

Child Care and Development Fund (CCDF) Plan
For

Virginia
FFY 2012-2013

**PART 1
ADMINISTRATION**

1.1 Contact Information

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), 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)

1.1.1 Who is the Lead Agency designated to administer the CCDF program? Identify the Lead Agency and Lead Agency's Chief Executive Officer 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), §98.10)

Name of Lead Agency: [Virginia Department of Social Services](#)

Address of Lead Agency: [801 East Main Street, Richmond, VA 23219-2901](#)

Name and Title of the Lead Agency's Chief Executive Officer: [Martin D. Brown, Commissioner](#)

Phone Number: [804 726-7011](#)

Fax Number: [804 726-7015](#)

E-Mail Address: martin.brown@dss.virginia.gov

Web Address for Lead Agency (if any): www.dss.virginia.gov

1.1.2 Who is the CCDF administrator? Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, 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.** (§§98.16(a) and (c)(1))

a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: [Dottie Wells](#)

Title of CCDF Administrator: [Director, Office of Child Care and Early Childhood Development](#)

Address of CCDF Administrator: [801 East Main Street, Richmond, VA 23219-2901](#)

Phone Number: [804 726-7639](#)

Fax Number: [804 726-7655](#)

E-Mail Address: dottie.wells@dss.virginia.gov

Web Address for Lead Agency (if any): www.dss.virginia.gov

Phone Number for CCDF program information

(for the public) (if any): [800-552-3431 \(toll-free\)](tel:800-552-3431); [804-726-7000](tel:804-726-7000)

Web Address for CCDF program

(for the public) (if any): www.dss.virginia.gov

Web Address for CCDF program policy manual

(if any): <http://www.dss.virginia.gov/family/cc/assistance.cgi>

Web Address for CCDF program administrative rules

(if any): [N/A](#)

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

Name of CCDF Co-Administrator: [N/A](#)

Title of CCDF Co-Administrator: [N/A](#)

Address of CCDF Co-Administrator: [N/A](#)

Phone Number: [N/A](#)

Fax Number: [N/A](#)

E-Mail Address: [N/A](#)

Description of the role of the Co-Administrator:

[N/A](#)

1.2 Estimated Funding

1.2.1 What is your expected level of funding for the first year of the FY 2012 - FY 2013 plan period?

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period from October 1, 2011 through September 30, 2012. (§98.13(a)).

FY 2012 Federal CCDF allocation (Discretionary, Mandatory and Matching): \$ [104,991,106](#)

Federal TANF Transfer to CCDF: \$ [15,398,136](#)

Direct Federal TANF Spending on Child Care: \$ [0](#)

State CCDF Maintenance-of-Effort Funds: \$ [21,328,762](#)

State Matching Funds: \$ [41,690,954](#)

Reminder - Lead Agencies are reminded that not more than 5 percent of the aggregate CCDF funds, including federal funds and required State Matching funds, shall be expended on administration costs (§98.52) once all FY2012 funds have been liquidated. State Maintenance-of-Effort funds are not subject to this limitation.

1.2.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF Matching and maintenance-of-effort (MOE) requirements described in 98.53(e) and 98.53(h)? Check all that apply.

Territories not required to meet CCDF Matching and MOE requirements should mark N/A here

Note: The Lead Agency must check at least public and/or private funds as matching, even if pre-kindergarten (pre-k) funds also will be used.

Public funds to meet the CCDF Matching Fund requirement. Public funds may include any general revenue funds, county or other local public funds, State/Territory-specific funds (tobacco tax, lottery), or any other public funds.
If checked, identify source of funds:

A combination of State General, Pre-K, and local funds will be the source of public funds used to meet Federal CCDF Matching requirements.

If known, identify the estimated amount of public funds the Lead Agency will receive: \$ 63,019,716

Private Donated Funds to meet the CCDF Matching Fund requirement. Only private received by the designated entities or by the Lead Agency may be counted for match purposes. (98.53(f))

If checked, are those funds:

donated directly to the State?

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

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

If known, identify the estimated amount of private donated funds the Lead Agency will receive:

State expenditures for Pre-K programs to meet the CCDF Matching Funds requirement.

If checked, provide the estimated percentage of Matching Fund requirement that will be met with pre-k expenditures (not to exceed 30%): 19%

If percentage is more than 10% of the Matching fund requirement, describe how the State will coordinate its pre-k and child care services:

Locally, child care staff and the state's pre-k programs coordinate needed child care services to wrap around both pre-k and Head Start programs, when needed. Communities are encouraged to plan early learning networks as a partnership among local school superintendents, local departments of social services, Head Start directors, and representatives of the child care community so that the various funding streams can be leveraged and used most effectively to provide choices for parents and to meet their work-life needs.

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for Matching Funds requirement: \$7,966,307

Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

The state-funded pre-k programs are administered by the local school system and operate for at least a half day. Locally, child care staff and the state's pre-k programs coordinate needed child care services to wrap around both pre-k and Head Start programs, when needed. Communities are encouraged to plan early learning networks as a partnership among local school superintendents, local departments of social services, Head Start directors, and representatives of the child care community so that the various funding streams can be leveraged and used most effectively to provide choices for parents and to meet their work-life needs.

State expenditures for Pre-K programs to meet the CCDF Maintenance of Effort (MOE) requirements.

If checked,

The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.53(h)(1).

Estimated percentage of MOE Fund requirement that will be met with pre-k expenditures (not to exceed 20%): 20%

If percentage is more than 10% of the MOE fund requirement, describe how the State will coordinate its pre-k and child care services to expand the availability of child care:

Staff from the state pre-k program and from the Division of Child Care and Early Childhood Development at VDSS serve together on committees that promote coordination and cooperation. Early learning opportunities across child care, Head Start, and state-funded preschool programs are coordinated in ways that leverage access, availability, and quality.

If known, identify the estimated amount of pre-k funds the Lead Agency will receive for MOE Fund requirement: \$ 4,265,753

Describe the Lead Agency efforts to ensure that pre-k programs meet the needs of working parents:

Locally, child care staff and the state's pre-k programs coordinate needed child care services to wrap around both pre-k and Head Start programs, when needed. Communities are encouraged to plan early learning networks as a partnership among local school superintendents, local departments of social services, Head Start directors, and representatives of the child care community so that the various funding streams can be leveraged and used most effectively to provide choices for parents and to meet their work-life needs.

1.2.3 Describe the activities for which quality funds (including targeted quality funds for infants and toddlers, school-age children, and resource and referral) will be used in FY 2012. In as much detail possible, list the activities that will be funded, the estimated amount of CCDF quality funds that will be used for each activity, and how these activities relate to the Lead Agency's overall goal of improving the quality of child care for low-income children.

Activity	Estimated Amount of CCDF Quality Funds (indicate if targeted funds will be used)	Purpose	Projected Impact and Anticipated Results
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(1) Train and support infant and toddler child care providers in use of social and emotional development, screening tools, and promotion of healthy social and emotional development.

(2) Support child care providers and mental health professionals in achieving endorsement through the VA Association of Mental Health, VA Infant Mental Health Competency and Endorsement System.

(3) Continue the statewide Infant and Toddler Specialist Network

(4) Fourth Pilot Year of the Virginia Star Quality Initiative

(5) Fourth Year of the Virginia Star Quality Initiative Pilot

(6) Provide statewide resource and referral services for families through the Virginia Child Care Resource and Referral Network, a private, non-profit organization

(7) Professional development for the child care workforce

(8) Child Care Licensing Inspectors

(9) Quality Initiative Activities for the Local Departments of Social Services

(1) Infant and Toddler Targeted Funds - \$1,350,000

(2) Infant and Toddler Targeted Funds - \$50,000

(3) Infant and Toddler Targeted Funds - \$1,595,370

(4) Quality Funds - \$500,000

(5) Infant and Toddler Targeted funds - \$450,000

(6) Resource and Referral/School-age Targeted Funds - \$425,000

(7) Quality Funds - \$505,000

(8) Quality Funds - \$10,833,255

(9) Quality Funds - \$1,420,702

(1) Provide child care providers with tools to assess the social/emotional status of infants and toddlers and tools to enhance the child care settings.

(2) Provide child care providers and mental health professionals with expertise in infant and toddler mental health.

(3) Achieve excellence in early care by increasing the educational level and skills of those who care for infants and toddlers, whether in family homes or in centers, including those that serve at-risk children.

(4) Continue the pilot of the Virginia Star Quality Initiative, working with local coalitions to rate child care programs based on statewide standards and assessments.

(5) Provide mentoring and Quality Improvement Plans for caregivers/programs that serve children ages birth through 36 months.

(6) Support resource and referral/school-age activities statewide to support families in their search for quality care that meets their needs.

(7) Provide training for child care providers, including distance learning; training for Quality Rating and Improvement System (QRIS) raters, mentors and local coordinators; coaching and mentoring literacy training; QRIS mentoring training for 3-4 pilot year programs; and implementation of a new training/trainer approval process.

(8) Provide basic health and safety inspections and the follow-up needed to ensure that regulated

(1) Infants and toddlers at risk will be identified and appropriate supports provided. Child care settings promote the appropriate social/emotional development of infants and toddlers.

(2) Infants and toddlers will have access to informed and competent child care providers and mental health professionals.

(3) Onsite consultation, mentoring, and support for selected programs using quality improvement plans resulting in increased quality according to ITERS-R/FCCERS-R and achievement of program goals; training and technical assistance leading to increased knowledge of caregivers/teachers and directors; and provide resources/linkages to existing professional development opportunities.

(4) High quality child care for all children involved in the pilot programs, especially those receiving subsidies.

(5) Improved program quality through environmental and programming changes, increasing knowledge of caregivers/teachers/directors, and providing resources and community connections for providers.

(6) Increased assistance for families seeking child care for children with special needs, provide technical assistance for child care providers and families about quality care, and track requirements for providers receiving subsidy dollars, and provide data on child care providers.

		<p>facilities meet minimum standards</p> <p>-----</p> <p>(9) Provide localities with funding to support Quality Initiatives in their child care communities.</p>	<p>VACCRRN is leading the way on school-age programs and statewide collaboration, also.</p> <p>-----</p> <p>(7) Improved program quality for past and current Quality Rating and Improvement System (QRIS) programs, higher level of skill and knowledge for child care staff, improved program implementation based on research and best practices, and successful trainer/training quality assurance program implementation.</p> <p>-----</p> <p>(8) Accountability and documentation of basic health and safety of child care programs</p> <p>-----</p> <p>(9) Meet local needs with a 15.5% local match to enhance the quality of child care through training providers, purchase of educational materials, or educating parents about quality child care; increasing the availability of quality child care for all; and/or improving the accessibility of quality child care to low-income children.</p>
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1.2.4 Will the Lead Agency distribute quality funds to counties or local entities?

- No, the Lead Agency will manage all quality funds directly
- Yes, the Lead Agency will manage some quality funds directly and distribute a portion to local entities. Estimated amount or percentage to be distributed to localities

\$1,420,702

- Yes, all quality funds will be distributed to local entities
- Other.

Describe:

1.3 CCDF Program Integrity and Accountability

Program integrity is defined to include efforts that ensure effective internal controls over the administration of CCDF funds. The Lead Agency is responsible for monitoring programs and services, ensuring compliance with the rules of the program, promulgating rules and regulations to govern the overall administration of the plan and oversee the expenditure of funds by sub-grantees and contractors. (§ 98.11(b)) Accountability measures should address administrative error, which includes unintentional agency error, **as well as address** program violations, both unintentional and intentional, that may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

1.3.1. Describe the strategies the Lead Agency will utilize to ensure effective internal controls are in place. The **description** of internal controls may include, but is not limited to a description of processes to ensure sound fiscal management, to identify areas of risk or to establish regular evaluation of control activities.

Describe:

The Fiscal Unit within the Division of Child Care and Early Childhood Development (CC&ECD) acts as liaison between CC&ECD and the Department's Division of Finance (DOF). The Fiscal Unit manages CC&ECD's financial activities. Routine functions include formulating the annual budget based on federal awards and state general fund appropriations; monitoring program expenditures; ensuring that subsidy and quality activities are managed within appropriated amounts; reconciling transactions initiated by CC&ECD to expenditures on the federal quarterly 696 report within federal obligation and liquidation requirements as prescribed in 45 CFR §98.50; and performing periodic desktop reviews of reimbursements to local departments and other sub-recipients to ensure that funds are used according to federal and state guidelines. Upon identification of ineffective internal controls, the Fiscal Unit coordinates with the program and DOF to develop guidance documents to correct deficiencies identified.

a. Fiscal Reporting

The Federal Grants Unit within DOF is responsible for preparing the quarterly 696 financial report. Total reported expenditures are taken from state accounting systems. The Fiscal Unit within CC&ECD collaborates with the Federal Grants Unit to compare detailed program records to totals posted to state accounting systems. Prior to preparing the federal 696 report, program records are reviewed and reconciled to amounts posted to state accounting systems. The reports are then reviewed with the division director prior to submission.

b. Quality

Completing a risk assessment is part of the sub-recipient monitoring process. Monthly or quarterly and annual fiscal reports are required and reviewed carefully by the contract/grant manager. Site visits with a fiscal component are conducted when there is a determined high level of risk, a new program, or large grant/contract. Sub-recipient monitoring plans are in place and reviewed/updated annually. Sub-recipients who receive a large dollar amount are required to provide annual third party audit reports of their organization according to state requirements.

c. Subsidy

Federal 801 reporting is an automated monthly process that is based on local department reporting. Form 800 reporting is completed annually by the Finance Manager, rather than program staff, and is uploaded via ACF website on or before the last working day of December.

1.3.2. Describe the processes the Lead Agency will use to monitor all sub-recipients. 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. (98.11 (a) (3))

Definition: A sub-recipient (including a sub-contractor and or sub-grantee) is a non-Federal entity that expends Federal awards (contract or grant) received from another entity to carry out a Federal program, but does not include a vendor nor does it include an individual who is a beneficiary of such a program. OMB Circular A-133 Section 210 provides additional information on the characteristics of a **sub-recipient and vendor** (http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2010). The description of monitoring may include, but is not limited to, a discussion of written agreements, fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified, and establishing performance indicators or measures related to improper payments.

Describe:

Quality and Head Start: Memoranda of Understanding/Agreement are written for all sub-recipients of federal Child Care and Development Funds that include performance measures and criteria for receiving funds. Fund disbursement is typically based on documentation for reimbursement of purchases or services, according to the requirements of the contract. All contracts are reviewed closely by the Department's Office of General Services and meet the state standards for contracts, including the requirement to meet all federal, state, and local laws. Written monitoring plans are in place for all sub-recipients. Monitoring plans include a risk assessment to be completed in the first 30-60 days of the grant or contract for non-state entities, close scrutiny of quarterly or monthly reports of program performance and fiscal management, site visits as prescribed based on the dollar amount and level of risk, as well as independent audits for organizations receiving large dollar amounts. A second and third level of fiscal monitoring is completed during the payment process by the Division of Child Care and Early Childhood Development's fiscal manager and randomly by audit staff, as well as the fiscal staff in the Division of Finance. When an error or issue is identified with a sub-recipient, immediate action is taken to reimburse the state for monies reported or received incorrectly and/or 30-day improvement needed action plans are implemented.

Subsidy: VDSS staff within the Division of Child Care and Early Childhood Development is responsible for training, technical assistance, and monitoring of the implementation of the child care subsidy program by local departments of social services. Monitoring assures the accurate and appropriate use of federal, state, and local funding, and the correct implementation of program policies and procedures. Program monitoring includes the regular review of case management reports, financial reports, case records, and may include staff interviews. VDSS Regional Consultants follow a process outlined in an annual monitoring plan to ensure case accuracy and local department compliance. Each Regional Consultant reviews a minimum of eight local departments annually. The major components of Program reviews include:

- A desk review of available fiscal and program management reports.
- Review of client case records and associated vendor (provider) files.
- On-site interviews with local Child Care staff, local fiscal staff, or Office Manager and the local Director when necessary, to assure required processes and procedures are followed.

Case Management reports available on the Division's website include locality-specific information as well as statewide data. The monthly review of Agency Demographic Data, Exception Reports, and

Budget Line data reports can indicate the need for technical assistance, training, or a Program review.

