exception applies if the individual cares ONLY for relative children.

- ☐ Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care. ____
- ☐ Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care. _____
- ☐ No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

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

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

Child Care Rules: <http://share.tn.gov/sos/rules/1240/1240-04/1240-04.htm>

1240-04-01- Standards for Group Child Care Homes

1240-04-02- Licensure Rules for Drop-In Child Care Centers

1240-04-03- Licensure Rules for Child Care Centers

1240-24-04- Standards for Family Child Care Homes

Provider Agreement – HS-3033 Revised July 2015

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

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

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

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives).

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

☐ **Yes.** The State/Territory certifies that it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting :

Education and Experience: Graduation from an accredited college or university with a bachelor’s degree.

Competencies: Integrity and Trust, Listening, Patience, Priority Setting, Time Management, Problem Solving, Interpersonal Savvy, Written Communications, Conflict Management

Knowledge: Basic math skills, Knowledge of group behavior and dynamics, Knowledge of human behavior and performance; individual differences in ability, personality, and interests; learning and motivation

Skills: Active Learning, Active Listening, Adjusting actions in relation to others' actions, Being aware of other's reactions and understanding why they react as they do, Critical Thinking, Effective Time Management, Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions, Instructing, Judgment and Decision Making, Monitoring/assessing performance of self, other individuals, or organizations to make improvements or take corrective action, Negotiation, Persuasion, Service Orientation, Written Communication

Tennessee Department of Human Resources

The link below is to the Department of Human Resources which has descriptions of the job classifications.

<http://agency.governmentjobs.com/tennessee/default.cfm?action=viewclassspec&classSpecID=100851&viewOnly=yes>

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

- Overall Target Completion Date (no later than November 19, 2016)

- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented ____

- Unmet requirement - Identify the requirement(s) not fully implemented _

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

- b) **Inspections for Licensed CCDF Providers** - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to

perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

- ☐ **Yes.** The State/Territory certifies that it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits : _

Administrative Policies and Procedures: 13.02

Child Care Centers, Group Child Care Homes, Family Child Care Homes, and Drop-in Child Care Centers are required to receive announced and unannounced agency visits. The following are the minimum visitation frequencies:

All agencies must receive a minimum of one (1) announced evaluation visit during the licensing year. Exception: Agencies on a temporary license must receive an additional announced visit for the purpose of providing technical assistance.

Child care agencies issued temporary licenses must receive two (2) unannounced visits during the temporary period.

Child care agencies issued initial annual licenses must receive three (3) unannounced monitoring visits.

Child care agencies issued annual licenses must receive two (2) unannounced agency monitoring visits.

Additional unannounced monitoring visits will be based on complaints and compliance history.

Program Evaluators (PEs) must provide schedule to their supervisor on announced and unannounced visit. It is the supervisor's responsibility to ensure that the announced visits are set two months prior to the expiration date and unannounced visits are balanced throughout the licensing year.

- ☐ **No.** If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than November 19, 2016)
 - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

-
- Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity ____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity ____

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) –

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

- ☐ Yes. The State/Territory certifies that it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements : _____
- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than November 19, 2016)

The overall target completion date is July 1, 2016

-
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

A version of the revised check list for unregulated providers will be used by licensing staff to monitor exempt providers.

-
- Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____

The checklist has been revised to include all of the CCDBG requirements.

- Unmet requirement - Identify the requirement(s) not fully implemented _

Monitoring policy still needs to be finalized, and staff need to be trained.

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _
 - Projected start date for each activity _____

Efforts to revise policy began in November 2015. _____

- Projected end date for each activity _____

Finalize policy revisions and train staff on revised policy by March 31, 2016

- Agency – Who is responsible for complete implementation of this activity

The lead agency is responsible for complete implementation.

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

Department of Education

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

- ☐ **Yes.** The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors :

The unwritten policy/practice is that caseloads do not exceed 30 to 35 agencies. Factors such as the geographical distance between agencies and agency size are used to determine the caseload size. Currently, the ratio is approximately 1 inspector for every 21.58 agencies.

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

- Overall Target Completion Date (no later than November 19, 2016) _____
- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented ____
- Unmet requirement - Identify the requirement(s) not fully implemented _
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _
 - Projected start date for each activity ____
 - Projected end date for each activity ____
 - Agency – Who is responsible for complete implementation of this activity ____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity ____

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

- ☐ **Yes.** Fully implemented and meeting all Federal requirements outlined above.
List the Lead Agency's policy citation(s)

Requirements to report child abuse are addressed in each licensing rule category and in the provider agreement.

Child Care Rules: <http://share.tn.gov/sos/rules/1240/1240-04/1240-04.htm>

1240-04-01- Standards for Group Child Care Homes

1240-04-02- Licensure Rules for Drop-In Child Care Centers

1240-04-03- Licensure Rules for Child Care Centers

1240-24-04- Standards for Family Child Care Homes

Provider Agreement

The child abuse reporting requirements can be found in item A.3 in the agreement.

- ☐ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than November 19, 2016) ____
 - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) ____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented ____

- Unmet requirement - Identify the requirement(s) not fully implemented _
- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) ____
 - Projected start date for each activity ____
 - Projected end date for each activity ____
 - Agency – Who is responsible for complete implementation of this activity _
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity ____

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

- ☐ Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care. ____
- ☐ Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt and include how the State/Territory ensures the health and safety of children in relative care. ____
- ☐ No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

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

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a

search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff

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

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

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

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

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

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

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

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

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the policy citation within the Lead Agency's rules__and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.
- ☐ **Not implemented.** The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including

planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your

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

- Overall Target Completion Date (no later than September 30, 2017)

The overall target completion date is September 30, 2017

- Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____

- Implementation progress to date – Identify any requirement(s) partially or substantially implemented

-Background checks for licensed providers already in place
-Checks include FBI check and National Sex Offender Registry check
-Fees do not exceed cost of processing/administering check
-Policies and procedures for conducting checks are outlined on website
-Appeal process has been established
-Lead agency does not release the results of individual background checks
-Abuse/neglect registry is checked in TN only

- Unmet requirement - Identify the requirement(s) not fully implemented

-Background checks for unregulated/exempt providers not yet implemented
-Currently, checks are not repeated every 5 years
-The abuse/neglect registry is not checked in the state where the person may have resided during the last 5 years.

- Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revised provider agreement (contract) will hold unregulated providers accountable for all CCDGB requirements.

Projected start date for each activity

Revisions to the provider agreement that will incorporate CCDBG requirements is in progress.

- Projected end date for each activity

Revised provider agreement will be implemented July 1, 2016

- Agency – Who is responsible for complete implementation of this activity

State Administrator and Child Care Licensing Director

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

Department of Children's Services

- 5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and appealing the results of background checks.

All persons applying to work with children as a paid employee, director or manager with a child care agency are required to complete a criminal background check. The Department will check an individual's status on the Department of Health's Vulnerable Persons Registry (VPR), the Department of Children's Services abuse registry and the State's Sex Offender registry.

Individuals must:

Complete and sign Criminal History Disclosure form

Schedule and submit a fingerprint sample for a criminal background check

Excludable offenses:

Offenses involving violence against a child or person

Offenses involving drugs

Offenses of physical abuse, sexual abuse or neglect of a child

Most checks are completed within a few days.

Applicants can register to be fingerprinted online or by phone.

The lead agency has established electronic communications with providers to communicate background check results via email or fax.

Results of fingerprints checks are sent directly to the lead agency.

The lead agency releases the results to individuals/providers based upon established privacy policy.

Persons excluded based upon the background/registry check may appeal the exclusion within 10 days of the notice.

An administrative hearing is held to allow the appellant to challenge the accuracy of the determination.

The law also allows for a review process that utilizes an advisory group of law enforcement personnel, persons experienced in child protective services, persons experienced in child development issues and childcare providers, or other persons it determines are appropriate to consider if an exemption from exclusion is appropriate based upon extenuating circumstances that would clearly warrant the exemption.

Background Check Law for Reference:

71-3-507. Criminal history violation information required of persons having access to children -- Review of records and registries -- Verification -- Exclusion from access to adults.

(a) (1) The following shall complete a disclosure form in a manner approved by the department disclosing criminal records, juvenile records histories and the status of such person on the department of health's vulnerable persons registry pursuant to title 68, chapter 11, part 10, the state's sex offender registry and status as an indicated perpetrator of abuse or neglect in the records of the department of children's services and the department of human services, or in any jurisdiction, and shall agree to release all such records to the childcare agency and to the department to verify the accuracy of the information contained on the disclosure form:

(A) A person applying to work with children as a paid employee, director or manager with a childcare agency as defined in § 71-3-501, with any detention center or temporary holding resource as described

in § 37-5-109, or with the department in any position in which any significant contact with children is likely in the course of the person's employment; or who applies for any license, that is not the renewal of an existing license or otherwise seeks to be an operator, as defined by the rules of the department, of a childcare agency as defined in § 71-3-501 and who has significant contact with children in the course of such role and is not otherwise exempted from the application of this section by rules of the department;

(B) A person who is a new substitute staff person, paid or unpaid, and who is to be used by the childcare agency to meet childcare standards and who serves as a substitute for more than thirty-six (36) hours in any one (1) calendar year; or

(C) A person fifteen (15) years of age or older who resides in a childcare agency that is being licensed initially or who moves into a childcare agency following initial licensure.

(2) (A) Persons subject to the requirements of subdivision (a)(1) shall also supply a fingerprint sample in a manner prescribed by the department and by the Tennessee bureau of investigation (TBI), and shall submit to a fingerprint-based background review of criminal history records, and juvenile records that are available to the TBI, to be conducted by the TBI, and shall submit to a review of the person's status on the department of health's vulnerable persons registry under title 68, chapter 11, part 10, the state sex offender registry, and pursuant to § 71-3-515, a review of the person's status in the department of children's services and the department of human services records of indicated perpetrators of abuse or neglect of children or adults, and, if determined necessary by the department, a review of any available juvenile records in juvenile court.

(B) All persons subject to the requirements of subdivision (a)(1), and all persons applying to work with the department in any position in which any significant contact with children is likely in the course of the person's employment with the department, shall have the fingerprint-based background review, including juvenile records available to the TBI, and the registry and perpetrator records and juvenile records reviews required by subdivision (a)(2)(A) completed as required by this section prior to assuming any role described in subdivision (a)(1) or prior to employment with the department; and if the person is fifteen (15) years of age or older

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

The lead agency has communicated the requirements of the CCDBG Act of 2014 regarding checking the abuse/neglect registry in the state where the person resided during the last five years to the Department responsible for the abuse/neglect registry information in Tennessee to make them aware of requests that they may receive from other states in the future.

The lead agency has proposed dedicating a staff person to process requests from other states regarding state criminal and sex offender registry information.

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

☐ Yes. Describe.

The law allows for a waiver review process that utilizes an advisory group of law enforcement personnel, persons experienced in child protective services, persons experienced in child development issues and childcare providers, or other persons it determines are appropriate to consider if an

exemption from exclusion is appropriate based upon extenuating circumstances that would clearly warrant the exemption. The waiver process is not limited to a felony drug offense and may consider any excludable offense.

☐ No

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

☐ Yes. Describe

Aggravated cruelty to animals

Aggravated robbery

Carjacking

Cruelty to Animals

Weapons offenses

Stalking

Robbery

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

☐ Yes, all relatives are exempt from all background check requirements.

☐ Yes, some relatives are exempt from the background check requirements. Describe which relatives are exempt. _____

☐ No, relatives are not exempt from background checks.

5.3.7 Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3rd party vendor or contractor, Lead Agencies can report that no fees are charged if applicable.

The lead agency maintains a contract with vendor responsible for fingerprinting applicants and with the Tennessee Bureau of Investigation. The contract process allows the lead agency to ensure that fees do not exceed the cost of processing/administration.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue
Background check policies and procedures are included on the lead agency, and the fingerprint vendor, website.

<http://tn.gov/humanservices/article/child-care-background-checks-for-child-care-employees>

<http://www.identogo.com/FP/Tennessee.aspx>

5.3.9 Does the Lead Agency release aggregated data by crime?

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

☐ No

6 Recruit and Retain a Qualified and Effective Child Care Workforce

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

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

6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home

providers and child care center staff.

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

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

- 6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

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

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid- level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
- e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

- ☐ **Fully implemented** and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
- ☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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

6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.

- ☐ **State/Territory professional standards and competencies. Describe**

TECTA utilizes the standards set forth in the *National Association for the Education of Young Children (NAEYC) Standards for Professional Preparation Programs* that provide a common national framework for all early childhood professional development systems and programs. These standards align with the Council for Professional Recognition CDA competency areas and NAEYC works with CAEP (Council for the Accreditation of Educator Preparation) for alignment. The TECTA 30 clock hour Orientation training provide foundational knowledge across roles and settings for care and education professionals

(Administrator, Center-based, Family Child Care, Infant Toddler, and School-Age and skills related to the core competencies of the Child Development Associate (CDA) credential and aligned with NAEYC:

- 1: Establishing and maintaining a safe, healthy, learning environment
- 2: Advancing physical and intellectual competence
- 3: Supporting social and emotional development and provide positive guidance
- 4: Establishing positive and productive partnerships with families
- 5: Ensuring a well-run, purposeful program responsive to participant needs
- 6: Maintaining a commitment to professionalism

In addition, TECTA manages the Tennessee Early Childhood Administrator Credential (TECPAC) which uses the NAEYC standards:

- 1: Promoting child development and learning
- 2: Building Family and Community Relationships
- 3: Observing, Documenting, and Assessing to Support Young Children and Families
- 4: Using Developmentally Effective Approaches to Connect with Children and Families
- 5: Using Content Knowledge to Build Meaningful Curriculum
- 6: Maintaining a commitment to Professionalism

These competencies are documented and measured as identified in the *Program Administration Scale Measuring Early Childhood Leadership and Management* or *Business Administration Scale for Family Child Care* from the McCormick Tribune Center for Early Childhood Leadership.