A standardized monitoring schedule based on risk assessment is used to determine which localities will be reviewed in a given year and what type of review will be conducted. The agency size, frequency, and nature of technical assistance provided, knowledge of local operations, and past history of performance are used as part of the risk assessment to determine the order in which local departments will be reviewed in a given year.

When a Program review warrants corrective action to be taken, local departments are required to submit a Corrective Action Plan (CAP) to the VDSS Regional Consultant. Upon receipt of the local department's CAP, the VDSS Regional Consultant will determine if it appropriately addresses all the findings cited. In addition, the VDSS Regional Consultant will advise the local department of any follow-up procedures necessary to ensure that the CAP has been implemented and that the local department is in compliance. The type of follow-up review will depend on the particular finding. Repeat findings from case record reviews will warrant the need for re-reviews of all areas cited during the initial review. Re-reviews are conducted upon receipt, approval, and implementation of the local department's CAP.

While sub-recipient monitoring provides for the review of local operations, it can also identify program weaknesses and training or technical assistance needs. Technical assistance is offered to each local department when deficiencies are noted and upon request.

In addition, training is offered at least twice each year in each region, in addition to an online new worker training.

1.3.3. Describe the activities the Lead Agency will have in place to identify program violations and administrative error to ensure program integrity using the chart 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 (98.100). Check which activities, if any, the Lead Agency has chosen to conduct.

Type of Activity	Identify Program Violations	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))	<input type="checkbox"/>	<input type="checkbox"/>
Share/match data from other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))	<input type="checkbox"/>	<input type="checkbox"/>
Run system reports that flag errors (include types)	<input type="checkbox"/>	<input type="checkbox"/>
Review of attendance or billing records	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Audit provider records	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conduct quality control or quality assurance reviews	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Conduct on-site visits to providers or sub-recipients to review attendance or enrollment documents	<input type="checkbox"/>	<input type="checkbox"/>
Conduct supervisory staff reviews	<input type="checkbox"/>	<input type="checkbox"/>
Conduct data mining to identify trends	<input type="checkbox"/>	<input type="checkbox"/>
Train staff on policy and/or audits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other. Describe	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>

For any option the Lead Agency checked in the chart above other than none, please describe:

In order to comply with 45 CFR, part 100, which requires states to report their error rates every three years via the "State Improper Authorizations for Payment Report (ACF-402)", Virginia maintains a Payment Accuracy unit within the Division of Child Care and Early Childhood Development. The purpose of this unit is to review a sample of 276 Child Care Subsidy cases for each federal fiscal year in order to report review findings to the Office of Child Care. Virginia's program is nearing completion of its third year of reviews, and we will report our findings to OCC again in June, 2012.

Subsidy program activities designed to insure program integrity in sub-recipient monitoring are described in Section 1.3.2. Periodic desktop reviews of local department subsidy expenditures and financial activities are conducted in order to substantiate projections and to identify anomalies.

Allegations of vendor fraud are investigated thoroughly. It is the responsibility of the Attorney General to determine if the facts warrant criminal prosecution.

Quality and Head Start program strategies utilized to maintain program integrity are described in Sections 1.3.1 and 1.3.2.

If the Lead Agency checked none, please describe what measures the Lead Agency has or plans to put in place to address program integrity:

N/A

1.3.4. What strategies will the Lead Agency use to investigate and collect improper payments due to program violations or administrative error? Check and describe in the chart below which strategies, if any, the Lead Agency will use for each of the following areas: Unintentional program violations (UPV), intentional program violations (IPV) and/or fraud, and 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 (98.60(i)).

Strategy	UPV	IPV and/or Fraud	Administrative Error
Require recovery after a minimum dollar amount in improper payment. Identify the minimum dollar amount: \$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement). Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recover through repayment plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Reduce payments in the subsequent months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recover through State/Territory tax intercepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recover through other means. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish a unit to investigate and collect improper payments. Describe composition of unit:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Describe: The Lead Agency requires sub-recipients (county/city local departments of social services) to investigate and collect improper payments.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For any option the Lead Agency checked in the chart above other than none, please describe:

Local departments of social services establish repayment plans with the entity that is responsible for the improper payment if the entire amount of the improper payment cannot be repaid in a lump sum. Local departments are responsible for collection of repayments. Failure of a recipient or a provider to repay overpayments may result in exclusion from the program.

1.3.5. What type of sanction, if any, will the Lead Agency place on clients and providers to help reduce improper payments due to program violations?

None

Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified

Parents will be disqualified from participating in the child care subsidy program for three months upon the first finding of child care fraud, 12 months upon the second finding, and permanently upon the third finding through the conviction of child care fraud by a court of appropriate jurisdiction. Recipients who wish to appeal must make their request know orally or in writing within 30 days of notification of the disqualification. Valid appeals are scheduled for a hearing with a hearing officer, at which time they or their representative may present their facts and substantiating arguments. Appellants may request a judicial review of the hearing officer's decision within 30 days of the receipt of the decision. Appellants may also request an administrative review of the hearing process to review the hearing process; however, this review does not change the decision provided by the hearing officer.

Disqualify provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified

Vendors will be permanently disqualified from participating in the child care subsidy program upon the first finding of child care fraud by a court of appropriate jurisdiction. Disqualified vendors may appeal the disqualification within 30 days of receipt of notice of the disqualification. The hearing is conducted by a hearing officer (an attorney provided by the Supreme Court of Virginia) at which time the vendor or their representative may present evidence and question state and local staff. The provider may request judicial review of the hearing officer's decision within 30 days of receipt of the decision.

Prosecute criminally

Other.

Describe.

1.3.6 Based on responses provided from Question 14 in the most recent ACF-402 report, please describe those actions the Lead Agency has taken or plans to take to reduce identified errors in the table below. Territories not required to complete the Error Rate Review should mark

Activities identified in ACF-402	Cause/Type of Error (if known)	Actions Taken or Planned	Completion Date (Actual or planned) (if known)
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<p>1. The OECD Subsidy Unit has begun an intensive review and rewrite of policy to strengthen it and make it more prescriptive. This is being done to limit, or in some cases eliminate local options, in order to achieve consistency in application of policy. This is expected to result in a reduced error rate and allow development of a statewide automated case management system.</p> <p>2. A Child Care Program Consultant position was created to be responsible for oversight of all corrective action for the Subsidy Program, including development of a corrective action plan. The Child Care Program Consultant serves on the Divisions Corrective Action Panel.</p> <p>3. Each local department found to have an error(s) in a case selected for a Payment Accuracy review will be required to write a corrective action plan to detail the steps it plans to take to eliminate or rectify the causes of errors.</p> <p>4. The instrument used by Regional Consultants to conduct sub-recipient monitoring has been modified to include elements included in the Payment Accuracy reviews.</p> <p>5. VDSS is developing an automated case management system to support the Subsidy program. A Request for Proposals (RFP) to seek bids was closed July 21, 2009, and a contract for development was awarded to Deloitte Consulting. Pilot of the new automated system, VaCMS, will begin in August, 2011.</p> <p>6. Subsidy staff, with</p>	<p>1. No specific cause/type of error could be attributed to needed policy rewrite.</p> <p>2. This initiative was taken by Virginia to lead corrective action efforts and provide guidance on monitoring local department case management.</p> <p>3. Requiring corrective action plans from local departments will contribute to the overall improvement of casework.</p> <p>4. The review instrument was developed to assess the overall performance of local departments and focus on any errors found during the monitoring reviews, noting the specific type of error found in the review.</p> <p>5. VaCMS is being developed to assist local staff with case management but will eliminate a variety of errors identified to date, as it will require a complete case assessment and evaluation in accordance with standardized policy and procedures. Many local options have been eliminated in order to achieve uniformity in application of policy.</p> <p>6. Errors have been previously cited because of a lack of discernible information in the case record regarding the applicant and household members. The new service application form requires specific information based on policy requirements for determination of eligibility.</p> <p>7. This change will eliminate many errors previously cited because the methodology for authorizing care varied widely across the state,</p>	<p>1. The re-write of policy continues. Policy has been strengthened and local program options have been reduced, both of which have resulted in a more uniform application of policy. We are about to conclude the review of FFY10 and have noted a decline in the errors that result in an improper authorization.</p> <p>2. The position has been extremely beneficial in the tracking of errors by region and statewide, and monitoring corrective actions.</p> <p>3. Corrective action planning has become a routine part of all monitoring efforts when errors/deficiencies are noted in Payment Accuracy reviews or agency monitoring visits conducted by state Regional Consultants.</p> <p>4. The monitoring instrument used by Regional Consultants has proven very successful.</p> <p>5. Full statewide implementation will begin in October, 2011.</p> <p>6. The new application form allows the worker to capture more comprehensive information on composition, relationships, and income of the household.</p> <p>7. Policy has been changed as described. It is too soon to determine the efficacy of the new policy.</p>	<p>1. Continuing.</p> <p>2. Ongoing.</p> <p>3. Ongoing.</p> <p>4. This initiative was completed after Virginia filed the ACF402 report in June 2009.</p> <p>5. Full statewide implementation will be completed by June, 2012.</p> <p>6. Completed in November 2009.</p> <p>7. Completed June 2010.</p>
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<p>input from a policy committee made up of a cross section of state and local Child Care staff, has re-designed the subsidy program service application in order to obtain more comprehensive information about the family and household members, including relationship and income, and the need for child care subsidy. The new application/redetermination form will enable local departments to capture information necessary to determine eligibility, and more information will be recorded in the case record, thereby decreasing the number of findings due to missing or insufficient documentation. The effective date of the new application/redetermination form was November 1, 2009.</p> <p>7. The methodology for determining the amount of child care authorized was changed effective June 2010, to require that authorizations be based on half-day and full-day rates rather than weekly, daily or hourly rates. This will result in fewer errors made because it will remove confusion and ambiguity around calculation when less than a full weeks care is authorized.</p>	<p>in some instances based on individual automated program requirements used across the state.</p>		
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1.4 Consultation in the Development of the CCDF Plan

Lead Agencies are required to *consult* with appropriate agencies in the development of its CCDF Plan (§98.12, §98.14(a),(b), §98.16(d)).

Definition: *Consultation* involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. At a minimum, Lead Agencies must consult with representatives of general purpose local governments. (§§98.12(b), 98.14(a)(1))

1.4.1 Identify and describe in the table below who the Lead Agency consulted with in the development of the CCDF Plan (658D(b)(2), §§98.12(b), 98.14(b)).

Agency/Entity	Describe how the Lead Agency consulted with this Agency/entity in developing the CCDF Plan
<input checked="" type="checkbox"/> <p>Representatives of general purpose local government (required)</p> <p>This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p>	<p>The State Plan Preprint was shared with the Virginia League of Social Services Executives Child Care Committee (directors/designees from the local departments of social services) on 3/11/11 for input and questions.</p> <p>The information was posted on the VDSS SPARK Website for local and state social services' employee input and on the Lead Agency's public website at www.dss.virginia.gov for public comment.</p>
<p>For the remaining agencies, check and describe (optional) any which the Lead Agency has chosen to consult with in the development of its CCDF Plan.</p>	
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public education</p> <p>This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p>Input was solicited from partners at the Virginia Department of Education, Virginia Community College System's Early Childhood Development Peer Group, and Virginia Partnership for Out-of-School Time (to reach the public school-age programs).</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p>	<p>Feedback was requested from the Virginia Department of Behavioral Health and Developmental Services, the Virginia Department of Education's Special Education division, as well as the Partnership for People with Disabilities.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for licensing (if separate from the Lead Agency)</p>	<p>The VDSS Division of Licensing Programs provided input on the State Plan. A link to the draft of the <i>Child Care and Development Fund (CCDF) Plan for FFY 2012-2013</i>, located on the Lead Agency's website at www.dss.virginia.gov, was provided to the Child Day Care Council, the governing body that regulates child care center-based programs.</p>

<input checked="" type="checkbox"/> State/Territory agency with the Head Start Collaboration grant	The Head Start State Collaboration Office was consulted on the development of the <i>Child Care and Development Fund (CCDF) Plan for FFY 2012-2013</i>
<input checked="" type="checkbox"/> Statewide Advisory Council authorized by the Head Start Act	The Office of Child Care and Early Childhood Development, providing staff support to the Virginia Early Childhood Advisory Council, provided information to the ECAC members for the State Plan. A link to the draft of the <i>Child Care and Development Fund (CCDF) Plan for FFY 2012-2013</i> , located on the Lead Agency's website at www.dss.virginia.gov , was provided to ECAC as well.
<input checked="" type="checkbox"/> Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services	A link to the draft of the <i>Child Care and Development Fund (CCDF) Plan for FFY 2012-2013</i> , located on the Lead Agency's website at www.dss.virginia.gov , was provided to the Virginia Child Care Resource and Referral Network and to the Virginia Partnership for Out-of-School Time for comment.
<input checked="" type="checkbox"/> State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	A link to the draft of the <i>Child Care and Development Fund (CCDF) Plan for FFY 2012-2013</i> , located on the Lead Agency's website at www.dss.virginia.gov , was provided to colleagues at the Virginia Child and Adult Care Food Program for comment.
<input checked="" type="checkbox"/> State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant	A link to the draft of the <i>Child Care and Development Fund (CCDF) Plan for FFY 2012-2013</i> , located on the Lead Agency's website at www.dss.virginia.gov , was provided to colleagues at the Virginia Home Visiting Consortium for comment.
<input checked="" type="checkbox"/> State/Territory agency responsible for public health (including the agency responsible for immunizations and programs that promote children's emotional and mental health)	Colleagues from the Virginia Department of Health's Early Childhood division were sent a link to the draft of the <i>Child Care and Development Fund (CCDF) Plan for FFY 2012-2013</i> , located on the Lead Agency's website at www.dss.virginia.gov , for comment.
<input checked="" type="checkbox"/> State/Territory agency responsible for child welfare	The Virginia Department of Social Services is responsible for child welfare and our Division of Benefit Programs was consulted on the Plan.
<input checked="" type="checkbox"/> State/Territory liaison for military child care programs or other military child care representatives	A link to the draft of the <i>Child Care and Development Fund (CCDF) Plan for FFY 2012-2013</i> , located on the Lead Agency's website at www.dss.virginia.gov , was sent to Virginia's new National Association of Child Care Resource and Referral Agencies (NACCRRRA) liaison for military child care for comment.

<input checked="" type="checkbox"/> State/Territory agency responsible for employment services/workforce development	A link to the draft of the Child Care and Development Fund (CCDF) Plan for FFY 2012-2013 , located on the Lead Agency's website at www.dss.virginia.gov , was sent to colleagues at the Virginia Department of Labor and with workforce development at the Virginia Community College System for comment.		
<input checked="" type="checkbox"/> State/Territory agency responsible for Temporary Assistance for Needy Families (TANF)	The Virginia Department of Social Services is the agency responsible for TANF, and the Division of Benefit Programs administers this program. Their division provided consultation for the Plan.		
<table border="1" style="width: 100%;"> <tr> <td data-bbox="49 495 427 882" style="width: 25%;"><input type="checkbox"/></td> <td data-bbox="427 495 794 882"> Indian Tribes/Tribal Organizations <input checked="" type="checkbox"/> N/A: No such entities exist within the boundaries of the State </td> </tr> </table>	<input type="checkbox"/>	Indian Tribes/Tribal Organizations <input checked="" type="checkbox"/> N/A: No such entities exist within the boundaries of the State	Virginia's tribes are not federally recognized.
<input type="checkbox"/>	Indian Tribes/Tribal Organizations <input checked="" type="checkbox"/> N/A: No such entities exist within the boundaries of the State		
<input checked="" type="checkbox"/> Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	The Virginia Partnership for Out-of-School Time, Virginia's Mott After-school Network, provided input on the draft Plan.		
<input checked="" type="checkbox"/> Provider groups, associations or labor organizations	A link to the draft of the Child Care and Development Fund (CCDF) Plan for FFY 2012-2013 , located on the Lead Agency's website at www.dss.virginia.gov , was sent to our provider contacts within the Virginia Alliance of Family Child Care Associates, Virginia Association for Early Childhood Education, Greater Richmond Early Childhood Development Collaboration, City of Richmond Early Childhood Development Initiative, and Smart Beginnings Coalitions.		
<input checked="" type="checkbox"/> Parent groups or organizations	A draft of the Child Care and Development Fund (CCDF) Plan for FFY 2012-2013 , was posted on the VDSS website at www.dss.virginia.gov		
<input checked="" type="checkbox"/> Local community organizations (child care resource and referral, Red Cross)	A link to the draft of the Child Care and Development Fund (CCDF) Plan for FFY 2012-2013 , located on the Lead Agency's website at www.dss.virginia.gov , was sent to the Virginia Child Care Resource and Referral Network (VACCRRN) and its 12 member agencies for comment.		
<input type="checkbox"/> Other	N/A		

1.4.2. 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), §§98.14(C)). At a minimum, the description should include:

a) Date(s) of notice of public hearing: 04/08/2011

Reminder - Must be at least 20 days prior to the date of the public hearing.

b) How was the public notified about the public hearing? Notice was provided on the Lead Agency's website at www.dss.virginia.gov as well as by email notifications to interested parties. c)

Date(s) of public hearing(s): 04/28/2011

Reminder - Must be no earlier than 9 months before effective date of Plan (October 1, 2011).

d) Hearing site(s) Fairfax County Office for Children, Pennino Building, 12011 Government Center Parkway, Suite 734, Fairfax, VA 22035 Second hearing held on May 25, 2011 at Department of Social Services Central Regional Office, Hanover Room, 1604 Santa Rosa Road, Richmond, VA 23229

e) How was the content of the Plan made available to the public in advance of the public hearing(s)? A draft of the Plan was available on the Lead Agency's website.