TECTA also manages an online training portal, Tennessee Child Care Online Training System (TCCOTS) TCCOTS, that has the capability to support adult learning methods of instruction cross-platformed and supported by most common web browsers to provide online work related training options. Within each module, activities and content quizzes require user demonstration of recognizing and recalling information included in content. The online training modules include specific early childhood area content, aligned with NAEYC national framework, and the expected competencies upon completion. Each module is designed to provide a minimum of two hours of training to meet state training hour requirements. TCCOTS is freely accessible to early childhood cross sector eLearners as well as parents. Training certificates are issued to those who provide specific work place or higher education student information within Tennessee. TCCOTS includes a Helpdesk feature to facilitate eLearner navigation and success.

☐ Career ladder or lattice. Describe

The TECTA 30 clock hour Orientation training specialized in five areas of early childhood content provides the gateway to accessing academic tuition support and career advancement from Associate degree through Graduate degrees, including earning the TN Early Childhood Administrator Credential for administrators. The academic pathway for earning the CDA is a key first stepping stone on the career advancement lattice and articulates into the Early Childhood Education AAS or AS at two-year Tennessee Board of Regents Institutions. The TBR Early Childhood Education AAS programs are accredited by NAEYC/CAEP.

☐ Articulation agreements between two- and four-year postsecondary early childhood education or degree programs. Describe

TECTA continues to provide leadership in the development and revision of courses within the Early Childhood Education AAS degree as well as the on-going evaluation and effectiveness of the curriculum including textbook adoption. TECTA supports the development and student utilization of articulation agreements across the state through a faculty institute held year for two and four-year early childhood administrators and faculty as well as statewide academic advisement for students.

- ☐ Community-based training approved by a state regulatory body to meet licensing or regulatory requirements. Describe

- ☐ Workforce data, including recruitment, retention, registries or other documentation, and compensation information. Describe

TECTA holds a comprehensive workforce data system that includes extensive information on providers working in licensed childcare facilities who have participated in TECTA professional development training and received academic assistance or other early childhood focused support. TECTA data demonstrates professional learning supports during professional development multiyear timelines toward ongoing practice for quality improvement.

- ☐ Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework. Describe

The TECTA advisory structure is designed by Tennessee State University Center of Excellence for Learning Sciences and made up of various academic, state department, professional agency and community based stakeholders,

- ☐ Continuing education unit trainings and credit-bearing professional development. Describe

TECTA's placement within the TBR institutions enables support partnerships with professional development organizations to align with college credit-bearing opportunities. The career lattice framework of TECTA allows for implementing comprehensive pathways and multiyear timelines for transitioning to a bachelor's degree and beyond.

- ☐ State-approved trainings. Describe

The lead agency maintains a listing of recognized child care trainings offered from outside entities. It also maintains the Tennessee Child Care Online Training System to offer an array of trainings to support the professional development of the workforce.

- ☐ Inclusion in state and/or regional workforce and economic development plans. Describe

The lead agency customer focused goals include objectives to address the education and training of child care professionals. These goals are aligned with the Workforce Development, Employment, and Transformation initiative.

- ☐ Other. Describe

TECTA's localized statewide placement within the TBR institutions enables staff to align with college and university systems for improving the technical support, advisement and scholarship assistance to access higher education. TECTA statewide presence serves to strengthen collaboration with additional higher education institutions as well as other professional learning services and systems within in early care and education and other closely related sectors.

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

The role previously filled by the Tennessee Early Childhood Advisory Council is now fulfilled by the Tennessee Young Child Wellness Council (TYCWC). Going forward TYCWC will be consulted regarding training and professional development requirements

- 6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

This information is incorporated in the trainings available through the Tennessee Child Care Online Training System and training provided by Child Care Resource and Referral.

- 6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

NA _____

- 6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Training available through the Tennessee Child Care Online Training System and Child Care Resource and Referral is applicable to these areas with the exception of information about English language learners.

The lead agency will also work with community organizations throughout the state to accommodate English language learners. Training to support English language learners will be added to the FY2017 Child Care Resource and Referral contract.

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

☐ Financial assistance for attaining credentials and post-secondary degrees. Describe TECTA provides financial assistance for academic coursework and funds for application fees associated with the CDA credential.

- ☐ Financial incentives linked to education attainment and retention. Describe _____
☐ Registered apprenticeship programs. Describe _____
☐ Outreach to high school (including career and technical) students. Describe _____
☐ Policies for paid sick leave. Describe _____

- ☐ Policies for paid annual leave. Describe _____
- ☐ Policies for health care benefits. Describe _____
- ☐ Policies for retirement benefits. Describe _____
- ☐ Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services). Describe _____
- ☐ **Other.** Describe _____

Tennessee's Outstanding Providers Supported Through Available Resources (TOPSTAR) sends highly motivated peer mentors into the home childcare setting to assist caregivers in identifying up to three goals and offer one-on-one support in reaching these goals. In doing so, peer relationships are developed that offer long-term support for both the mentor and protégé. A mentor can help with all aspects of running a successful family child care business: Licensing/Assessment, Parents/clients, Children's needs, Scheduling, Paperwork, Personal time, Family time, Meals, and Training. Having a Mentor can help all of the pieces fit into place. Their first-hand experience can help the protégé eliminate many of the pitfalls of the business. They offer: Training information, Money-saving ideas, Help developing business contracts and policies, Efficient space utilization, Parent/client strategies, Developing centers, New ideas for using materials on-hand, Peer relationships, Support during licensing or assessment.

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

The lead agency maintains a contract with the Foreign Language Institute to provide translation services as needed.

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

- ☐ Informational materials in non-English languages
- ☐ Training and technical assistance in non-English languages
- ☐ CCDF health and safety requirements in non-English languages
- ☐ Provider contracts or agreements in non-English languages
- ☐ Website in non-English languages
- ☐ **Bilingual caseworkers or translators available**
- ☐ Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce
- ☐ Other _____
- ☐ None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify

that the State has the ability to have translation/interpretation in all primary and secondary languages

Translation/interpretation in all primary and secondary languages is available through the Foreign Language Institute.

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

- ☐ **Yes.** The State certifies that no later than September 30, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for _____ providers

- ☐ **No.** The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
 - Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implementation of this activity _____

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

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

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

☐ Yes. If yes,

- a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

The lead agency funds the Tennessee Early Childhood Training Alliance (TECTA) and Child Care Resource & Referral. These entities provide training and professional development opportunities for providers statewide. The lead agency monitors the numbers of providers that receive training and further education annually as a means of evaluating the educational level of the workforce.

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

☐ CCDF funds. Describe

Targeted funds are used to provider training, technical assistance, and professional development opportunities for specific care types such as infant/toddler, school-age, and family home providers. Non-targeted funds were used to provide training, and professional development opportunities for all providers.