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 about the State Plan will be considered and discussed. If the input is relevant, practical, and provides for improved outcomes, it is highly likely that the Lead Agency will integrate the suggestion into the Plan. The input will be weighed against other priorities and analyzed based on resources needed versus resources available, as well as how the suggestion fits with the overall goals of the program. Individual input is also evaluated in relation to the needs of the entire state. The Division Director and the Commissioner of Social Services have the final authority on what is included in the Plan.

1.4.3. Describe any strategies used by the Lead Agency to increase public consultation on the Plan or access to the public hearing. For example, translating the public hearing notice into multiple languages, using a variety of sites or technology (e.g., video) for the public hearing, holding the hearing at times to accommodate parent and provider work schedules.

1.4.3. Describe:

- Different sites across the state were used
- Public meetings were held at times to accommodate parent and provider work schedules.
- Public comments were accepted online on Lead Agency's website.
- Interested parties/groups/organizations were briefed by division staff on the Plan and encouraged to attend the public hearings or provide written comment.

1.5. Coordination Activities to Support the Implementation of CCDF Services

Lead Agencies are required to *coordinate* with other Federal, State, local, Tribal (if applicable) and private agencies providing child care and early childhood development services

Definition - *Coordination* involves child care and early childhood and school-age

development services efforts to work across multiple entities, both public and private (such as in connection with a State Early Childhood Comprehensive System (SECCS) grant or the State Advisory Council funded under the Head Start Act of 2007). (658D(b)(1)(D), §§98.12(a), 98.14(a)(1))

1.5.1. Identify and describe in the table below with whom the Lead Agency coordinates in the delivery of child care and early childhood and school-age services (§98.14(a)(1)).

Agency/Entity (check all that apply)	Describe how the Lead Agency will coordinate with this Agency/entity in delivering child care and early childhood services	Describe the goals or results you are expecting from the coordination
<input checked="" type="checkbox"/> <p>Representatives of general purpose local government (required)</p> <p>This may include, but is not limited to: representatives from counties and municipalities, local human service agencies, local education representatives (e.g., school districts), or local public health agencies.</p>	<p>The Lead Agency participates in the Child Care Committee meetings of the Virginia League of Social Services Executives (VLSSE), an organization representing the directors of 120 local departments of social services.</p> <p>The Lead Agency is piloting the ACF/OPRE data collection research and demonstration grant with local school divisions, local departments of social services, and other local groups yet to be named.</p>	<p>Examples might include increased supply of full-day/full-year services, aligned eligibility policies, blended funding, or access to more training and technical assistance resources shared across agencies.</p> <p>The ultimate goals are to correct current obstacles to success, streamline the state-supervised, locally-administered processes, and leverage our resources to maximize our collective efforts to better serve families in need and all child care providers.</p> <p>The data collection project identified funding streams, local/state child care partners, data gaps in the state, policy questions that can be answered with data, and will begin to answer the research questions to inform state decision-makers.</p>

<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for public education (required) This may include, but is not limited to, State/Territory pre-kindergarten programs (if applicable), programs serving school-age children (including 21st Century Community Learning Centers), or higher education.</p>	<p>The Lead Agency sponsors Virginia's Office of Early Childhood Development (OECD), which is a liaison to the Department of Education, and consequently, the Virginia Preschool Initiative (VPI), a voluntary education program for at-risk 4 year olds. VPI is a partner in the CCDF Maintenance of Effort requirement and partnered to align early learning guidelines with VPI's <i>Foundation Blocks for Learning</i>. The Lead Agency serves on the Virginia Partnership for Out-of-School Time, an advisory board stemming from the Mott Foundation Grant to the Virginia Child Care Resource and Referral Network to improve school-age programs.</p> <p>The Lead Agency works with the Virginia Community College System Early Childhood Development Peer Group and 4-year college faculty to request input on initiatives, provide curricula development/review, and frequently provides updates on initiatives, etc.</p> <p>Through the OECD and the Early Childhood Advisory Council, work with community college and 4-year institutions of higher learning to re-establish 4-year college and master's level degree programs dedicated to early childhood development.</p> <p>The Lead Agency partners with the Department of Education's Special Education division to participate in post-grant and grant activities for the SpecialQuest and National Professional Development Center on Inclusion Programs.</p>	<p>Continued blending of funding and resources between VPI, Head Start, Child Care Subsidy, and Quality Initiatives.</p> <p>Increased involvement of VPI programs in the QRIS.</p> <p>Increased resource sharing between VPI and the Lead Agency's professional development initiatives.</p> <p>Creation of a new introductory and advanced school-age credential.</p> <p>Increased collaboration among school-age programs, leveraging resources and funding to achieve collective goals. Collaborate with a book publishing company to print the <i>Milestones of Child Development and Competencies for Early Childhood Professionals</i> to sell in college bookstores for easier access for students.</p> <p>Build a stronger, formal education system to better prepare students to positively contribute to high quality child care programs.</p> <p>Infuse current training curricula with information on working with children who have special needs.</p> <p>Make all early childhood and school-age initiatives as inclusive as possible, including making revisions to the current Milestones and Competencies documents.</p>
<input checked="" type="checkbox"/>	<p>Other Federal, State, local, Tribal (if applicable), and/or private agencies providing early childhood and school-age/youth-serving developmental services (required)</p>	<p>The Lead Agency partners with the Virginia Early Childhood Foundation to implement Virginia's Star Rating Initiative for center-based and now family-based child care programs.</p> <p>The Lead Agency partners with the Virginia Child Care Resource and Referral Network to provide resource and referral services statewide and tracking of the subsidy program participation requirements for unlicensed child care providers.</p> <p>The Lead Agency partners with Child Development Resources for the Infant and Toddler Specialist Network.</p>	<p>Continue the QRIS grants, expanding them as funding allows, and infusing the home-based pilot into the framework.</p> <p>Continue the resource and referral services to families and tracking of subsidy program requirements for providers as funding allows.</p> <p>Continue the Infant and Toddler Specialist Network to provide technical assistance and training/mentoring to more programs statewide.</p>

<input checked="" type="checkbox"/> <p>State/Territory agency responsible for public health (required)</p> <p>This may include, but is not limited to, the agency responsible for immunizations and programs that promote children's emotional and mental health</p>	<p>The Lead Agency partners with the Virginia Department of Health (VDH) on the research and demonstration grant with ACF/OPRE, as well as with VDH's Home Visiting Consortium, Early Childhood Division, and Health Consultant Network.</p> <p>The Lead Agency partners with the Virginia Department of Behavioral Health and Development Services on the Infant and Toddler Mental Health pilot communities, and the Infant and Child Mental Health Committee of Virginia.</p>	<p>Add VDH data to the federated data collection system being developed under the 3-year grant.</p> <p>Add competencies for the home visitor early childhood development professionals in the Competencies document.</p> <p>Share resources and coordinate Medication Administration Training of Trainers with the Health Consultant network through Medical Home Plus.</p> <p>Continue the pilots as long as feasible based on funding, targeting the services that are offered to more specifically meet the needs of the communities being served while expanding their capacity for future service.</p> <p>Continue the work of the Infant and Child Mental Health Committee of Virginia, leveraging resources across sectors.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for employment services / workforce development (required)</p>	<p>With the development of the child care and early childhood professionals registry, we will be able to provide data for the Virginia Department of Labor on numbers of working child care practitioners, their education levels, and experience in the field.</p>	<p>To supply data about the child care industry workforce that will help policy-makers and workforce development staff make decisions about identified needs.</p> <p>Enhanced ability to evaluate program and policy decisions because of the availability of integrated data.</p>
<input checked="" type="checkbox"/> <p>State/Territory agency responsible for providing Temporary Assistance for Needy Families (TANF) (required)</p>	<p>The Lead Agency is responsible for providing TANF funds to families in need.</p>	<p>Continue to assist families that need child care services while they transition off TANF benefits.</p>
<input type="checkbox"/> <p>Indian Tribes/Tribal Organizations (required)</p> <p><input checked="" type="checkbox"/> N/A: No such entities exist within the boundaries of the State</p>	<p>The Virginia Tribes are not federally-recognized and are not formally coordinated.</p>	

For the remaining agencies, check and describe (optional) any with which the Lead Agency has chosen to coordinate early childhood and school-age service delivery

<input checked="" type="checkbox"/>	State/Territory agency responsible for licensing (if separate from the Lead Agency)	The Lead Agency is responsible for licensing child care programs; however, licensing of a child care program is handled by a separate division.	The two divisions coordinate on mandated training, new initiatives that improve quality (including the data collection and integration project), and funding child care program licensing inspectors.
<input checked="" type="checkbox"/>	State/Territory agency with the Head Start Collaboration grant	<p>The Lead Agency has the Head Start Collaboration grant and will participate with the grant director to conduct an alignment of the current <i>Competencies for Early Childhood Professionals</i> and the current <i>Milestones of Child Development with The Head Start Child Development and Early Learning Framework</i> (Framework). This process will include a review of the relationship between the Child Care Manual and the Framework.</p> <p>The Lead Agency will earmark funds for Head Start wrap-around child care services, provided by Head Start programs and child care providers.</p> <p>The Lead Agency will be the conduit for approval of the Office of Head Start-approved Infant/Toddler Certificate and Early Childhood Development Certificate.</p> <p>The Lead Agency will incorporate Head Start data into Project Child HANDS, an integrated, cross-agency web-based state data system.</p> <p>The Lead Agency participates, along with the Head Start Collaboration Office, in a state-level cross-sector professional development leadership team.</p>	<p>Closer alignment of CCDF and Head Start requirements.</p> <p>Stable or increased supply of Head Start wrap-around services to enable families to obtain the comprehensive services of Head Start and have child day needs met.</p> <p>Enhanced ability to evaluate program and policy decisions because of the availability of integrated data.</p>
<input checked="" type="checkbox"/>	Statewide Advisory Council authorized by the Head Start Act	The Lead Agency's Office of Early Childhood Development provides staff support for the Head Start Early Childhood Advisory Council and works to coordinate early childhood initiatives across sectors and agencies.	<p>Provide funding on the final development and ongoing maintenance of the newly developed childhood data collection system.</p> <p>Continue coordination among statewide early childhood initiatives to maximize the available funding and resources while growing a comprehensive and sustainable statewide early childhood system.</p>
<input checked="" type="checkbox"/>	State/Territory agency responsible for the Child and Adult Care Food Program (CACFP)	The Virginia Department of Health administers the Child and Adult Care Food Program. Recently we collaborated on a course about preventing childhood obesity.	<p>Continue the technical assistance relationship as needed.</p> <p>Partner to provide more comprehensive information to child care providers.</p>

<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for programs for children with special needs</p> <p>This may include, but is not limited to: State/Territory early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool), or other State/Territory agencies that support children with special needs</p>	<p>The Lead Agency participates in the Infant and Toddler Mental Health Committee of Virginia, as led by the Virginia Department of Behavioral Health and Developmental Services (DBHDS), the administrator of Part C for infants and toddlers. This Department provides technical assistance on early intervention issues.</p> <p>The Lead Agency collaborates with the Virginia Department of Education's Special Education division and the Partnership for People with Disabilities (PPD, through Virginia Commonwealth University) on the SpecialQuest post-grant activities, as well as the National Professional Development Center on Inclusion grant activities. PPD's Training and Technical Assistance Center at VCU also provides training services for the raters and mentors of The Virginia Star Quality Initiative. All three organizations provide ongoing technical assistance/feedback regarding early childhood initiatives.</p>	<p>Align the competencies for the professionals who work with children who have special needs with the Competencies for Early Childhood Professionals.</p> <p>Continue our positive relationships with these agencies and organizations that specialize in working with children who have special needs.</p> <p>Continue to embed inclusion best practices in the Competencies for Early Childhood Professionals, as well as all VDSS training curricula, and eventually higher education curricula.</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for implementing the Maternal and Early Childhood Home Visitation programs grant</p>	<p>The Lead Agency collaborates with the Virginia Department of Health's Home Visiting Consortium on revising the Milestones of Child Development and the Competencies for Early Childhood Professionals. The Home Visiting Consortium is represented on the data collection task force.</p>	<p>Include Home Visiting Professionals in the Competencies document.</p> <p>Continue to partner on relevant initiatives to leverage resources, technical assistance opportunities, and streamline efforts.</p>
<input checked="" type="checkbox"/>	<p>State/Territory agency responsible for child welfare</p>	<p>The Lead Agency is responsible for child welfare; however, those programs are administered by a separate division. Our divisions work together to provide child care services for eligible child welfare recipients in need.</p>	<p>Our divisions work together to make sure CCDF dollars are maximized to meet the child care needs of eligible families.</p>

<input checked="" type="checkbox"/>	State/Territory liaison for military child care programs or other military child care representatives	Through NACCRRA, Virginia recently hired a liaison position to improve the coordination of child care services for military families. We are planning to work together to share training resources through Penn State University and the Nebraska Cooperative Extension that will benefit child care providers serving military families, as well as other child care providers.	Strengthen the connection to the military child care world and begin to share resources, ideas, and improvement measures for Virginia.
<input checked="" type="checkbox"/>	Private agencies/entities including national initiatives that the Lead Agency is participating in such as BUILD, Strengthening Families, Mott Statewide After-school Networks, Ready by 21	The Lead Agency participates on the advisory board for the MOTT Statewide After-school Networks grant, administered by the Virginia Child Care Resource and Referral Network.	Assist in applying for a National League of Cities grant to hold a Mayoral Summit to gain political and business leader support/ advocates for after school programs.
<input checked="" type="checkbox"/>	Local community organizations (child care resource and referral, Red Cross)	<p>Renew the contract with the Virginia Child Care Resource and Referral Network, a network of 12 member agencies statewide.</p> <p>The Lead Agency will continue to partner with local child care coalitions, providing technical assistance and educational resources through The Virginia Star Quality Initiative for center-based and home-based child care programs, the Infant and Toddler Specialist Network, and the Infant and Toddler Mental Health pilot communities.</p>	<p>Continue the resource and referral services, specializing in identifying programs that serve children with special needs, such as odd hour care, sick care, or medical/developmental assistance.</p> <p>Evaluate the initiatives for best practices and lessons learned. As funding allows, continue the initiatives that are most successful.</p>
<input checked="" type="checkbox"/>	Provider groups, associations or labor organizations	Provide informal updates and technical assistance for the Virginia Alliance of Family Child Care Associations, Virginia Association of Early Childhood Education, vocational education teachers, individual employers, and other provider groups as needed.	Reach out more often to these groups to solicit their feedback as drafts of plans are completed.
<input type="checkbox"/>	Parent groups or organizations	N/A	N/A
<input type="checkbox"/>	Other	N/A	N/A

1.5.2. Does the State/Territory have a formal early childhood and/or school-age coordination plan? Lead Agencies are not required to have an early childhood nor a school-age coordination plan, but the State/Territory may have such plans for other purposes, including fulfilling requirements of other programs.