☐ Other funds. Describe _____

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

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

The Child Care Resource and Referral Network delivers content using the following topics: Creative Curriculum for Infant & Toddlers, Creative Curriculum for Preschool, Keys to Quality for School Age Care, Half a Childhood, Tennessee Early Learning Developmental Standards, Childhood Obesity, Gold Sneaker Initiative, Strengthening Families, Connecting Children with Nature, Ramps and Pathways, School Readiness, Digital Media and Early Learning, DAP: Behavior Management, Conscious Discipline, Discipline for Life: Getting it Right With Children, Program for Infant and Toddler Providers, Center on the Social and Emotional Foundations for Early Learning (Pyramid Model), Bullying Behavior, School Age: Facilitating Social Competence, STEM, Early Childhood Math and Literacy Essentials, Infectious Disease Control, Environmental Health, Child Health Policies, Caring For Our Children, Children's Health Crisis in Tennessee, Physical Fitness and Nutrition, Fire Safety

Each of the TECTA 30 clock hour Orientation classes in the five topic areas (Center-based, Infant

Toddler, Administration, School-Age, and Family Child Care) are designed to guide early childhood professionals from a variety of different childcare programs through an overview of information based upon the professional continuum of standards illustrated as identified by *National Association for the Education of Young Children Standards of Professional Preparation*. Using adult learning practices, relationships are formed and enriched during the 30 hour orientation as the participants interact, share successes and challenges, debate ethical dilemmas, and instructors encourage learning that continues beyond the orientation. Content within the TECTA Orientations reflect the common recognition that early childhood education is a multidisciplinary field and represent the best practices from the field to help young children to develop and learn to their full potential. The Teaching Pyramid framework and supporting materials developed by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and the Technical Assistance Center on Social Emotional Intervention (TACSEI) are infused within numerous content areas within each TECTA Orientation class.

TECTA hosts and facilitates the Higher Education Institute whereby valuable state and professional development system information can be shared and pertinent discussions regarding the preparation of students who are interested in seeking professional development in the form of credentials, certificates and/or degrees in early care and education or related fields. TECTA provided guidance for the development of a faculty training package with selected CSEFEL materials and resources to assist Institutions of Higher Education Early Childhood Education (ECE) and Child Development program chairs with training new and/or adjunct faculty. TECTA provides continued dissemination of Pyramid Model materials for Higher Ed course infusion. The course ECED 2375: Social-Emotional Development is included as part of the Early Childhood Education A.A.S degree required courses.

The Tennessee Child Care Online Training System (TCCOTS) funded under TECTA includes one training module, Child Development and Learning: Supporting Children's Social and Emotional Development-3 hour training. This training includes an introduction to the Teaching Pyramid framework and supporting materials developed by The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and the Technical Assistance Center on Social Emotional Intervention (TACSEI). Content objectives includes: building understanding and application of the Pyramid Model, beginning to implement the Pyramid Model into daily early childhood practices and identifying resources available in Tennessee that include coaches, trainers, and other supports. This training includes additional post training assessment that measures the identification and use of Pyramid Model practices.

- ☐ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2). Describe

The Child Care Resource and Referral Network bases training and technical assistance on Center on the Social and Emotional Foundations for Early Learning (Pyramid Model) and Conscious Discipline.

The Tennessee Early Childhood Training Alliance (TECTA), in its efforts to include mental health resources for children, partners with local, regional, and State entities to provide opportunities for ongoing professional development in order to promote the social and emotional well-being of all children and families.

Tennessee Voices for Children hosts the collaborative initiative to promote the social and emotional development of children, birth-early elementary age, through a cross agency collaborative professional development system, including community based training, continuing education and higher education that fosters and sustains the state-wide, high-fidelity use of the Pyramid Model integrated with other relevant Tennessee efforts.

The TECTA staff as Professional Development Specialists of the Council for Professional Development who work with students who are seeking their CDA Credential also provide technical assistance as part of the statewide CSEFEL Coaching Team.

- ☐ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children’s positive development. Describe

The Child Care Resource and Referral Network primarily use Strengthening Families as its basis for parent engagement. Topics for training and technical assistance to parents include:

School-Age Child Development, Theories for School-Age Child Development: The Five Foundations, School-Age Areas of Development: Physical and Cognitive, School-Age Areas of Development: Social and Emotional

The TECTA 30 clock hour Orientation classes are infused with parent and family engagement content. Each Orientation class also addresses parent and family engagement content as identified by *National Association for the Education of Young Children Standards of Professional Preparation* within a three hour training module.

- ☐ Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards. Describe

The Child Care Resource and Referral Network uses the Tennessee Early Learning Developmental Standards to train child care providers and parents. Topics include:

School-Age Child Development, Theories for School-Age Child Development: The Five Foundations, School-Age Areas of Development: Physical and Cognitive, School-Age Areas of Development: Social and Emotional

The TECTA 30 clock hour Orientation classes are infused with the Tennessee Early Learning Developmental Standards. Each Orientation class also addresses child development and developmentally appropriate practice content as identified by National Association for the Education of Young Children Standards of Professional Preparation within three to six hour training modules.

The Tennessee Child Care Online Training System (TCCOTS) funded under TECTA includes training modules on the Tennessee *Early Learning Developmental Standards- 3HR Training* that addresses

each age group Birth through 12 months, Toddlers 13 through 24 months, Two Year-olds, Three Year-olds, Four Year-olds.

- ☐ On-site or accessible comprehensive services for children and community partnerships that promote families' access to services that support their children's learning and development. Describe

The Child Care Resource and Referral Network delivers content on inclusion including the following topics:

What Is Inclusion?, Common Disabilities, Types of Additional Support for Children with Special Needs , Developmentally Appropriate Practice and Effective Staff Scheduling Techniques for Children with Special Needs, Building Partnerships Between Programs and Families of Children with Special Needs, Strategies for Addressing the Goals of Children with Special Needs

The TECTA 30 clock hour Orientation classes are infused with the Tennessee Early Learning Developmental Standards. Each Orientation class also addresses child development and developmentally appropriate practice content as identified by National Association for the Education of Young Children Standards of Professional Preparation within three to six hour training modules.

- ☐ Using data to guide program evaluation to ensure continuous improvement. Describe ____

Child care providers licensed by the Department of Human Services are assessed annually using the Environment Rating Scales and other designated criteria. Child Care Resource & Referral provides technical assistance to providers to help them improve their assessment results.

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

The Child Care Resource and Referral Network actively seeks out families who qualify for the child care certificate program in DHS offices, WIC offices, and community organizations to inform them of quality child care, developmental information, and safety and health standards.

- ☐ Caring for and supporting the development of children with disabilities and developmental delays. Describe

The Child Care Resource and Referral Network provides the following training :

What Is Inclusion?, Common Disabilities, Types of Additional Support for Children with Special Needs, Developmentally Appropriate Practice and Effective Staff Scheduling Techniques for Children with Special Needs, Building Partnerships Between Programs and Families of Children with Special Needs, Strategies for Addressing the Goals of Children with Special Needs, How a Developmentally Appropriate Environment Supports the Development of All Children, Providing an Inclusion Experience for Infants and Toddlers, Observing the Play of Young Children: Creating an Inclusion Experience, Happy and Included

The Tennessee Child Care Online Training System (TCCOTS) funded under TECTA includes one training

module, *Inclusion- 2 HR Training* that specifically addresses the topic caring for and supporting the development of children with disabilities and developmental delays. This topic is addressed within three major areas; 1) Professionalism managing an effective program operation- Introduction to inclusion history, laws, and regulations to identify inclusive practices in high quality early childhood programs, 2) Promoting Child Development and Learning- Identify inclusive experiences for children with and without disabilities, and 3) Family Relationships- Identify successful relationships with families in child care inclusive settings.

Caring for and supporting the development of children with disabilities and developmental delays is infused within numerous content areas within each TECTA Orientation class. The TECTA Orientation classes also contain a three hour training module specifically on individual and cultural diversity.

☐ Supporting positive development of school-age children. Describe

Targeted funds are used to provide training/technical assistance for school-age providers through CCR&R and TECTA.