Yes. If yes,

a)

Provide the name of the entity responsible for the coordination plan(s):
Virginia Early Childhood Foundation (VECF), in partnership with the Lead Agency's
Office of Early Childhood Development

b)

Describe the age groups addressed by the plan(s):

Birth to Five

c)

Indicate whether this entity also operates as the State Advisory Council
(as authorized under the Head Start Act of 2007):

Yes

No

d)

Provide a web address for the plan(s), if available:

http://www.vecf.org/storage/pdfs/VA_Plan_10_10.pdf

No

1.5.3. Does the State/Territory have a designated entity(ies) responsible for coordination across early childhood and school-age programs? (658D(b)(1)(D), §98.14(a)(1)) Check which entity(ies), if any, the State/Territory has chosen to designate.

State/Territory-wide early childhood and/or school-age cabinet/advisory council/task force/commission.

If yes, describe entity, age groups and the role of the Lead Agency

The Virginia Department of Social Services provides support for school age child care programs but offers assistance with coordinating school-age activities statewide through the Virginia Partnership for Out-of-School Time (VPOST). A Department employee serves as a Member at Large on the VPOST Executive Leadership Team.

State Advisory Council (as described under the Head Start Act of 2007).

If yes, describe entity, age groups and the role of the Lead Agency

The Early Childhood State Advisory Council is responsible for the coordination of activities across early childhood programs that serve children from birth to kindergarten age.

Local Coordination/Council

If yes, describe entity, age groups and the role of the Lead Agency

Other

Describe

None

1.5.4 Does the Lead Agency conduct or plan to conduct activities to encourage public-private partnerships that promote private sector involvement in meeting child care needs? (§98.16(d))

Yes .

If yes, **describe** these activities or planned activities, including the tangible results expected from the public-private partnership:

The Virginia Early Childhood Foundation (private, non-profit) works with the Lead Agency to implement the Virginia Star Quality Initiative (VSQI). We anticipate growth of this program to include home-based child care programs as well as center-based child care. The tangible results would include a higher number of child care programs participating in VSQI, ratings that improve from year to year within the same program, and overall expansion of the initiative.

No

1.6. Child Care Emergency Preparedness and Response Plan

It is recommended, but not required, that each Lead Agency develop a plan to address preparedness, response, and recovery efforts specific to child care services and programs. Plans should cover the following areas: 1) planning for continuation of services to CCDF families; 2) coordination with other State/Territory agencies and key partners; 3) emergency preparedness regulatory requirements for child care providers; 4) provision of temporary child care services after a disaster; and 5) rebuilding child care after a disaster. For further guidance on developing Child Care Emergency Preparedness and Response Plans see the Information Memorandum (CCDF-ACF-IM-2011-XX) located on the Office of Child Care website at:

http://www.acf.hhs.gov/programs/ccb/law/state_topic_emergency.htm

1.6.1. Indicate which of the following best describes the current status of your efforts in this area. Check only ONE.

Planning. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.

Developed. A plan has been developed as of **[insert date]:** [02/01/2010](#) and put into operation as of **[insert date]:** [02/01/2010](#), if available. Provide a web address for this plan, if available: [N/A](#)

Other.
Describe:

1.6.2. Indicate which of the core elements identified in the Information Memorandum are or will be covered in the Lead Agency child care emergency preparedness and response plan. Check which elements, if any, the Lead Agency includes in the plan.

- Planning for continuation of services to CCDF families
- Coordination with other State/Territory agencies and key partners
- Emergency preparedness regulatory requirements for child care providers
- Provision of temporary child care services after a disaster
- Rebuilding child care facilities and infrastructure after a disaster
- None

PART 2

CCDF SUBSIDY PROGRAM ADMINISTRATION

2.1 Administration of the Program

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), §98.11(a))

2.1.1. Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? Identify the level at which the following CCDF program rules and policies are established.

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

- State/Territory
- Local entity.

If checked, provide the name(s) of the local entity:

- Other.
- Describe:

Sliding fee scale is set by the:

- State/Territory
- Local entity.

If checked, provide the name(s) of the local entity:

- Other.
- Describe:

[The state has approved four alternate fee scales in four localities throughout the state.](#)

Payment rates are set by the:

- State/Territory
- Local entity.

If checked, provide the name(s) of the local entity:

Other.
Describe:

2.1.2. How is the CCDF program operated in your State/Territory? In the table below, identify which agency(ies) performs these CCDF services and activities.

Implementation of CCDF Services/Activities
Who determines eligibility?
Note: If different for families receiving TANF benefits and families not receiving TANF benefits, please describe:

Agency (Check all that apply)

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

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

Agency (Check all that apply)

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

Who issues payments?

Agency (Check all that apply)

- CCDF Lead Agency
- TANF agency
- Other State/Territory agency.

Describe:

- Local government agencies such as county welfare or social services departments
- Child care resource and referral agencies
- Community-based organizations
- Other.

Describe:

Describe to whom is the payment issued (e.g., parent or provider) and how are payments distributed (e.g., electronically, cash, etc)

Payments are issued directly to the child care provider via checks.

Other. List and describe:

2.2. Family Outreach 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 services. (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a)-(e). **Note** - For any information in questions 2.2.1 through 2.2.10 that differs or will differ for families receiving TANF, please describe in 2.2.11.

2.2.1. By whom and how are parents informed of the availability of child care assistance services under CCDF? (658E(c)(2)(A), §98.30(a)) Check all agencies and strategies that will be used in your State/Territory.

- CCDF Lead Agency
- TANF offices
- Other government offices
- Child care resource and referral agencies
- Contractors
- Community-based organizations
- Public schools
- Internet

(provide website): <http://www.dss.virginia.gov/>

- Promotional materials
- Community outreach meetings, workshops or other in-person meetings

- Radio and/or television
- Print media
- Other.

Describe:

2.2.2. How can parents apply for CCDF services? Check all application methods that your State/Territory has chosen to implement.

- In person interview or orientation
- By mail
- By Phone/Fax
- Through the Internet

(provide website):

- By Email
- Other.

Describe:

2.2.3. Describe how the Lead Agency provides consumer education to parents applying for CCDF assistance to promote informed choices about the quality of care provided by various providers.

Lead Agencies must certify that the State/Territory will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices (658E (c)(2)(G), §98.33).

For example, memorandums of understanding with resource and referral agencies to provide consumer education to families applying for CCDF assistance, providing parents with provider lists showing licensing history and/or Quality Rating and Improvement System (QRIS) ratings, or informational brochures that address importance of quality and different care options available.

Parents are provided information on selecting and monitoring quality child care through brochures available at local departments of social services, discussions with their local child care subsidy worker, a contract with the Virginia Child Care Resource and Referral Network (VACCRRN), and through a public web site for facilities approved through the Department's Division of Licensing Programs. This website provides general licensure information, complaint records, and violations with plans for correction.

2.2.4. Describe how the Lead Agency will support child care programs to increase the likelihood that CCDF-served children receive higher quality care as defined in your State/Territory.

For example, methods used to promote upward movement in quality rating and improvement system, methods used to encourage high quality programs to participate in the subsidy program such as tiered reimbursement, or incentives used to support high quality programs in rural, suburban, urban, and low-income communities.

A differential payment scale is in place to provide higher reimbursement rates for licensed versus unlicensed programs. ARRA funds were used to provide cash incentives or products to providers who were rated. The amount of the incentive was based on their rating and the percent of children served who received a subsidy. The chart below outlines the available incentives. With the loss of ARRA funds, these incentives are no longer available.

		Children Served			
Star Rating	5-25	26-50	51-76	76+	
1	\$500	\$750	\$1000	\$1250	
2	\$1000	\$1250	\$1500	\$1750	
3	\$1500	\$1750	\$2000	\$2250	
4	\$2000	\$2250	\$2500	\$2750	
5	\$2500	\$2750	\$3000	\$3250	

2.2.5. How will the Lead Agency promote access to the CCDF subsidy program?

Check the strategies that will be implemented by your State/Territory.

- Provide access to program office/workers such as by:
- Providing extended office hours
- Accepting applications at multiple office locations
- Providing a toll-free number for clients
- Other.

Describe:

- Using a simplified eligibility determination process such as by:
- Simplifying the application form (such as eliminating unnecessary questions, lowering the reading level)
- Developing a single application for multiple programs
- Developing web-based and/or phone-based application procedures
- Coordinating eligibility policies across programs.

List the program names: TANF

- Streamlining verification procedures, such as linking to other program data systems
- Providing information multi-lingually
- Including temporary periods of unemployment in eligibility criteria for new applicants (job search, seasonal unemployment).

Length of time:

Other.
Describe:

Other.
Describe:

None

2.2.6. Describe the Lead Agencies policies to promote continuity of care for children and stability for families. Check the strategies, if any, that your State/Territory has chosen to implement.

Provide CCDF assistance during periods of job search.
Length of time:

Establish two-tiered income eligibility to allow families to continue to receive child care subsidies if they experience an increase in income but still remain below 85% of State median income (SMI)

Synchronize review date across programs

List programs:

Longer eligibility re-determination periods (e.g., 1 year).
Describe:

Families remain eligible for one year unless a significant change occurs, such as a change in income to a level that exceeds the eligibility limit for their family.

Extend periods of eligibility for families who are also enrolled in either Early Head Start or Head Start and pre-k programs.
Describe:

Subsidy may continue for a child enrolled in a Head Start/Early Head Start program for the summer prior to attendance in a part-year Head Start/Early Head Start program and for the summer following the end of a part-year Head Start/Early Head Start.

Extend periods of eligibility for school-age children under age 13 to cover the school year.

Describe:

Minimize reporting requirements for changes in family's circumstances that do not impact families' eligibility, such as changes in income below a certain threshold or change in employment

Targeted case management to help families find and keep stable child care arrangements

Using non-CCDF Funds to continue subsidy for families who no longer meet eligibility, such as for children who turn 13 years of age during the middle of a program year

Other.

Describe:

Income eligibility limits for families caring for children they are not legally obligated to support (grandparents, relative, adults acting in loco parentis) are set at the highest level used in the state in order to prevent foster care and to promote family support.

None

2.2.7. How will the Lead Agency provide outreach and services to eligible families with limited English proficiency? Check the strategies, if any, that your State/Territory has chosen to implement.

Application in other languages

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

Other.

Describe:

None

(Optional) If the Lead Agency checked any option above related to providing information or services in other non-English languages, please describe the languages offered :

2.2.8. How will the Lead Agency overcome language barriers with providers? 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
- Other.

Describe:

- None

(Optional) If the Lead Agency checked any option above related to providing information or services in other non-English languages, please describe the languages offered:

2.2.9. Describe how the Lead Agency documents and verifies applicant information using the table below. (§98.20(a))

Check the strategies that will be implemented by your State/Territory. **Attach** a copy of your parent application for the child care subsidy program(s) as **Attachment 2.2.9** or provide a web address, if available: <http://www.dss.virginia.gov/family/cc/assistance.cgi>

The Lead Agency requires documentation of:	Describe how the Lead Agency documents and verifies applicant information:
<input checked="" type="checkbox"/> Applicant identity	A face-to-face interview is required at initial application. The interview is documented in the case file. No further verification required.
<input checked="" type="checkbox"/> Household composition	An applicant must list household members at initial application and at eligibility redetermination. The information is documented on the application. No further verification is required.
<input checked="" type="checkbox"/> Applicant's relationship to the child	An applicant must declare relationship on the application. The information is documented on the application. Relationship is not verified.
<input checked="" type="checkbox"/> Child's information for determining eligibility (e.g., identity, age, etc.)	An applicant must declare child's information on the application. The information is documented on the application. No further verification is required.
<input checked="" type="checkbox"/> Work, Job Training or Educational Program	An applicant must declare work and/or education/training programs on the application. The information is documented on the application. Earnings are verified by pay stubs or a statement from the employer.

<input checked="" type="checkbox"/> Income	<p>An applicant must declare income on the application. Income counted in determining eligibility must be verified. Earnings are verified as noted above. Other VA public assistance is verified through state systems or communication with eligibility workers. Federal benefits are verified through other state systems or by documentation from the source.</p>
<input type="checkbox"/> Other. Describe:	

2.2.10. 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 [30 days](#)

Track and monitor the eligibility determination process

Other.

Describe

None

2.2.11. Are the policies, strategies or processes provided in questions 2.1.1. through 2.1.10 different for families receiving TANF? (658E(c)(2)(H) & (3)(D), §§98.16(g)(4), 98.33(b), 98.50(e))

Yes.

If yes, describe:

[TANF recipients are presumed eligible for Child Care Services. Participants in the Virginia Initiative for Employment not Welfare \(VIEW\), the TANF work program, do not have to submit an application for Child Care assistance. The VIEW worker can initiate services or refer the family to a Child Care worker using the VIEW activity and service plan. The SNAP Education & Training Program Plan of Participation may substitute for a Child Care application for participants in the SNAP education and training program.](#)

No.

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

The regulations at §98.33(b) require the Lead Agency 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. 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 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 [Virginia Department of Social Services](#)

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

- "appropriate child care": [child care arranged by the participant or, if the participant cannot arrange for the child's care, child care arranged by the local department of social services with a legally operating provider.](#)
- "reasonable distance": [the travel time from the child's home to the child care provider and the work site is generally no more than one hour, based on transportation available to the parent.](#)
- "unsuitability of informal child care": [the child care arrangement does not meet the requirements for relative care in the Virginia Department of Social Services Child Care Services policy.](#)
- "affordable child care arrangements": [the cost of the child care is less than or equal to the payment amounts specified in the Virginia Department of Social Services Child Care Services policy.](#)

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:

2.3. Eligibility Criteria for Child Care

In order to be eligible for services, children must (1) be under the age of 13, or under the age of 19 if the child is physically or mentally disabled or under court supervision; (2) reside with a family whose income is less than 85 percent of the State's median income for a family of the same size; and (3) reside with a parent or parents who is working or attending job training or an educational program; or (4) be receiving or needs to receive protective services. (658P(3), §98.20(a))

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

residing with -

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

in loco parentis -

means an adult(s) with whom the child is living who has assumed responsibility for the day-to-day care and supervision of the child.

2.3.2. Eligibility Criteria Based Upon Age

a) The Lead Agency serves children from 0 weeks to 13 years (maximum age under age 13).

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), §98.20(a)(1)(ii))

Yes, and the upper age is 18

Provide the Lead Agency definition of *physical or mental incapacity* -

Children with documented developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who require special health surveillance or specialized programs, interventions, technologies, or facilities.

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), §98.20(a)(1)(ii))

Yes, and the upper age is 18

No.

2.3.3. Eligibility Criteria Based Upon Work, Job Training or Educational Program

a) How does the Lead Agency define "working" for the purposes of eligibility? Provide a narrative description below, including allowable activities and if a minimum number of hours is required.

Reminder - Lead Agencies have the flexibility to include any work-related activities in its definition of working, including periods of job search and travel time. (§§98.16(f)(3), 98.20(b))
working-

Individuals are considered to be working if they meet the established work requirements of TANF, VIEW, or SNAPET or have regular gainful employment in a part time or fulltime capacity.

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program? (§§98.16(g)(5), 98.20(b))

Yes.

If yes, how does the Lead Agency define "attending job training or educational program" for the purposes of eligibility? Provide a narrative description below.

Reminder - Lead Agencies have the flexibility to include any training or education-related activities in its definition of job training or education, including study time and travel time.

attending job training or educational program -

Attending job training or educational program refers to an individual in job training or educational activity who participates in that activity on a regular basis as stipulated in state regulations or policy. Child care approved for education/training activities is limited to curriculum related to the fulfillment of an individual's employment goal. Participants must show that they are making satisfactory progress.

No.

2.3.4. Eligibility Criteria Based Upon Receiving or Needing to Receive Protective Services

a) Does the Lead Agency provide child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

Yes.

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

Reminder - Lead Agencies have the flexibility to define protective services beyond formal child welfare or foster care cases. Lead Agencies may elect to include homeless children and other vulnerable populations in the definition of protective services.

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 CCDF purposes these children are considered to be in protective services and should be included in this definition.

protective services

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

No.

b) Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes,

No.

2.3.5. Income Eligibility Criteria

a) How does the Lead Agency define "income" for the purposes of eligibility? Provide the Lead Agency's definition of "income" for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

income -

Income is defined as the gross countable monthly income of all household members who are included in the family unit. Earnings and unearned income from sources such as Social Security and child support for children in the family unit are counted.

b) Which of the following sources of income, if any, will the Lead Agency exclude from calculations of total family income for the purposes of eligibility determination? Check any income the Lead Agency chooses to exclude, if any.

Adoption subsidies

Foster care payments

Alimony received or paid

Child support received

Child support paid

Federal nutrition programs

Federal tax credits

State/Territory tax credits

Housing allotments, Low-Income Energy Assistance Program (LIHEAP) or energy assistance

Medical expenses or health insurance related expenses

Military housing or other allotment/bonuses

Scholarships, education loans, grants, income from work study

Social Security Income

- Supplemental Security Income (SSI)
- Veteran's benefits
- Unemployment Insurance
- Temporary Assistance for Needy Families (TANF)
- Worker Compensation
- Other types of income not listed above:

- Transitional payments of \$50.00 per month to former Virginia Initiative for Employment not Welfare (VIEW) participants;
- Diversionary Assistance payments;
- General Relief benefits;
- Value of USDA donated food;
- Value of supplemental food assistance under the Child Nutrition Act of 1966 and lunches provided under National School Lunch Act;
- Earnings of a child under the age of 18 years;
- Garnisheed wages;
- Lump sum child support payments;
- Any scholarships, loans, or grants for education except any portion specified for child care;
- Payment to AmeriCorps volunteers;
- Tax refunds;
- Lump sum insurance payments;
- Monetary gifts for identifiable one-time occasions or normal annual occasions;
- Vendor payments made by non-financially responsible persons, unless this payment is made in lieu of wages
- Loans and other money borrowed;
- Money received from sale of property such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property, in which case the net proceeds would be counted as income from self-employment);
- Earnings of less than \$25.00 a month;
- Capital gains;
- Withdrawals of bank deposits;
- GI Bill benefits;
- Reimbursement, such as for mileage;
- Foreign government restitution payments to Holocaust survivors;
- Payments from the Agent Orange Settlement Fund or any other fund established for settlement of Agent Orange product liability litigation;
- Monetary benefits provided to the children of Vietnam Veterans as described in 38 U.S.C. 1823 (c).

None

c) Whose income will be excluded, if any, for purposes of eligibility determination? Check anyone the Lead Agency chooses to exclude, if any.

- Children under age 18
- Children age 18 and over - still attending school
- Teen parents living with parents
- Unrelated members of household
- All members of household except for parents/legal guardians
- Other.

Describe:

Any person deemed not to be a member of the family unit.

None

d) 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 SMI.

Reminder - Income limits must be provided in terms of State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. (§98.20(a)(2)). FY 2011 poverty guidelines are available at <http://aspe.hhs.gov/poverty/11poverty.shtml>.

Family Size	(a) 100% of State Median Income (SMI)(\$/month)	(b) 85% of State Median Income (SMI)(\$/month) [Multiply (a) by 0.85]	IF APPLICABLE Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (c) by (a), multiply by 100]
1	3,707	3,151	2,257	61
2	4,848	4,120	3,036	63
3	5,988	5,090	3,815	64
4	7,129	6,060	4,594	64
5	8,269	7,029	5,373	65

e) Will the Lead Agency have "tiered eligibility" (i.e., a separate income limit at re-determination to remain eligible for the CCDF program)?

Yes.

If yes, provide the requested information from the table in 2.3.5d and **describe below**:

Note: This information can be included in the table below.

No.

			IF APPLICABLE Income Level if lower than 85% SMI

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month)[Multiply (a) by 0.85]	(c) \$/month	(d) % of SMI[Divide (c) by (a), multiply by 100]
1				
2				
3				
4				
5				

f) SMI Year FFY 2011 and SMI Source Federal Register, Vol. 75, No. 91,

g) These eligibility limits in column (c) became or will become effective on:
October 1, 2010

2.3.6. Eligibility Re-determination

a) What is the re-determination period upon initial authorization of CCDF services for most families?

- 6 months
 12 months
 24 months
 Other.

Describe:

- Length of eligibility varies by county or other jurisdiction.

Describe:

b) Is the re-determination period the same for all CCDF eligible families?

- Yes.
 No. If no, **check the categories of families for whom authorizations are different and describe the redetermination period for each.**

- Families enrolled in Head Start and/or Early Head Start Programs.

Re-determination period:

- Families enrolled in pre-kindergarten programs.

Re-determination period:

Families receiving TANF.

Re-determination period:

Families who are very-low income, but not receiving TANF.

Re-determination period:

Other.

Describe:

c) Does the Lead Agency use a simplified process at re-determination?

Yes.

If yes, describe:

No.

2.3.7. Waiting Lists

Describe the Lead Agency's waiting list status. Select **ONE** of these options.

Lead Agency currently does not have a waiting list and:

All eligible families *who apply* will be served under State/Territory eligibility rules

Not all eligible families *who apply* will be served under State/Territory eligibility rules

Lead Agency has an active waiting list for:

Any eligible family who applies when they cannot be served at the time of application

Only certain eligible families.

Describe those families:

Waiting lists are a county/local decision.

Describe:

Local Departments of Social Services maintain waiting lists for income eligible families who are not employed TANF recipients or VIEW participants, or are not Head Start families. Currently, 53 local departments have waiting list with 6,893 families (10,767 children) waiting for services.

Other.

Describe:

2.3.8. Appeal Process for Eligibility Determinations

Describe the process for families to appeal eligibility determinations:

For every case action affecting eligibility, co-payment, or the amount of services authorized, a Notice of Action (NOA) must be sent to the family prior to implementation of the action. The NOA must include information on the family's right to have an informal conference with the local department of social services, the right to appeal, and the time frames within which the appeal must be made. Once a request for an appeal is received, either orally or in writing, a Department Hearing Officer determines if the appeal is valid. Valid appeals are scheduled for a hearing. The family is notified of the date and the time of the hearing and of their right to have representation and/or witnesses present at the hearing. The Hearing Officer must provide a decision on the appeal within 60 days of the hearing and must notify the appellant of that decision. Appellants have the right to request a judicial review if they disagree with the Hearing Officer's decision within 30 days of that decision.

Families also have the right to request an administrative review of the hearing officer's decision. The Administrative Review Panel reviews the decision and/or the way in which the hearing was conducted. The Administrative Review Panel will determine if the agency's instructions or procedures that were the basis for the hearing are clear.

2.4. Sliding Fee Scale and Family Contribution

The statute and regulations require 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 (658E(c)(3)(B) §98.42).

2.4.1. Attach a copy of the sliding fee scale as Attachment 2.4.1.

The attached sliding fee scale was or will be effective as of: [since implementation of the](#)

2.4.2. Will the attached sliding fee scale provided as Attachment 2.4.1. be used in all parts of the State/Territory?

- Yes
 No.

If no, attach other sliding fee scales and their effective date(s) as **Attachment 2.4.2a, 2.4.2b**, etc.

2.4.3. What income source and year will be used in creating the sliding fee scale? (658E(c)(3)(B)) Check only one option.

State Median Income,

Year:

Federal Poverty Level,

Year:

Income source and year varies by geographic region.

Describe income source and year:

Other.

Describe income source and year: : The familys co-payment is determined based on 10% of the familys gross monthly income, based on their current years income.

2.4.4. How will the family's contribution be calculated and to whom will it be applied? Check all that the Lead Agency has chosen to use. (§98.42(b))

Fee as 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

No additional fee charged after certain number of children

Fee per family

Fee as 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

No additional percentage applied charged after certain number of children

Fee per family

Contribution schedule varies by geographic area.

Describe:

Other.

Describe:

If the Lead Agency checked more than one of the options above, describe:

The family's co-payment is assessed at 10% of their gross monthly countable income. The fee is assessed per family.

2.4.5. Will the Lead Agency use other factors in addition to income and family size to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

Yes,

and describe those additional factors:

No.

2.4.6. The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size. (§98.42(c)). Select ONE of these options.

Reminder - Lead Agencies are reminded that the co-payments may be waived for only two circumstances - for families at or below the poverty level or on a case-by-case basis for children falling under the definition of "protective services" (as defined in 2.3.4.a).

ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

NO families with income at or below the poverty level for a family of the same size ARE required to pay a fee.

The poverty level used by the Lead Agency for a family of 3 is:

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. The Lead Agency waives the fee for the following families:

The Lead Agency waives the fee for the following families:

TANF Families and Head Start families whose income is at or below the poverty level

2.5. Prioritizing Services for Eligible 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. 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), §98.44)

2.5.1. How will the Lead Agency prioritize child care services to children with special needs or in families with very low incomes? (658E(c)(3)(B), §98.44) Lead Agencies have the discretion to define *children with special needs* and *children in families with very low incomes*. Lead Agencies are not limited in defining *children with special needs* to only those children with physical or mental disabilities (e.g., with a formal Individual Education Plan (IEP) required under the Individuals with Disabilities Education Act (IDEA)). Lead Agencies could consider children in the child welfare system, children of teen parents, or homeless children as examples of *children with special needs*.

Children with special needs

Provide the Lead Agency definition of *Children with Special Needs*:

Children with documented developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who require special health surveillance or specialized programs, interventions, technologies, or facilities.

Describe:

Children in families with very low incomes

Provide the Lead Agency definition of *Children in Families with Very Low Incomes*:

Families who are eligible for TANF or Head Start

Describe:

How will the Lead Agency prioritize CCDF services for:	Eligibility Priority (Check only one)	Is there a time limit on the eligibility priority or guarantee?	Other Priority Rules
Children with special needs	<input type="checkbox"/> Priority over other CCDF-eligible families <input checked="" type="checkbox"/> Same priority as other CCDF-eligible families <input type="checkbox"/> Guaranteed subsidy eligibility <input type="checkbox"/> Other.	<input type="checkbox"/> Yes. The time limit is: <input type="text"/> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Different eligibility thresholds. Describe: <input type="text"/> <input checked="" type="checkbox"/> Higher rates for providers caring for children with special needs requiring additional care <input type="checkbox"/> Prioritizes quality funds for providers serving these children <input type="checkbox"/> Other. Describe: <input type="text"/>
Children in families with very low incomes	<input type="checkbox"/> Priority over other CCDF-eligible families <input type="checkbox"/> Same priority as other CCDF-eligible families <input checked="" type="checkbox"/> Guaranteed subsidy eligibility <input type="checkbox"/> Other.	<input type="checkbox"/> Yes. The time limit is: <input type="text"/> <input checked="" type="checkbox"/> No	<input type="checkbox"/> Different eligibility thresholds. Describe: <input type="text"/> <input checked="" type="checkbox"/> Waiving co-payments for families with incomes at or below the Federal Poverty Level <input type="checkbox"/> Other. Describe: <input type="text"/>

2.5.2. How will CCDF funds be used to provide child care assistance to meet the needs of 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? (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4)) **Reminder** - CCDF requires that not less than 70 percent of CCDF Mandatory and Matching funds be used to provide child care assistance 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.

- Use priority rules to meet the needs of TANF families (describe in 2.5.1 or 2.5.3.)
- Waive fees (co-payments) for some or all TANF families who are below poverty level
- Coordinate with other entities (i.e. TANF office, other State/Territory agencies, and contractors)
- Other.

Describe:

2.5.3. List and define any other eligibility conditions, priority rules and definitions that will be established by the Lead Agency. (658E(c)(3)(B), §98.16(g)(5), §98.20(b))
 Reminder - Lead Agencies are reminded that any eligibility criteria and terms provided below must comply with the eligibility requirements of §98.20 and provided in section 2.2. Any priority rules provided must comply with the priority requirements of §98.44 and provided in section 2.4.1.

Term(s) - Definition(s)

Describe:

Term(s)	Definition(s)
Families with an adult standing <i>in loco parentis</i> are a priority group and will have their income evaluated at 250% of the Federal Poverty Level.	<i>in loco parentis</i> —means an adult(s) with whom the child is living who has assumed responsibility for the day-to-day care and supervision of the child.

2.6. Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receives 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), §98.15(a))

2.6.1. Child Care Certificates

a) When is the child care certificate (also referred to as voucher or authorization) issued to parents? (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

- Before parent has selected a provider
- After parent has selected a provider
- Other.

Describe:

b) How does the Lead Agency inform parents that the child care certificate permits them to choose from a variety of child care categories, including child care centers, child care group homes, family child care homes, and in-home providers? (§98.30(e)(2))

- Certificate form provides information about choice of providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- Consumer education materials (flyers, forms, brochures)
- Referral to child care resource and referral agencies
- Verbal communication at the time of application
- Public Services Announcement
- Agency

Website:

- Community outreach meetings, workshops, other in person activities
- Multiple points of communication throughout the eligibility and renew process
- Other.

Describe:

When a family is determined eligible for a child care subsidy through CCDF, they are informed that they may select any legally operating provider who meets the training requirements of and passes the background checks for the subsidy program. A Purchase of Service Order form is then issued to the provider selected by the parent.

c) What information is included on the child care certificate? **Attach a copy of the child care certificate as Attachment 2.6.1.** (658E(c)(2)(A)(iii))

- Authorized provider(s)
- Authorized payment rate(s)
- Authorized hours
- Co-payment amount
- Authorization period
- Other.

Describe:

d) What is the estimated proportion of services that will be available for child care services through certificates?

99%

2.6.2. 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), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b)). **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 process for accessing grants or contracts, and the range of providers that will be available through grants or contracts:

[A sole source contract with the Rural Family Development of the Virginia Council of Churches provides for wrap-around child care services for seasonal workers on Virginia's Eastern Shore.](#)

No.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following? Check the strategies, if any, that your State/Territory chooses to implement.

- Increase the supply of specific types of care
- Programs to serve children with special needs
- Wrap-around or integrated child care in Head Start, Early Head Start, pre-k, summer or other programs
- Programs to serve infant/toddler
- School-age programs
- Center-based providers
- Family child care providers
- Group-home providers
- Programs that serve specific geographic areas
- Urban
- Rural
- Other.

Describe:

- Support programs in providing higher quality services
- Support programs in providing comprehensive services
- Serve underserved families.

Specify:

- Other.

Describe:

c) Are child care services provided through grants or contracts offered throughout the State/Territory? (658E(a), §98.16(g)(3))

- Yes.

- No,

and **identify** the localities (political subdivisions) and services that are not offered:

[See 2.6.2.a above](#)

d) How are payment rates for child care services provided through grants/contracts determined?

[The same payment rates are used statewide.](#)

e) What is the estimated proportion of direct services that will be available for child care services through grants/contracts?

[<1%](#)

2.6.3. How will the Lead Agency inform parents and providers of policies and procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds? (658E(c)(2)(B), §98.31)) Check the strategies that will be implemented by your State/Territory.

- Signed declaration
- Parent Application

- Parent Orientation
- Provider Agreement
- Provider Orientation
- Other.

Describe:

2.6.4. The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. (§§98.16(g)(2), 98.30(e)(1)(iv)) Will the Lead Agency limit the use of in-home care in any way?

- No
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all limits the Lead Agency will establish.
 - Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act
 - Restricted based on provider meeting a minimum age requirement
 - Restricted based on hours of care (certain number of hours, non-traditional work hours)
 - Restricted to care by relatives
 - Restricted to care for children with special needs or medical condition
 - Restricted to in-home providers that meet some basic health and safety requirements
 - Other.

Describe:

2.6.5. Describe how the Lead Agency maintains a record of substantiated parental complaints about providers and makes substantiated parental complaints available to the public on request. (658E(c)(2)(C), §98.32)

Staff in VDSS Division of Licensing Programs (DOLP) accepts complaints regarding regulated and unregulated child care providers. Complaints may be reported to DOLP through the complaint and information line (1-800-543-7545); by contacting the DOLP Home Office directly; or through direct contact with one of eight licensing field offices. Complaint records are not gathered, stored, or sorted by complainant. Complaint records are stored by facility or home involved in the complaint. Most complaints are investigated through the field offices. Once an investigation is concluded, the findings and actions are public information. Callers may receive information on complaints by contacting the licensing field offices or by visiting the VDSS website (see links below). Information provided to the public includes the nature of the complaint, the findings of the investigation and the final determination, including any required corrective action or negative action taken. The statewide toll-free number is listed on VDSS's internet site and in child care booklets and brochures developed by VDSS.