Trainings provided through Child Care Resource and Referral include:

School Age: Respecting Childhood with a Balanced Program, School Age: The Physical Environment Says "Welcome, School Age: Scheduling, Grouping, and 1,000 Things to Do!, Quality School Age Care: Principles of Effective School Age Programs, How to Grow a Healthy Child: The Five Foundations, The Seven Social Skills School Age Kids Need, School-Age Child Development, Theories for School-Age Child Development: The Five Foundations, School-Age Areas of Development: Physical and Cognitive, School-Age Areas of Development: Social and Emotional

The Tennessee Child Care Online Training System (TCCOTS) funded under TECTA includes one training module, *Tennessee School-Age Developmental Standards- 3HR Training* that addresses the development of school-agers in out of school time child care.

The TECTA 30 clock hour School-Age Orientation class is specifically designed for providing an overview of content related to caring for the school-age child kindergarten through age 12.

☐ Other. Describe

Pre-employment training for directors, including, but not limited to, training in interviewing and evaluating care givers for service in an agency;

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

- ☐ Coaches, mentors, consultants, or other specialists available to support access to postsecondary training including financial aid and academic counseling
- ☐ State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
- ☐ Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary

education

☐ Other. Describe

TECTA additionally provides financial assistance for formal academic education to meet requirements of the Council for Professional Recognition as part of earning a CDA credential as well as immediate access to Council approved Professional Development Specialists, support groups and scholarships for payment of CDA assessment fees.

☐ No

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

☐ Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

Caregivers

Current rules: 2 hours pre-service (defined as within first 30 days)

Prior to assuming duties, each new employee shall receive orientation in, and be able to explain: Program philosophy; Job description; Emergency procedures; Policies regarding discipline of children; Policies regarding the reporting of child abuse; and Policies for receiving and dismissing children. Within the first two (2) weeks on the job, each employee (including auxiliary staff, such as bus driver, cook, etc.) shall receive instruction in: Child abuse detection, reporting, and prevention; Parent-center communication; Disease control and health promotion; An overview of licensing requirements; and Information on risks of infection to female employees of childbearing age.

Proposed rules:

Prior to assuming duties, each new employee shall receive documented instruction in, and have a working knowledge of: Program philosophy and policies; Job description; Emergency health and safety procedures; Behavior management procedures; Detection, reporting, and prevention of child abuse; Procedures for receiving and releasing children; Safe sleep procedures; Shaken baby syndrome/abusive head trauma; Meal service and safe food preparation policies; Supervision during high risk activities such as eating and outdoor play; Food allergies; Expectations for communications with parent/guardian; Disease control and health promotion; An overview of licensing requirements; Information on risks of Cytomegalovirus (CMV) to female employees of childbearing age; A minimum of two (2) hours pre-service training as recognized by the Department;

Directors

Current Rule:

Intake orientation provided by the Department (approximately 4 hours).

New directors also complete new director orientation within 3 months (4 hours)

Proposed Rule:

No more than six (6) months prior to issuance of the first license, owners (or a designee thereof who is not the on-site director) and directors shall complete a child care informational intake meeting sponsored by the Department.

Within the first three months of employment the director shall complete a department provided training that includes but is not limited to applicable licensing rules.

The director shall complete pre-employment training, recognized by the Department that includes but is not limited to, training in interviewing and evaluating caregivers for service in an agency and in working effectively with parents.

2) Number of on-going hours and any required areas/content

Caregivers

Current Rules:

1st year – 16 hours competency based with 6 in first six months

After 1st year – 12 hours competency based – at least 6 which is non-agency based

Proposed Rules:

1st year - 16 hours – 6 hours within first 6 months at least 6 hours in H&S topics such as: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs.

After first year:

July 1, 2016 – 12 hours

July 1, 2017 – 24 hours

July 1, 2018 – 30 hours

At least 6 hours in H&S topics such as: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs. At least three hours in developmental learning standards.

Directors

Current Rules:

1st year – 36 hours competency based training at least six (6) hours of which must be in administration, management or supervisory training

After 1st year - eighteen (18) clock hours annually in Department-recognized workshops, competency-based training, or one-to one consulting sessions:

(I) Six (6) hours of training shall be in administration, management or supervisory training;

Proposed Rules:

At least thirty-six (36) hours of Department-recognized, training, Six (6) hours of which shall be in administration, management or supervisory training. At least six (6) hours must be health and safety such as but not limited to: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs, or Earn credit for the year in one (1) academic course in administration, child development, early childhood education, health/safety or other related field.

After the first (1st) year of employment, the director shall: Earn credit during the year in one (1) academic course in administration, child development, early childhood education, health/safety or other related field; or

(The director in a child care center shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions:

Effective July 1, 2016 at least eighteen (18) clock hours

Effective July 1, 2017 at least twenty-four (24) clock hours

Effective July 1, 2018 at least thirty (30) clock hours

Six (6) hours of training shall be in administration, management or supervisory training.

At least two (2) hours of required annual training shall be business training

At least six (6) hours must be health and safety such as but not limited to: Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content

Current Rule:

The Department offers one prelicensure consultation session. When an individual or group is giving consideration to opening a child care service/business, the local county office of the Tennessee Department of Human Services should be contacted. The individual or group will be given the name of a licensing representative who will serve as their consultant.

The Department will offer prelicensure training to prospective providers of day care. Interested persons or groups should contact a licensing representative to determine the date of the next meeting in their area.

A primary caregiver shall complete a DHS-sponsored child care orientation class within three months of licensure.

Proposed Rule:

Prior to assuming duties, each new employee shall receive documented instruction in, and have a working knowledge of :

Program philosophy and policies; Job description; Emergency health and safety procedures; Behavior management procedures; Detection, reporting, and prevention of child abuse; Procedures for receiving and releasing children; Safe sleep procedures; Shaken baby syndrome/abusive head trauma; Meal service and safe food preparation policies; Supervision during high risk activities such as eating and outdoor play; Food allergies; Expectations for communications with parent/guardian; Disease control and health promotion; An overview of licensing requirements; Information on risks of Cytomegalovirus (CMV) to female employees of childbearing age; A minimum of two (2) hours pre-service training as recognized by the Department;

The primary educator shall complete a Department-sponsored child-care informational intake meeting and an orientation session that is at least four (4) hours in length no later than six (6) months prior to a license being issued.

2) Number of on-going hours and any required areas/content

Current Rule:

All caregivers shall have a minimum of two hours training annually, in addition to other required training in specific subject areas.

A primary caregiver shall present evidence of receiving eight hours of training, consultation, or technical assistance annually in child care or a related field. After the first year of licensure (in any category), this training shall be in addition to other required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety or first aid, etc.

All caregivers shall have training in detection, reporting, and prevention of child abuse.

Proposed Rule:

The primary educator in a group child care home shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions:

Effective July 1, 2016 at least eighteen (18) clock hours

Effective July 1, 2017 at least twenty-four (24) clock hours

Effective July 1, 2018 at least thirty (30) clock hours

At least five (5) hours must be health and safety such as but not limited to:

Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

At least two (2) hours of required annual training shall be business training

Required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety, etc. shall be counted once OR only in the year initially completed.