Information on licensed facilities (including complaint and licensing compliance history) and most unlicensed providers may be obtained through VDSS's public Web site at:
<http://www.dss.virginia.gov/facility/search/licensed.cgi>.

All licensing inspection reports are public information. The following must also be posted by the childcare provider for public viewing in the facility: license, inspection report/compliance plan, notice of revocation or denial letter detailing reasons for revocation or denial, and notice of probationary status. Information that is not subject to public inspection without a court order would include medical information, information that would identify a complainant, identities of families and children and any information deemed excluded by the Freedom of Information Act.

2.7. Payment Rates for Child Care Services

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish adequate payment rates for child care services that ensure eligible children equal access to comparable care.

2.7.1. Provide a copy of your payment rates as Attachment 2.7.1.

The attached payment rates were or will be effective as of: [November 2009](#). The attached payment rates are based on the cost of care in each region. The same document is attached as 2.7.2.

2.7.2. Are the attached payment rates provided in Attachment 2.7.1 used in all parts of the State/Territory?

- Yes.
- No. If no, attach other payment rates and their effective date(s) as **Attachment 2.7.2a, 2.7.2b**, etc.

2.7.3. Which strategies, if any, will the Lead Agency use to ensure the timeliness of payments?

- Policy on length of time for making payments.
Describe length of time:

- Track and monitor the payment process
- Other.
Describe:

The Department of Social Services requires all state and local offices to abide by the Prompt Payment Act, which specifies that payments made by the state must be made within 30 days of receipt of an

invoice and that payments made by localities must be made within 45 days of the receipt of the invoice.

None

2.7.4. Market Rate Survey

Lead Agencies must complete a local Market Rate Survey (MRS) no earlier than two years prior to the effective date of the Plan (no earlier than October 1, 2009). The MRS must be completed prior to the submission of the CCDF Plan (see Program Instruction CCDF-ACF-PI-2009-02

<http://www.acf.hhs.gov/programs/ccb/law/guidance/current/pi2009-02/pi2009-02.htm> for more information on the MRS deadline).

a) Provide the month and year when the local Market Rate Survey(s) was completed (§98.43(b)(2)): [05/2010](#)

b) Attach a copy of the **MRS instrument** and a **summary of the results** of the survey **as Attachment 2.7.4**. For Lead Agencies that use an administrative provider database, provide a copy of the intake form as the instrument. The summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

2.7.5. Will the Lead Agency use the local Market Rate Survey identified in 2.7.4a (i.e., the most recent MRS) to set its payment rates?

Yes

No.

If no, list the MRS year that the payment rate ceiling is based upon: [2004, with an increase in infant rates based on the 2007-2008 survey](#)

2.7.6. At what percentile of the most recent local MRS are or will payment rates be set? Provide the percentile for your payment rate ceiling in relation to the most recent survey and describe:

Note: Identify the percentile where payment rates fall according to the most recent local MRS (identified in 2.7.4a) regardless of whether or not you use the most recent survey to set rates. If the percentile(s) varies across categories of care (e.g., different for centers and family child care homes), regions or ages of children, provide the range of the highest and lowest percentile in relation to the most recent survey.

[Level 2 Rate Percentiles.](#)

Level 2 providers include state licensed providers and providers approved under local ordinance as

allowed by the *Code of Virginia*. For Level 2 centers, the MRRs ranged across age groups from the 20th to 35th percentiles of the rates from the 2009-2010 market rate survey. For Level 2 family providers, the MRRs ranged across age groups from the 20th to the 30th percentiles of the rates from the 2009-2010 market rate survey.

The table below provides the percentiles for each age group.

Childcare Rate Percentiles - Level 2 Rates						
	Infant	Toddler	Preschool	Before/After School	School Age	Total
Center	35.0	30.0	30.0	20.0	20.0	26.7
Family	30.0	30.0	30.0	20.0	30.0	27.6
Total	33.5	30.0	30.0	20.0	22.4	26.9

Level 1 Rate Percentiles.

Level 1 providers are unlicensed providers.

For Level 1 centers, the MRRs ranged across age groups from the 10th to 15th percentiles of the rates from the 2009-2010 market rate survey.

For Level 1 family providers, the MRRs ranged across age groups from the 5th to the 15th percentiles of the rates from the 2009-2010 market rate survey.

The table below provides the percentiles for each age group.

Childcare Rate Percentiles - Level 1 Rates						
	Infant	Toddler	Preschool	Before/After School	School Age	Total
Center	10.0	10.0	10.0	15.0	10.0	11.2
Family	5.0	10.0	5.0	15.0	10.0	9.4
Total	5.9	10.0	6.0	15.0	10.0	9.7

2.7.7. Will the Lead Agency provide any type of tiered reimbursement or differential rates on top of its base reimbursement rates for providing care for children receiving CCDF subsidies? Check which types of tiered reimbursement, if any, the Lead Agency has chosen to implement.

Differential rate for nontraditional hours.

Describe:

Differential rate for children with special needs as defined by the State/Territory.

Describe:

Care for children with special needs may be paid at a rate up to two times the maximum reimbursable rate for a child of the same age in the same locality.

Differential rate for infants and toddlers.

Describe:

Differential rate for school-age programs.

Describe:

Differential rate for higher quality as defined by the State/Territory.

Describe:

Other differential rate.

Describe:

None.

2.7.8. Will the Lead Agency allow providers to charge parents any additional fees?

Check the policies, if any, the Lead Agency has chosen to establish regarding additional fees.

- Providers are allowed to charge the difference between the maximum reimbursement rate and their private pay rate
- Providers are allowed to charge registration fees
- Providers are allowed to charge for transportation fees
- Providers are allowed to charge for meals.
- Providers are allowed to charge additional incidental fees such as field trips or supplies
- Policies vary across region, counties and or geographic areas.

Describe:

- No, providers may not charge parents any additional fees
- Other.

Describe:

- None

2.7.9. Describe how payment rates are adequate to ensure equal access to the full range of providers based on the Market Rate Survey.

CCDF regulations require the Lead Agency to certify that the payment rates for the provision of child care services are sufficient to ensure equal access for eligible families to child care services comparable to those provided to families not eligible to receive CCDF assistance. To demonstrate equal access, the Lead Agency shall provide at a minimum a summary of facts describing: (§98.43(a))

a) How a choice of the full range of providers, e.g., child care centers, family child care homes, group child care homes and in-home care, is made available (§98.43(a)(1)):

Parents are permitted to select any legally operating provider who meets the criteria for program participation. If a parent selects a vendor that chooses to charge fees about the state maximum reimbursable rates, the family has elected to pay the difference.

b) How payment rates are adequate based on the most recent local MRS (§98.43(a)(2)):

Although the Maximum Reimbursable Rates are below the recommended 75th percentile, families are not reporting the inability to find care. While they may not be able to select their provider of first choice, families that receive subsidies are facing the same decisions faced by families that do not receive assistance, i.e., what child care can be purchased with the available funds.

c) How family co-payments based on a sliding fee scale are affordable (§98.43(a)(3)):

The family co-payment is set at 10% of their gross monthly countable income. That is the amount noted in the preamble to the federal CCDF regulation as the upper limit of an acceptable amount of an affordable co-payment.

d) Any additional facts the Lead Agency considered to determine that its payment rates ensure equal access:

N/A

2.7.10 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for the administration of the CCDF subsidy program in the coming Biennium? For example, what progress does the State/Territory expect to make on continuing improved services to parents and providers, continuity of care for children, improving outreach to parents and providers, building or expanding information technology systems, or revising rate setting policies or practices):

The Child Care Subsidy Program plans to implement a statewide automated system for the program. It will include case management, vendor management, and payments.

Another goal of the program is to simplify many provider management processes by the state assuming responsibility for payments and approval for program participation for many unlicensed providers.

The program also hopes to implement a revised statewide co-payment schedule.

PART 3

Health and Safety and Quality Improvement Activities

3.1. Activities to Ensure the Health and Safety of Children in Child Care (Component #1)

This section is intended to collect information on how Lead Agencies meet the statutory and regulatory provisions related to licensing and health and safety requirements. The CCDBG statute and the CCDF regulations address health and safety primarily in two ways.

First, Lead Agencies shall certify that they have in effect licensing requirements applicable to child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i)). Lead Agencies must describe those licensing requirements and how they are effectively enforced. Second, Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF.

The relationship between licensing requirements and health and safety requirements varies by State/Territory depending on how comprehensive the licensing system is. In some States and Territories, licensing may apply to the majority of CCDF-eligible providers and the licensing standards cover the three CCDF health and safety requirements so the State/Territory has few, if any, providers for whom they need to establish additional CCDF health and safety requirements. In other cases, States and Territories have elected to exempt large numbers of providers from licensing which means that those exempted providers who care for children receiving assistance from CCDF will have to meet to the CCDF health and safety requirements through an alternative process outside of licensing. The State/Territory may also elect to impose more stringent standards and licensing or regulatory requirements on child care providers of services for which assistance is provided under the CCDF than the standards or requirements imposed on other child care providers. (§98.40(b)(1)) Section 3.1 asks the State/Territory to identify and describe the components of both the licensing and CCDF health and safety requirements, indicate which providers are subject to the requirements, and describe compliance and enforcement activities. (658E(c)(2)(F), §98.41)

3.1.1. Compliance with Applicable State/Territory and Local Regulatory Requirements on Licensing

Lead Agencies shall certify that they have in effect licensing requirements applicable to

child care services provided within the area served by the Lead Agency (§98.40(a)(1)). These licensing requirements need not be applied to specific types of providers of child care services (658(E)(c)(2)(E)(i). Lead Agencies must describe those licensing requirements and how they are effectively enforced.

Definition: Licensing requirements are defined as regulatory requirements, including registration or certification requirements established under State, local, or tribal law, necessary for a provider to legally operate and provide child care services in a State or locality (§98.2). This does not include registration or certification requirements solely for child care providers to be eligible to participate in the CCDF program. Those requirements will be addressed in 3.1.2.

a) Is the Lead Agency responsible for child care licensing? (§98.11(a))

Yes.

No.

Please identify the State or local (if applicable) entity/agency responsible for licensing:

b) **Provide a brief overview** of the relationship between the licensing requirements and CCDF health and safety requirements in your State/Territory. At a minimum, describe whether the State/Territory's licensing requirements serve as the CCDF health and safety requirements.

[Licensing requirements serve as the CCDF health and safety requirements for facilities regulated through the Division of Licensing Programs but not for unlicensed/unregulated providers.](#)

c) CCDF identifies and defines four categories of care: child care centers, family child care homes, group child care homes and in-home child care providers (§98.2). The CCDF definition for each category is listed below. Within each CCDF category of care, please identify which types of providers are exempt from licensing in your State/Territory in the chart below.

CCDF Category of Care	CCDF Definition (§98.2)	Are any providers in your State/Territory which fall under this CCDF category exempt from licensing?

Center-Based Child Care

Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Describe which types of center-based settings are exempt from licensing in your State/Territory.

For example, some jurisdictions exempt school-based centers, centers operated by religious organizations, summer camps, or Head Start programs

Programs of instructional or recreational activities in which no child less than 6 attends for more than 6 hours per week and no child over 6 attends more than 6 hours per week during school session and no more than 12 hours per week when school is not in session, single focus instructional programs, programs that operate less than 20 days, instructional programs offered by schools, come and go programs, early intervention programs, competitive sports leagues, religious instruction, child minding services, certified preschools, local government recreational programs

Group Home Child Care

N/A. Check if your State/Territory does not have group home child care.



Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.

Describe which types of group homes are exempt from licensing:
'Family day home' means a child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. Family day homes serving six through twelve children, exclusive of the provider's own children and any children who reside in the home, must be licensed. However, no family day home may care for more than four children under the age of two, including the provider's own children and any children who reside in the home, unless the family day home is licensed or voluntarily registered. A family day home where the children in care are all grandchildren of the provider shall not be required to be licensed." (*Code of Virginia* 63.2-100). Licensed family day system-approved family day homes are not required to obtain a license. (*Code of Virginia*, § 63.2-1715) "Family day system' means any person who approves family day homes as members of its system; who refers children to available family day homes in that system; and who, through contractual arrangement, may provide central administrative functions including, but not limited to, training of operators of member homes; technical assistance and consultation to operators of member homes; inspection, supervision, monitoring, and evaluation of member homes; and referral of children to available health and social services." (*Code of Virginia* §63.2-100) Voluntarily Registered Family Day Homes serve fewer

than 6 children so are not required to be licensed. Any person who maintains a family day home serving fewer than six children, exclusive of the provider's own children and any children, who reside in the home, may apply for voluntary registration. (*Code of Virginia* §63.2-1704) "Certificate of registration" means a document issued by the Commissioner to a family day home provider, acknowledging that the provider has been certified by the contracting organization or VDSS and has met the Voluntary Registration of Family Day Homes—Requirements for Providers (22VAC-40-180) or the current regulation under the Voluntary Registration Program for Family Day Homes. Local Ordinance Approved Family Day Homes are exempted from licensure by the *Code of Virginia* §15.2-914). These homes are in three localities in the State (Fairfax, Alexandria, and Arlington) whose local governments have ordinances for the regulation and licensing of the homes. Unregulated Family Day Homes serve fewer than 6 children so are not required to be licensed.

Family Child Care

Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work. **Reminder** - Do not check if family child care home providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.

Describe which types of family child care home providers are exempt from licensing:

'Family day home' means a child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. Family day homes serving six through twelve children, exclusive of the provider's own children and any children who reside in the home, must be licensed. However, no family day home may care for more than four children under the age of two, including the provider's own children and any children who reside in the home, unless the family day home is licensed or voluntarily registered. A family day home where the children in care are all grandchildren of the provider shall not be required to be licensed." (*Code of Virginia* 63.2-100).

Licensed family day system-approved family day homes are not required to obtain a license. (*Code of Virginia*, § 63.2-1715)

'Family day system' means any person who approves family day homes as members of its system; who refers children to available family day homes in that system; and who, through contractual arrangement, may provide central administrative functions including, but not limited to, training of operators of member homes; technical assistance and consultation to operators of member homes; inspection, supervision, monitoring, and evaluation of member homes; and referral of children to

available health and social services.” (*Code of Virginia* §63.2-100)

Voluntarily Registered Family Day Homes serve fewer than 6 children so are not required to be licensed. Any person who maintains a family day home serving fewer than six children, exclusive of the provider's own children and any children, who reside in the home, may apply for voluntary registration. (*Code of Virginia* §63.2-1704)

"Certificate of registration" means a document issued by the Commissioner to a family day home provider, acknowledging that the provider has been certified by the contracting organization or VDSS and has met the Voluntary Registration of Family Day

Homes—Requirements for Providers (22VAC-40-180) or the current regulation under the Voluntary Registration Program for Family Day Homes. Local Ordinance Approved Family Day Homes are exempted from licensure by the *Code of Virginia* §15.2-914). These homes are in three localities in the State (Fairfax, Alexandria, and Arlington) whose local governments have ordinances for the regulation and licensing of the homes.

Unregulated Family Day Homes serve fewer than 6 children so are not required to be licensed.

In-Home Care	In-home child care provider is defined as an individual who provides child care services in the child's own home. Reminder - Do not respond if in-home child care providers simply must register or be certified to participate in the CCDF program separate from the State/Territory regulatory requirements.	Describe which types of in-home child care providers are exempt from licensing: 'Family day home' means a child day program offered in the residence of the provider or the home of any of the children in care for one through 12 children under the age of 13, exclusive of the provider's own children and any children who reside in the home, when at least one child receives care for compensation. Family day homes serving six through twelve children, exclusive of the provider's own children and any children who reside in the home, must be licensed. However, no family day home may care for more than four children under the age of two, including the provider's own children and any children who reside in the home, unless the family day home is licensed or voluntarily registered. A family day home where the children in care are all grandchildren of the provider shall not be required to be licensed." (Code of Virginia §63.2-100 Definitions).
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Note: In lieu of submitting or attaching licensing regulations to certify the requirements of §98.40(a)(1), Lead Agencies may provide their licensing regulations to the National Resource Center for Health and Safety in Child Care and Early Education. Please check the NRCKid's website at <http://nrckids.org/> to verify the accuracy of your licensing regulations and provide any updates to the National Resource Center. **Check this box to indicate that the licensing requirements were submitted and verified at NRCKid's:**



d) **Indicate** whether your State/Territory licensing requirements include any of the following four indicators for each category of care*.