An educator in a group child care home shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions:

Effective July 1, 2016 at least twelve (12) clock hours

Effective July 1, 2017 at least twenty-four (24) clock hours

Effective July 1, 2018 at least thirty (30) clock hours

At least three (3) hours must be health and safety such as but not limited to:

Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first

three months and annually thereafter.

Required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety, etc. shall be counted once OR only in the year initially completed.

Training in First Aid and CPR may be counted as necessary to maintain current certification as required by 1240-04-01-.12.

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content

Current Rule:

A primary caregiver shall complete a DHS-sponsored child care orientation class within three months of licensure.

All caregivers shall have training in detection, reporting, and prevention of child abuse.

The Department offers one prelicensure consultation session. When an individual or group is giving consideration to opening a child care service/business, the local county office of the Tennessee Department of Human Services should be contacted. The individual or group will be given the name of a licensing representative who will serve as their consultant.

The Department will offer prelicensure training to prospective providers of day care. Interested persons or groups should contact a licensing representative to determine the date of the next meeting in their area.

Proposed Rule:

Prior to assuming duties, each new employee shall receive documented instruction in, and have a working knowledge of:

Program philosophy and policies; Job description; Emergency health and safety procedures; Behavior management procedures; Detection, reporting, and prevention of child abuse; Procedures for receiving and releasing children; Safe sleep procedures; Shaken baby syndrome/abusive head trauma; Meal service and safe food preparation policies; Supervision during high risk activities such as eating and outdoor play; Food allergies; Expectations for communications with parent/guardian; Disease control and health promotion; An overview of licensing requirements; Information on risks of Cytomegalovirus (CMV) to female employees of childbearing age; A minimum of two (2) hours pre-service training as recognized by the Department;

The primary educator shall complete a Department-sponsored child-care informational intake meeting and an orientation session that is at least four (4) hours in length no later than six (6) months prior to a license being issued.

2) Number of on-going hours and any required areas/content _____

Current Rule:

All caregivers shall have training in detection, reporting, and prevention of child abuse.

All caregivers shall have a minimum of two hours training annually, in addition to other required training in specific subject areas.

A primary caregiver shall annually complete at least four hours of workshops or other training, or present evidence of four hours of consultation or of personal study (one-time only), in child care or a related field. After the first year of licensure, this training shall be in addition to other required training [such as Child and Adult Food Care Program (CAFCP), personal safety or first aid, etc.].

Proposed Rule:

The primary educator in a family child care home shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions:

Effective July 1, 2016 at least eighteen (18) clock hours

Effective July 1, 2017 at least twenty-four (24) clock hours

Effective July 1, 2018 at least thirty (30) clock hours

At least five (5) hours must be health and safety such as but not limited to:

Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

At least two (2) hours of required annual training shall be business training

After the first year, this training shall be in addition to other required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety, etc.

Training in First Aid and CPR may be counted as necessary to maintain current certification as required by 1240-04-01-.12.

All educators in a family child care home shall have, in addition to other required training in specific subject areas, evidence of receiving annual training as follows in Department-recognized workshops/training, or one-on-one consulting sessions:::

Effective July 1, 2016 at least twelve (12) clock hours

Effective July 1, 2017 at least twenty-four (24) clock hours

Effective July 1, 2018 at least thirty (30) clock hours

At least three (3) hours must be health and safety such as but not limited to:

Medication administration, Poison prevention, Safe sleep, Shaken baby syndrome/abusive head trauma, Nutrition and physical activity, Infection control, Child development, Caring for and inclusion of children with special needs

At least three (3) hours of training on the applicable developmental learning standards within the first three months and annually thereafter.

After the first year, this training shall be in addition to other required training in specific subject areas such as Child and Adult Care Food Program (CACFP), personal safety, etc.

Training in First Aid and CPR may be counted as necessary to maintain current certification as required by 1240-04-01-.12.

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content

Unregulated providers who participate in the child care certificate program are required to have 3 hours of pre-service training through the Tennessee Child Care Online Training System. The Before You Begin module includes the following items:

Professionalism

Code of Ethical Conduct

Tennessee Department of Human Services (DHS) Licensing Rules,

Health Procedures

- Hand Washing
- Cleaning and Sanitizing Eating Surfaces
- Cleaning Toys
- Diaper Changing and Toileting
- Nap Time

Health Practices

- Handling a Sick Child
- Physical Activity
- Sun Exposure
- Nutrition

Safety

Focused Supervision

- Supervision during meals and snacks
- A Safe Environment
- Playground Safety
- Safety for Different Age Groups
- Infants
- SIDS
- Toddlers
- Preschoolers
- Signing in and Signing Out
- Injury Procedures
- Incident Reporting
- Suspected Abuse or Neglect Procedures
- Emergency Preparedness Procedure

Child Development

Domains of Development

Domains of Development are interrelated

Development is Sequential

TN Early Childhood Developmental Standards

Environments

Developmentally Appropriate Practice

Schedules and Routines

Balance of Activities

Learning Centers

Diversity

Materials-available and accessible

Diversity

Interactions

Types of Interactions

Responding to Infants

Toddler Communication
Preschoolers and Emotions
Peers
Inclusions of Children with Special Needs
Multi-Age groups
Working with Families
Reciprocal Relationships
Appreciation of Diversity
Information Sharing
Ongoing communication
Respect
Parent Concerns
Negotiation

2) Number of on-going hours and any required areas/content _____

The lead agency is proposing that unregulated and exempt providers who care for children who participate in the child care certificate program have 9 hours of annual training in health and safety requirements.

☐ No

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

- ☐ **Fully implemented.** Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

Programs designed to strengthen business practices include:

Provider Orientation

A portion of the provider intake meeting is dedicated to the business practices and includes information presented by the local small business administration.

The Tennessee Early Childhood Training Alliance (TECTA) provides 30 hours of Orientation training to child care staff and administrators. One of the five orientation specializations is devoted to administrators and is designed for owners, directors, and assistant directors.

TECPAC

The Tennessee Early Childhood Training Alliance manages the Tennessee Early Childhood Administrator Credential (TECPAC) which uses the NAEYC standards:

- 1: Promoting child development and learning
- 2: Building Family and Community Relationships
- 3: Observing, Documenting, and Assessing to Support Young Children and Families
- 4: Using Developmentally Effective Approaches to Connect with Children and Families
- 5: Using Content Knowledge to Build Meaningful Curriculum
- 6: Maintaining a commitment to Professionalism

These competencies are documented and measured as identified in the *Program Administration Scale* *Measuring Early Childhood Leadership and Management* or *Business Administration Scale for Family Child*

TCCOTS

The Tennessee Child Care Online Training System, or TCCOTS is an e-learning portal that combines high-quality Early Childhood content with the convenience of an online training program that is accessible anytime from anywhere. The training was designed by Early Childhood professionals to meet the demands for training in providing high-quality care and administration for Tennessee's child care programs. The training includes modules related to record keeping, marketing, contracts & policies, and administration.

- ☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text

responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

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

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

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

- ☐ The State/Territory assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
 - Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
 - Updated as determined by the State. List the date or frequency

The birth-48 standards were revised in 2013 and adopted by the state board of education January 2014

- ☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below
- ☐ Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) _____
 - Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) _____
 - Implementation progress to date – Identify any requirement(s) partially or substantially implemented _____
 - Unmet requirement - Identify the requirement(s) not fully implemented _____
 - Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) _____
 - Projected start date for each activity _____
 - Projected end date for each activity _____
 - Agency – Who is responsible for complete implementation of this activity _____
 - Partners – Who is the responsible agency partnering with to complete implement this activity _____

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

- ☐ Birth-to-three. Provide a link _____
- ☐ Three-to-Five. Provide a link _____
- ☐ Birth-to-Five. Provide a link _____

The lead agency works with the Department of Education to revise the standards as needed. The standards are maintained on the Department of Education's website:
<https://tn.gov/education/article/early-learning-development-standards>

The Tennessee Early Childhood Education Early Learning Developmental Standards, or TN-ELDS, were first developed in 2004 to provide documentation of the continuum of developmental milestones from birth through age five based on the research about the processes, sequences, and long term consequences of early learning and development.

The standards for 4 year-olds were revised and adopted by the State Board of Education in August 2012. These revised standards provide a direct alignment with the content areas found in Tennessee's state English language arts and mathematics standards as well as the Tennessee state standards for kindergarten.

The birth-48 months standards were revised in 2013 and adopted by the State Board of Education in January 2014. These revised standards continue to be a resource for educators, child care providers, and families who work with children in this age range.

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

The school-age developmental standards were developed in 2009. The Tennessee School-Age Developmental Standards were developed to supply guidance for child care providers regarding the continuum of developmental milestones for children, from Kindergarten – Eighth grade. These standards were compiled specifically for use in child care, versus educational, environments. These standards are based upon current research and address Social-Emotional, Physical and Cognitive aspects of the development of school-age children. These standards are intended to serve as a tool to inform choices and planning regarding activities, environment, program structure, staffing, materials and supplies in child care programs serving school-age children.

The lead agency will form a committee to explore needed revisions to the school-age standards.
http://tn.gov/assets/entities/humanservices/attachments/school_age_dev_stnd.pdf

- ☐ Other. Describe _____

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

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

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

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

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

☐ Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines. Describe

The lead agency provides training and technical assistance on the early learning and development guidelines through the Tennessee Early Childhood Training Alliance and Child Care Resource and Referral.

☐ The technical assistance is linked to the State's/Territory's quality rating and improvement system. Describe

Developmental Learning is a main component of the report card and rated licensing system. Child Care Resource and Referral providers targeted technical assistance to support provider's participation in the QRIS.

☐ Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines. Describe

CCR&R has infant/toddler specialists throughout the state to provide training and technical assistance. The Tennessee Early Childhood Training Alliance provides specific orientation courses for each of these age groups.

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

The Tennessee Early Childhood Training Alliance provides specific orientation courses for each of these age groups.

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

The Tennessee Early Childhood Training Alliance provides specific orientation courses for each of these age groups. _____

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

☐ CCDF funds. Describe _____

Child Care Resource and Referral provides technical assistance to providers that is solely funded with CCDF funds and supports the use of the early learning developmental guidelines.

☐ Other funds. Describe _____

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

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and

3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

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

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers

- 5) **Establishing or expanding a Statewide system of child care resource and referral services** (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) **Supporting providers in the voluntary pursuit of accreditation**
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

- 7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

Two major goals include:

- **Creating a non-TANF child care assistance program to serve additional families**
- **Restructuring licensing field staff to provide improved monitoring and technical assistance**

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

- ☐ Developing, implementing or **enhancing a tiered quality rating system**. If checked, respond to 7.2.
- ☐ Indicate which funds will be used for this activity (check all that apply)
 - ☐ **CCDF funds**. Describe CCDF funds (e.g., quality set-aside, infant- toddler set aside, etc.)

The lead agency is responsible for implementing the QRIS. CCDF funds are used by the lead agency to conduct the QRIS program and to evaluate the effectiveness of the current QRIS.

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

- ☐ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3.

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

- ☐ **CCDF funds.** Describe CCDF funds (e.g., quality set-aside,, including whether designated infant- and toddler set aside, etc.)funds are being used along with other CCDF funds ____

Targeted funds are used to provide technical assistance services to providers and provide infant/toddler specific training/orientation.

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

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

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

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

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

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

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

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

The lead agency is responsible for licensing and monitoring child care agencies. CCDF funds are used by the lead agency to conduct the monitoring and inspection activities.

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

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

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

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

The lead agency is responsible for implementing the QRIS. The QRIS is the main mechanism used to evaluate the quality and effectiveness of child care services. CCDF funds are used by the lead agency to conduct the QRIS program.

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

- ☐ Supporting accreditation. If checked, respond to 7.7.

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

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

The Tennessee Early Childhood Training Alliance provides technical assistance for providers who wish to pursue accreditation.

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

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

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

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

CCDF funds are used to support online training for the Gold Sneaker Program. The program includes three policy components designed to support increased physical activity, and positive nutrition, and one designed to prohibit the use of tobacco on the grounds of the facility.

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

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

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

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

CCDF funds are also used to provide training and technical assistance to providers on safety, child well-being, and to support licensing rules

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

7.2 Quality Rating and Improvement System

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

- ☐ **Yes, the State/Territory has a QRIS operating State/Territory-wide.** Describe how the

QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

The QRIS is administered by the lead agency (Child Care Licensing and Assessment staff).

- ☐ Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels but not fully operating State/Territory-wide. Provide a link, if available ____
- ☐ No, but the State/Territory is in the development phase
- ☐ No, the State/Territory has no plans for development

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

- ☐ Participation is voluntary
- ☐ Participation is mandatory for providers serving children receiving subsidy. If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.) ____
- ☐ Participation is required for all providers
- ☐ Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- ☐ Supports and assesses the quality of child care providers in the State/Territory
- ☐ Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- ☐ Embeds licensing into the QRIS. Describe

Licensing is the threshold for participation in the QRIS. All licensed agencies are required to participate (i.e. they are evaluated and are issued a report card).

- ☐ Designed to improve the quality of different types of child care providers and services
- ☐ Describes the safety of child care facilities
- ☐ Addresses the business practices of programs
- ☐ Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- ☐ Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

Programs that earn one, two or three stars are eligible to receive bonus payments based upon their rating (one star = + 5%, two star = + 15%, three star = + 20%).

- ☐ Can be used to track trends in whether children receiving subsidy are

utilizing rated care settings and level of rating

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

- ☐ Licensed child care centers
- ☐ Licensed family child care homes
- ☐ License-exempt providers
- ☐ Early Head Start programs
- ☐ Head Start programs
- ☐ State pre-kindergarten or preschool program
- ☐ Local district supported pre-kindergarten programs
- ☐ Programs serving infants and toddlers
- ☐ Programs serving school-age children
- ☐ Faith-based settings
- ☐ Other. Describe.

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

The lead agency uses the annual Tennessee Report Card & Star Quality Program report to evaluate the need for improvements to the system.

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

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant- toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care.

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

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

income families. Describe _____

- ☐ Establishing or expanding the operation of community or neighborhood-based family child care networks. Describe _____
- ☐ Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe _____

CCR&R offers a group of courses specific to infant and toddler care.