*Source: National Resource Center for Health and Safety in Child Care and Early Education. (2003) Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards, 2nd Ed. Health Resources and Services Administration, Maternal and Child Health Bureau. Available online: <http://nrckids.org/stepping>

Indicator	Center-Based Child Care	Group Home Child Care	Family Child Care	In-Home Care
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Do the licensing requirements include **child:staff ratios and group sizes?** If yes, specify age group, where appropriate:

<input checked="" type="checkbox"/> Child:staff ratio requirement:	<input type="checkbox"/> Child:staff ratio requirement:	<input type="checkbox"/> Child:staff ratio requirement:	<input type="checkbox"/> Child:staff ratio requirement:
0-16 mos. 1:4; 16 mos-2 yrs.- 1:5; 2 yr olds - 1:8; 3-K 1:10; 5-8 yrs. 1:18; 9-12 yrs. 1:20	<input checked="" type="checkbox"/> Group size requirement:	<input checked="" type="checkbox"/> Group size requirement:	<input type="checkbox"/> Group size requirement:
<input type="checkbox"/> Group size requirement:	Based on a point system; no caregiver can exceed 16 points as follows:	Based on a point system; no caregiver can exceed 16 points as	<input type="checkbox"/> No requirements.
<input type="checkbox"/> No requirements.	Caregivers own children under 8 yrs. old count in point maximums; 0 -15 mos. = 4 points each; 16-23 mos. = 3 points each; 2-4 yrs. = 2 points each; 5-9 yrs. = 1 point each; 10 yrs. and older = 0 points	follows:Caregiver's own children under 8 years old count in point maximums; 0-15 mos = 4points each; 16-23 mos = 3 points each; 2-4 years = 2 points each; 5-9 years = 1 point each; 10 years and older = 0 points	<input type="checkbox"/> No requirements.
	<input type="checkbox"/> No requirements.	<input type="checkbox"/> No requirements.	

Do the licensing requirements identify specific experience and educational **credentials for child care directors?**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High school/GED	High school/GED	High school/GED	High school/GED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Development Associate (CDA)	Child Development Associate (CDA)	Child Development Associate (CDA)	Child Development Associate (CDA)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/ Territory Credential	State/ Territory Credential	State/ Territory Credential	State/ Territory Credential
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Associate's degree	Associate's degree	Associate's degree	Associate's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's degree	Bachelor's degree	Bachelor's degree	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No credential required for licensing	No credential required for licensing	No credential required for licensing	No credential required for licensing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	Other:	Other:	Other:

<p>Do the licensing requirements identify specific experience and educational credentials for child care teachers?</p>	<input checked="" type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/ Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other: 	<input checked="" type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/ Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other: 	<input checked="" type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/ Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other: 	<input type="checkbox"/> High school/GED <input type="checkbox"/> Child Development Associate (CDA) <input type="checkbox"/> State/ Territory Credential <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> No credential required for licensing <input type="checkbox"/> Other:
<p>Do the licensing requirements specify that directors and caregivers must attain a specific number of training hours per year?</p>	<input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input type="checkbox"/> No training requirement <input checked="" type="checkbox"/> Other: 16 hours annually	<input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input type="checkbox"/> No training requirement <input checked="" type="checkbox"/> Other: 12 hours annually	<input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input type="checkbox"/> No training requirement <input checked="" type="checkbox"/> Other: 12 hours annually	<input type="checkbox"/> At least 30 training hours required in first year <input type="checkbox"/> At least 24 training hours per year after first year <input type="checkbox"/> No training requirement <input type="checkbox"/> Other:

e) Do you expect the licensing requirements for child care providers to change in FY2012-2013?

Yes.

Describe: Family Day Home annual training requirements will increase to 14 hours annually beginning 7/1/2012.

No.

3.1.2. Compliance with Applicable State/Territory and Local Regulatory Requirements on Health and Safety

Each Lead Agency shall certify that there are in effect, within the State or local law, requirements designed to protect the health and safety of children that are applicable to child care providers of services for which assistance is provided under CCDF. Such requirements shall include the prevention and control of infectious diseases (including immunization), building and physical premises safety, and minimum health and safety training appropriate to the provider setting. These health and safety requirements apply to all providers caring for children receiving CCDF services and which also may be covered by the licensing requirements. (658E(c)(2)(F), §98.41)

a) **Describe** the Lead Agency's health and safety requirements for prevention and control of infectious disease in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(i), §98.41(a)(1))

For each health and safety requirement checked, identify which providers under the CCDF category must meet the requirement. Check all that apply.				
The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
<input type="checkbox"/> Physical exam or health statement for providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Physical exam or health statement for children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/> Tuberculosis check for providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Tuberculosis check for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Provider immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Child immunizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Hand-washing policy for providers and children	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Diapering policy and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to submit a self- certification or complete health and safety checklist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:				

b) **Describe** the Lead Agency's health and safety requirements for building and physical premises safety, including policies and practices to protect from environmental hazards, in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(ii), §98.41(a)(2))

The Lead Agency requires:	Center-based child care providers	Family child care home providers	Group home child care providers	In-home child care providers
<input checked="" type="checkbox"/> Fire inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Building inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Health inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Inaccessibility of toxic substances policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Safe sleep policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Tobacco exposure reduction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Transportation policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providers to submit a self-certification or complete health and safety checklist	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Providers to meet the requirements of another oversight entity that fulfill the CCDF health and safety requirements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe:				

c) **Describe** the Lead Agency's health and safety requirements for health and safety training in effect for child care providers of services for which assistance is provided under CCDF using the table below. (658E(c)(2)(F)(iii), §98.41(a)(3))

CCDF Categories of Care	Health and safety training requirements	Pre-Service	On-Going
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Child Care Centers

CPR (Child Care Centers)

(1) There shall be at least one staff member trained in first aid, cardiopulmonary resuscitation, and rescue breathing as appropriate to the age of the children in care who is on the premises during the center's hours of operation and also one person on field trips and wherever children are in care.

This person shall be available to children; and This person shall have current certification by the American Red Cross, American Heart Association, National Safety Council, or other designated program approved by the Department of Social Services [no hours of training or topics for first aid or CPR training are specified]

(2) Primitive camps shall have a staff member on the premises during the hours of operation who has at least current certification in first responder training. [no hours of training or topics for first responder training are specified]

(3) For therapeutic child day programs and special needs child day programs, if a child has a known seizure disorder or neurological, genetic

Same as Pre-service.

		<p>or physiological disability causing increased medical risk and that child is being transported, one center aide or adult who is not the driver and who is trained in CPR shall be present in the vehicle. [no hours of training or topics for CPR training are specified]</p>	
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First Aid (Child Care Centers)

(1) There shall be at least one staff member trained in first aid, cardiopulmonary resuscitation, and rescue breathing as appropriate to the age of the children in care who is on the premises during the center's hours of operation and also one person on field trips and wherever children are in care.

This person shall be available to children; and This person shall have current certification by the American Red Cross, American Heart Association, National Safety Council, or other designated program approved by the Department of Social Services [no hours of training or topics for first aid or CPR training are specified]

(2) Primitive camps shall have a staff member on the premises during the hours of operation who has at least current certification in first responder training. [no hours of training or topics for first responder training are specified]

(3) For therapeutic child day programs and special needs child day programs, if a child has a known seizure disorder

Same as Pre-service.

		<p>or neurological, genetic or physiological disability causing increased medical risk and that child is being transported, one center aide or adult who is not the driver and who is trained in CPR shall be present in the vehicle. [no hours of training or topics for CPR training are specified]</p>	
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Training on infectious diseases (Child Care Centers)

(1) By the end of their first day of assuming job responsibilities staff shall receive training on the standards that relate to the staff member's responsibilities.

(22VAC15-30-310 A) [no hours of training are specified]

For caregivers these standards relating to preventing the spread of infectious diseases are:

Excluding sick children

Notifying parents of children's exposure to communicable diseases
Cleaning and sanitizing surfaces contaminated with body fluids

Hand washing procedures for staff and children

Diapering and handling soiled clothing

Sanitizing toilet chairs

Sanitizing tables and high chair trays

Having drinking fountains or individual disposable cups with safe drinking water accessible at all times

(2) There shall always be at least one staff member on duty who has obtained within the last three years instruction in performing the daily health observation of children. [no hours of

Same as Pre-service.

		<p>training are specified]</p> <p>Daily health observation training shall include:</p> <p>Components of daily health check for children;</p> <p>Inclusion and exclusion of the child from the class when the child is exhibiting physical symptoms that indicate possible illness;</p> <p>Descriptions of how diseases are spread and the procedures or methods for reducing the spread of disease;</p> <p>Information concerning the Virginia Department of Health Notification of Reportable Diseases pursuant to 12 VAC 5-90-80 and 12 VAC 5-90-90, also available from the local health department and the website of the Virginia Department of Health; and</p> <p>Staff occupational health and safety practices in accordance with Occupational Safety and Health Administration's (OSHA) Blood borne Pathogens regulation.</p>	
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SIDS prevention
(i.e., safe sleep)
(Child Care Centers)

By the end of their first day of assuming job responsibilities staff shall receive training on the standards that relate to the staff member's responsibilities.
(22VAC15-30-310 A) [no hours of training are specified]

For caregivers the standards relating to SIDS prevention are:

When staff are supervising children, they shall always ensure their care, protection, and guidance. For Infants this includes:

When an infant is placed in his crib, he shall be placed on his back (supine).

When an infant is able to easily turn over from the back (supine) to the belly (prone) position and he is placed in his crib, he shall still be put on his back (supine) but allowed to adopt whatever position he prefers. This applies unless otherwise directed by the infant's physician in writing.

If the side position is used, caregivers shall bring the dependent arm forward to lessen the likelihood of the infant rolling into a belly (prone)

Same as Pre-service.

position.

Resting or sleeping infants shall be individually checked every 15-20 minutes
Bottles shall not be propped or used while the child is in his designated sleeping location and
Cribs shall be used for children under 12 months of age and for children over 12 months of age who are not developmentally ready to sleep on a cot or mat.
Pillows and filled comforters shall not be used by children under two years of age.
Use of crib bumper pads shall be prohibited.

Medication administration (Child Care Centers)

State regulations for Child Day Centers require:

(1) Medication administration shall be performed by a staff member or independent contractor who has satisfactorily completed a training program for this purpose approved by the Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist [no hours of training are specified]; or staff member or independent contractor who is licensed by the Commonwealth of Virginia to administer medications.

(2) Staff required to have the medication administration training shall be retrained at three-year intervals [no hours of training are specified]

The medication administration course, which shall include competency guidelines, shall reflect currently accepted safe medication administration practices, including instruction and practice in topics such as, but not limited to: Reading and following

Same as Pre-service.

manufacturer's instructions;
Observing relevant laws, policies and regulations;
Demonstrating knowledge of safe practices for medication storage and disposal, recording and reporting responsibilities, and side effects and emergency recognition and response.

(3) By the end of their first day of assuming job responsibilities, caregivers shall receive training on the standards that relate to the staff member's responsibilities.
(22VAC15-30-310 A) [no hours of training are specified]

For caregivers, these standards relating to medication administration are: Any child for whom emergency medications (such as, but not limited to, Albuterol, Glucagon, and epipen) have been prescribed shall always be in the care of a staff member or independent contractor trained in medication administration.

By the end of their first day of assuming job responsibilities,

		<p>caregivers shall receive training [no hours of training are specified] on the center's policy for administration of medication (22VAC15-30-310 A) that:</p> <p>Includes any general restrictions of the center. For non-prescription medication, be consistent with the manufacturer's instructions for age, duration and dosage. Includes duration of the parent's authorization for medication, provided that it shall expire or be renewed after 10 workdays. Long-term prescription drug use and over-the-counter medication may be allowed with written authorization from the child's physician and parent.</p> <p>Includes methods to prevent use of outdated medication.</p>	
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Mandatory reporting of suspected abuse or neglect (Child Care Centers)

Child Day Centers are required by *The Code of Virginia* to:

Have staff receive the following training no later than the end of their first day of assuming job responsibilities:

Recognizing child abuse and neglect and the legal requirements for reporting suspected child abuse as required by § 63.2-1509 of the Code of Virginia [hours of training are not specified];

§ 63.2-1509 The following persons who, in their professional or official capacity, have reason to suspect that a child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or to the Department's toll-free child abuse and neglect hotline:

Any person providing full-time or part-time child care for pay on a regularly planned basis; and the initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator

Same as Pre-service.

of the local department on a form prescribed by the Board. Any person required to make the report pursuant to this subsection shall disclose all information that is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department, which is the agency of jurisdiction, any information, records, or reports that document the basis for the report. All persons required by this subsection to report suspected abuse or neglect who maintain a record of a child who is the subject of such a report shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Any person required to file a report pursuant to this section who fails to do so within 72 hours of his first suspicion of child abuse or neglect shall be fined not more than \$500 for the first failure and for

		any subsequent failures not less than \$100 nor more than \$1,000.	
	Child development (Child Care Centers)	Program directors and staff who work directly with children shall annually attend 16 hours of staff development activities that shall include training related to child development.	Same as Pre-service.

Supervision of children (Child Care Centers)

The child day center requirements for supervision are:

By the end of their first day of assuming job responsibilities, staff shall receive training on the standards that relate to the staff member's responsibilities.
(22VAC15-30-310 A) [no hours of training are specified]

For caregivers, these standards relating to supervision of children are:

When staff are supervising children, they shall always ensure their care, protection, and guidance.

Children under 10 years of age always shall be within actual sight and sound supervision of staff, except that staff need only be able to hear a child who is using the restroom provided that:

There is a system to assure that individuals who are not staff members or persons allowed to pick up a child in care do not enter the restroom area while in use by children; and Staff check on a child who has not returned from the restroom after five minutes. Depending

Same as Pre-service.

on the location and layout of the restroom, staff may need to provide intermittent sight supervision of the children in the restroom area during this five-minute period to assure the safety of children and to provide assistance to children as needed.

Children 10 years of age and older shall be within actual sight and sound supervision of staff except when the following requirements are met:

Staff can hear or see the children (video equipment, intercom systems, or other technological devices shall not substitute for staff being able to directly see or hear children);

Staff are nearby so they can provide immediate intervention if needed;

There is a system to ensure that staff know where the children are and what they are doing;

There is a system to ensure that individuals who are not staff

members or persons allowed to pick up children in care do not enter the areas where children are not under sight supervision; and

Staff provide sight and sound supervision of the

children at variable and unpredictable intervals not to exceed 15 minutes.

When the outdoor activity area is not adjacent to the center, there shall be at least two staff members on the outdoor activity area whenever one or more children are present. Staff shall greet each child upon arrival at the center and oversee each child's departure from the center.

Staff shall not allow a child to leave the center unsupervised.

Staff shall be counted in the required staff-to-children ratios only when they are directly supervising children.

A child volunteer 13 years of age or older not enrolled in the child day program shall not be counted as a child in the staff-to-children ratio requirements.

When children are regularly in ongoing mixed age groups, the staff-to-children ratio applicable to the youngest child in the group shall apply to the entire group.

During the designated rest period and the designated sleep period of evening and overnight care programs, the ratio

of staff to children may be double the usual number of children to each staff if:

A staff person is within sight and sound of the resting/sleeping children;

Staff counted in the overall rest period ratio are within the building and available to ensure safe evacuation in an emergency; and

An additional person is present at the center to help, if necessary.