- ☐ Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care. Describe _____
- ☐ Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe _____

Infant/toddler specialists are available statewide through CCR&R

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

The proposed licensing rules include specified daily activities for infants and toddlers such as:

The educator(s) shall give individual attention to each child throughout the day:

Infant / Toddler

Hold and comfort children that are upset

Provide rich social interchanges such as smiling, talking, touching, rocking, singing, and reading

Respond to the child's sound

Engage in interactive play that includes activities such as movement, dance, musical games, pretend play and finger play

Be attuned to child's needs and respond

Children that lack mobility shall have an opportunity to experience their environment by activities that include such things as;

Carrying them around the classroom

Allowing them to touch a variety of objects

Naming and identifying objects

- ☐ Developing infant and toddler components within the early learning and development guidelines. Describe _____

The early learning and development guidelines include activity suggestions to promote infant and toddler specific skills.

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

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

- ☐ Other. Describe _____

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

The lead agency monitors certificate enrollments of infant/toddlers

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

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

The lead agency provides CCR&R services statewide through eight regionally based centers.

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

- ☐ State/Territory is in the development phase

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

The lead agency monitors quarterly reports regarding the number and type of children, families and providers served.

7.5 Facilitating Compliance with State Standards

7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe

CCDBG requirements have been included in all grantee contracts for FY 2016.

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

The lead agency monitors quarterly reports from grantees to determine progress in meeting goals/objectives.

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

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory

measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children _____

The lead agency uses an annual report produced by the University of Tennessee about the Tennessee Report Card & Star Quality Program to monitor assessment scores and other component areas of the QRIS as a means of evaluating and assessing the quality and effectiveness of child care programs.

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

The lead agency monitors assessment and component scores to see if there is a positive progression and to determine where training and support is needed.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- ☐ Yes, the State/Territory has supports operating State/Territory-wide. Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation

The Tennessee Early Childhood Training Alliance provides technical assistance to providers who wish to pursue accreditation. Currently, the following accreditations are recognized:

ACSI – Association of Christian Schools International

AELL- Association for Early Learning Leaders

AMS- American Montessori Schools

COA- Council on Accreditation

GAACS- Green Apple Accreditation of Children's Services

ICAA- International Christian Accreditation Association

NAA- National Afterschool Association

NAC- National Accreditation Commission for Early Care and Education Programs

NACECPP- National Accreditation Council for Early Childhood Professional Personnel

NAEYC- National Association for the Education of Young Children

NAFCC- National Association for Family Child Care

NECPA- National Early Childhood Program Accreditation

SACS- Southern Association of Colleges and Schools

TACS- Tennessee Association of Christian Schools

TANAS- Tennessee Association of Non-Public Academic Schools

- ☐ Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe ____
- ☐ No, but the State/Territory is in the development phase
- ☐ No, the State/Territory has no plans for development

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

The lead agency monitors system data to determine if the number of accredited agencies is increasing or decreasing.

7.8 Program Standards

- 7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe

The Gold Sneaker Program includes three policy components designed to support increased physical activity, and positive nutrition, and one designed to prohibit the use of tobacco on the grounds of the facility.

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

The lead agency monitors provider data to determine if the number of participating agencies is increasing or decreasing.

7.9 Other Quality Improvement Activities

- 7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. NA

8 Ensure Grantee Program Integrity and Accountability

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

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

8.1 Program Integrity

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

The lead agency relies on internal programs such as investigations and external audit to maintain program integrity.

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

- ☐ Issue policy change notices
- ☐ Issue new policy manual
- ☐ Staff training
 - ☐ Orientations
 - ☐ Onsite training
 - ☐ Online training
- ☐ Regular check-ins to monitor implementation of the new policies. Describe The effectiveness of any policy changes must be reviewed within three months of implementation.
- ☐ Other. Describe _____

- 8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Contracts are maintained with all grantees to ensure compliance with all applicable CCDF requirements.

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

- 8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program

violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency. Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.

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

- ☐ **Share/match data from other programs** (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- ☐ **Run system reports that flag errors** (include types). Describe _____

Monthly, random case readings are conducted by field supervisors to catch potential errors.

- ☐ **Review of enrollment documents, attendance or billing records**
- ☐ **Conduct supervisory staff reviews or quality assurance reviews**
- ☐ Audit provider records
- ☐ **Train staff on policy and/or audits**
- ☐ Other. Describe _____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

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

- ☐ Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))
- ☐ **Run system reports that flag errors** (include types). Describe _____

Monthly random case readings are conducted by field supervisors to catch potential errors.

- ☐ Review of enrollment documents, attendance or billing records
- ☐ **Conduct supervisory staff reviews or quality assurance reviews**
- ☐ Audit provider records
- ☐ **Train staff on policy and/or audits**
- ☐ Other. _____ Describe _____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines _____

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

result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

- a) Check which activities (or describe under “Other”) the Lead Agency will use for unintentional program violations?
- ☐ **Require recovery after a minimum dollar amount in improper payment.** Identify the minimum dollar amount \$100.00
 - ☐ Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
 - ☐ **Recover through repayment plans**
 - ☐ **Reduce payments in subsequent months**
 - ☐ Recover through State/Territory tax intercepts
 - ☐ Recover through other means
 - ☐ Establish a unit to investigate and collect improper payments. Describe _____
 - ☐ Other. Describe _____
 - ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines _____
- b) Check which activities the Lead Agency will use for intentional program violations or fraud?
- ☐ **Require recovery after a minimum dollar amount in improper payment.** Identify the minimum dollar amount \$100.00
 - ☐ **Coordinate with and refer to other State/Territory agency** (e.g. State/Territory collection agency, law enforcement)
 - ☐ **Recover through repayment plans**
 - ☐ Reduce payments in subsequent months
 - ☐ Recover through State/Territory tax intercepts
 - ☐ Recover through other means
 - ☐ Establish a unit to investigate and collect improper payments. Describe composition of unit below
 - ☐ Other. Describe _____
- The lead agency can make referrals to the Office of Inspector General to investigate suspected program violations or fraud.**
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, including action steps and completion timelines _____
- c) Check which activities the Lead Agency will use for administrative error?
- ☐ **Require recovery after a minimum dollar amount in improper payment.** Identify the minimum dollar amount \$100.00
 - ☐ Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
 - ☐ **Recover through repayment plans**
 - ☐ **Reduce payments in subsequent months**
 - ☐ Recover through State/Territory tax intercepts
 - ☐ Recover through other means
 - ☐ Establish a unit to investigate and collect improper payments. Describe composition of unit below

- ☐ Other. Describe _____
- ☐ None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines _____

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

- ☐ **Disqualify client.** If checked, please describe, including a description of the appeal process for clients who are disqualified.

Clients may be disqualified from the program for intentional program violations. Clients may appeal negative actions that impact their eligibility, and may continue to receive benefits during the appeal period. If the nature of the provider's fraud is such that it warrants disqualification from the program, there are no provisions for becoming a participant again.

- ☐ **Disqualify provider.** If checked, please describe, including a description of the appeal process for providers who are disqualified.

Providers who are removed from the program do not have appeal rights in the same sense as applicants/clients. Their contract includes "termination for cause" language. If the improper payment does not result in "termination for cause," providers may also be given the opportunity to create a corrective action plan addressing the problems that resulted in improper payments in addition to developing a repayment plan to repay their overpayment.

- ☐ **Prosecute criminally**
- ☐ Other. Describe _____