The following ratios of staff to children are required wherever children are in care:

For children from birth to the age of 16 months: one staff member for every four children;

For children 16 months old to two years: one staff member for every five children;

For two-year-old children: one staff member for every eight children;

For children from three years to the age of eligibility to attend public school, five years by September 30: one staff member for every 10 children

For children from age of eligibility to attend public school through eight years, one staff member for every 18 children;

and

For children from nine years through 12 years, one staff member for every 20 children.

The staff-to-children ratios requirements shall be maintained while children are participating in swimming or wading activities.

There shall be sight and sound supervision for all children when a child is being diapered.

By the end of their first day of assuming job responsibilities staff shall receive training on the following (22VAC15-30-310 A) [no hours of training are specified]:

Procedures for supervising a child who may arrive after scheduled classes or activities including field trips have begun;

Procedures to confirm absence of a child when the child is scheduled to arrive from another program or from an agency responsible for transporting the child to the center;

Procedures for identifying where attending children are at all times, including procedures to ensure that all children are accounted for before leaving a field trip site

		<p>and upon return to the center;</p> <p>Playground safety procedures which shall include provision for active supervision by staff to include positioning of staff in strategic locations, scanning play activities, and circulating among children;</p>	
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Behavior management (Child Care Centers)

By the end of their first day of assuming job responsibilities staff shall receive training on the standards that relate to the staff member's responsibilities.
(22VAC15-30-310 A) [no hours of training are specified]

For caregivers, these standards relating to behavior management are: Behavioral guidance shall be constructive in nature, age and stage appropriate, and shall be intended to redirect children to appropriate behavior and resolve conflicts.

The following actions or threats thereof are forbidden:

Physical punishment, striking a child, roughly handling or shaking a child, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment;

Enclosure in a small confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play yards, high

Same as Pre-service.

		<p>chairs, and safety gates when used with children preschool age or younger for their intended purpose;</p> <p>Punishment by another child;</p> <p>Separation from the group so that the child is away from the hearing and vision of a staff member;</p> <p>Withholding or forcing of food or rest;</p> <p>Verbal remarks which are demeaning to the child;</p> <p>Punishment for toileting accidents; and</p> <p>Punishment by applying unpleasant or harmful substances.</p>	
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Nutrition (Child Care Centers)

By the end of their first day of assuming job responsibilities staff shall receive training on the standards that relate to the staff member's responsibilities.
(22VAC15-30-310 A) [no hours of training are specified]

For caregivers these standards relating to nutrition are:

Centers shall schedule appropriate times for snacks or meals, or both, based on the hours of operation and time of the day (e.g., a center open only for after school care shall schedule an afternoon snack; a center open from 7 a.m. to 1 p.m. shall schedule a morning snack and midday meal).

The center shall ensure that children arriving from a half-day, morning program who have not yet eaten lunch receive a lunch.

The center shall schedule snacks or meals so there is a period of at least 1-1/2 hours but no more than three hours between each meal or snack unless there is a scheduled rest or sleep period for children

Same as Pre-service.

between the meals and snacks.

Drinking water or other beverage not containing caffeine shall be offered at regular intervals to nonverbal children.

In environments of 80°F or above, attention shall be given to the fluid needs of children at regular intervals.

Children in such environments shall be encouraged to drink fluids as outlined in subsection D of this section.

When centers choose to provide meals or snacks, the following shall apply:

Centers shall follow the most recent, age-appropriate nutritional requirements of a recognized authority such as the Child and Adult Care Food Program of the United States Department of Agriculture (USDA).

Children shall be allowed second helpings of food listed in the USDA's child and adult care meal patterns.

Centers offering both meals and snacks shall serve a variety of nutritious foods and shall serve at least three sources of vitamin A and at least three sources of

		<p>vitamin C on various days each week.</p> <p>Children three years of age or younger may not be offered foods that are considered to be potential choking hazards.</p>	
	<p>Breastfeeding (Child Care Centers)</p>	<p>By the end of their first day of assuming job responsibilities staff shall receive training on the standards that relate to the staff member's responsibilities.</p> <p>(22VAC15-30-310 A) [no hours of training are specified]</p> <p>For caregivers, these standards relating to breastfeeding are: Breastfeeding must be permitted.</p>	<p>Same as Pre-service.</p>

**Physical activity
(Child Care Centers)**

By the end of their first day of assuming job responsibilities staff shall receive training on the standards that relate to the staff member's responsibilities.
(22VAC15-30-310 A) [no hours of training are specified]

For caregivers these standards relating to physical activity are:

For all children, child day centers are required to:
Have a variety of daily activities for all age groups shall be age and stage appropriate and provide opportunities for teacher-directed, self-directed, and self-chosen tasks and activities; a balance of active and quiet activities; individual and group activities; and curiosity and exploration.

For infants the child day center is required to provide:

Room for extensive movement (rolling, crawling, or walking) and exploration;
Equipment and toys that support large and small motor development and staff shall provide frequent opportunities for infants to creep, crawl, toddle and walk and

Same as Pre-service.

Outdoor time if weather and air quality allow based upon the Air Quality Color Chart as provided by the Department of Environmental Quality.

For Toddlers and Preschoolers the child day center is required to provide: Opportunities for outdoor activity, weather and air quality allowing, for at least:

Fifteen minutes per day or session if the center operates up to three hours per day or session;

Thirty minutes per day or session if the center operates between three and five hours per day or session; or

One hour per day or session if the center operates more than five hours per day or session

Opportunities for small and large motor activities

For School age children the child day center is required to: Provide in the afternoon an opportunity for large motor activities at least 25% of the time and On nonschool days, the daily activity shall include opportunities for large motor activities at least 25% of the time; and outdoor activity, weather

		<p>and air quality allowing, for at least:</p> <p>Fifteen minutes per day or session if the center operates up to three hours per day or session; Thirty minutes per day or session if the center operates between three and five hours per day or session; or One hour per day or session if the center operates more than five hours per day or session</p>	
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Working with children with special needs or disabilities (Child Care Centers)

By the end of their first day of assuming job responsibilities staff shall receive training on the standards that relate to the staff member's responsibilities.
(22VAC15-30-310 A) [no hours of training are specified]

For caregivers these standards relating to working with children with special needs or disabilities are:

A child's record who is enrolled at a child day center is required to include documentation of:

Allergies and intolerance to food, medication, or any other substances, and actions to take in an emergency situation;
Chronic physical problems and pertinent developmental information and any special accommodations needed;

Regulatory definitions:

"Children with special needs" means children with developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness

For therapeutic child day programs and special needs child day programs, staff who work directly with children shall annually attend 24 hours of staff development activities. At least eight hours of this training shall be on topics related to the care of children with special needs.

who require special health surveillance or specialized programs, interventions, technologies, or facilities.
"Special needs child day program" means a program exclusively serving children with special needs.

"Therapeutic child day program" means a specialized program, including but not limited to therapeutic recreation programs, exclusively serving children with special needs when an individual service, education or treatment plan is developed and implemented with the goal of improving the functional abilities of the children in care.

In therapeutic child day programs:

Before the child's first day of attendance, there shall be personal communication between the director, or his designee, and the parent to determine:

The child's level of general functioning as related to physical, affective/emotional, cognitive and social skills required for participation; and

Any special medical procedures needed.

An individual assessment completed within six months before the child's attendance or 30 days after the first day of attendance shall be maintained for each child.

An individual assessment shall be reviewed and updated for each child no less than once every 12 months.

An individual service, education or treatment plan:

Shall be developed for each child by the director or his designee and primary staff responsible for plan implementation; Shall be implemented within 60 days after the first day of the child's attendance.

The child's individual service, education or treatment plan shall be developed, reviewed, and revised every three months and rewritten annually by the director or his designee and primary staff responsible for plan implementation.

This shall be done in partnership with the parent, residential care provider or advocate.

A copy of the initial plan and subsequent or amended service, education or treatment

plans shall be maintained in the child's record and a copy given to the child's parent.

Pre-service:

Before assuming job responsibilities, staff who work with children in therapeutic child day programs and special needs child day programs shall receive training [no hours of training specified] in:

Universal precautions procedures;
Activity adaptations;
Medication administration;
Disabilities precautions and health issues; and
Appropriate intervention strategies.

For therapeutic child day programs and special needs child day programs, staff who work with children shall have knowledge of the groups being served and skills specific to the special needs of the children in care including, but not limited to, functional abilities, accommodations, assessment techniques, behavior management, and medical and health concerns

		<p>For program directors of therapeutic child day programs and special needs child day programs, education and programmatic experience shall be in the group care of children with special needs.</p> <p>For program leaders of therapeutic child day programs and special needs child day programs, at least three months of programmatic experience shall be in the group care of children with special needs.</p>	
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Emergency preparedness and response (Child Care Centers)

By the end of their first day of assuming job responsibilities staff shall receive training on procedures for action in case of lost or missing children, ill or injured children, medical emergencies and general emergencies; and procedures for response to natural and man-made disasters.[no hours of training are specified]

The center shall have an emergency preparedness plan that addresses staff responsibility and facility readiness with respect to emergency evacuation and shelter-in-place. The plan, which shall be developed in consultation with local or state authorities, addresses the most likely to occur emergency scenario or scenarios, including but not limited to natural disaster, chemical spills, intruder, and terrorism specific to the locality.

The emergency preparedness plan shall contain procedural components for:

Sounding of alarms (intruder, shelter-in-place such as for tornado, or

Same as Pre-service.

chemical hazard);
Emergency communication to include:
Establishment of center emergency officer and back-up officer to include 24-hour contact telephone number for each;
Notification of local authorities (fire and rescue, law enforcement, emergency medical services, poison control, health department, etc.), parents, and local media;
and
Availability and primary use of communication tools;
Evacuation to include:

Assembly points, head counts, primary and secondary means of egress, and complete evacuation of the buildings;
Securing of essential documents (sign-in record, parent contact information, etc.) and special healthcare supplies to be carried off-site on immediate notice;
and
Method of communication after the evacuation;
Shelter-in-place to include:

Scenario applicability, inside assembly points,

head counts, primary and secondary means of access and egress; Securing essential documents (sign-in records, parent contact information, etc.) and special health supplies to be carried into the designated assembly points; and Method of communication after the shelter-in-place; Facility containment procedures, (e.g., closing of fire doors or other barriers) and shelter-in-place scenario (e.g., intruders, tornado, or chemical spills); Staff training requirement [no hours of training are specified], drill frequency, and plan review and update; and Other special procedures developed with local authorities.

Emergency evacuation and shelter-in-place procedures/maps shall be posted in a location conspicuous to staff and children on each floor of each building.

The center shall implement a monthly practice evacuation drill and a minimum of two shelter-in-place practice drills per year for the most likely to occur scenarios.

The center shall maintain

		<p>a record of the dates of the practice drills for one year.</p> <p>For centers offering multiple shifts, the simulated drills shall be divided evenly among the various shifts.</p> <p>A 911 or local dial number for police, fire and emergency medical services and the number of the regional poison control center shall be posted in a visible place at each telephone.</p> <p>Each camp location shall have an emergency preparedness plan and warning system.</p> <p>The center shall prepare a document containing local emergency contact information, potential shelters, hospitals, evacuation routes, etc., that pertain to each site frequently visited or of routes frequently driven by center staff for center and business (such as field trips, pickup/drop off of children to or from schools, etc.). This document must be kept in vehicles that centers use to transport children to and from the center.</p>	
	<p>Other. (Child Care Centers)</p> <p>Describe:</p> <p>N/A</p>	N/A	N/A

Group Home Child Care	CPR (Group Home Child Care)	Providers, substitute providers and assistants 18 years of age or older left alone with children in care shall have current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current CPR certification issued within the past two years by a community college, a hospital, a rescue squad, or a fire department. A specific number of hours of training or topics for CPR training are not specified in order to receive CCDF subsidy funding.	Same as Pre-service.
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First Aid (Group Home Child Care)

Providers, substitute providers and assistants 18 years of age or older left alone with children in care shall have current certification in first aid from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current first aid certification issued within the past three years by a community college, a hospital, a rescue squad, or a fire department. A specific number of hours of training or topics for first aid training are not specified in order to receive CCDF subsidy funding.

EXCEPTION: A provider or substitute provider who is a registered nurse or licensed practical nurse with a current license from the Board of Nursing shall not be required to obtain first aid certification.

Same as Pre-service.

Training on infectious diseases (Group Home Child Care)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of hours of training on infectious diseases is not specified to be eligible to receive CCDF funding.

The annual training for caregivers (currently 12 hours) shall cover areas such as, but not limited to: health and safety in the family day home environment and recognition and prevention of the spread of communicable diseases.

The orientation for Licensed providers shall cover the standards in this chapter that relate to the substitute provider's or assistant's responsibilities and include the topics listed below:

Excluding sick children
Notifying parents of children's exposure to communicable diseases
Cleaning and sanitizing surfaces contaminated with body fluids
Hand washing procedures for staff and children
Diapering and handling

Same as Pre-service.

soiled clothing
Sanitizing toilet chairs
Sanitizing tables and high chair trays
Having drinking fountains or individual disposable cups with safe drinking water accessible at all times
Having individual locations to keep clothing, toys, and belongings.
Dogs or cats, where allowed, shall be vaccinated for rabies and shall be treated for fleas, ticks, or worms as needed.
Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals shall not be in areas accessible to children during the hours children are in care.
All animal excrement shall be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned.
Toys mouthed by children shall be cleaned and sanitized daily.
Sandboxes shall be covered when not in use.
A child shall be provided with an individual crib, cot, rest mat, or bed for resting or napping.
Occupied cribs, cots, rest mats, and beds shall be at least 12 inches from

each other.

Rest mats shall be cleaned and sanitized on all sides at least weekly and as needed.

Linens shall be assigned for individual use.

Linens shall be clean and washed at least weekly or when soiled.

Clean linens shall be used each time a child rests on the bed of a family member.

Pillows, when used for children over two years of age, shall be assigned for individual use and covered with pillowcases.

Mattresses, when used, shall be covered with a waterproof material that can be cleaned and sanitized.

Outbreak of disease must be reported to Health department.

Tables and high chair trays shall be cleaned after each use.

Clean individual drinking cups shall be provided daily.

Children shall not be allowed to share common drinking cups.

Disposable utensils and dishes shall be used once and discarded.

Parent required to report to provider if child or household member has communicable disease.

Child must be

		adequately immunized.	
	SIDS prevention (i.e., safe sleep) (Group Home Child Care)	There are no training hours or training topics specified for SIDS prevention. Licensing standards address this topic.	Same as Pre-service.

Medication administration (Group Home Child Care)

A specific number of hours for medication administration training for a group home child care provider is not specified. When the family day home agrees to administer prescription medications or non-prescription medications, the administration shall be performed by a caregiver who:

Has satisfactorily completed a training program for this purpose developed or approved by the Virginia Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist;

Is licensed by the Commonwealth of Virginia to administer medications.

Caregivers required to have medication training shall be retrained at three-year intervals.

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities on the standards relating to medication administration. A specific number of hours of medication

Same as Pre-service.

administration training is not specified, but must include the following topics:

A child's record shall contain information on allergies and intolerance to food, medication, or any other substances, and actions to take in an emergency situation; written authorization if a caregiver is to administer prescription or nonprescription medication to the child. Before the child's first day of attendance, parents shall be provided in writing policies for the administration of medication.

The provider shall maintain written documentation of each caregiver's applicable education and programmatic experience, applicable first aid and CPR certification, orientation, annual training, and applicable medication administration training.

The provider shall notify the parent immediately when the child:

1. Has an adverse reaction to medication administered;
2. Has been administered medication incorrectly

Prescription and nonprescription medications shall be given to a child: According to the home's written medication policies, and only with written authorization from the parent. The parent's written authorization for medication shall expire or be renewed after 10 working days.

EXCEPTION: Long-term prescription and nonprescription drug use may be allowed with written authorization from the child's physician and parent.

When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization.

Medications that are not picked up by the parent within 14 days shall be taken to a pharmacy for proper disposal.

The family day home may administer prescription medication that would normally be administered by a parent or guardian to a child provided:

The medication is administered by a caregiver who meets the requirements in this regulation;

The caregiver administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and

The caregiver administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.

The family day home may administer nonprescription medication provided the medication is:

Administered by a caregiver 18 years of age or older who meets the requirements in this regulation;

Labeled with the child's name;

In the original container with the manufacturer's direction label attached; and

Given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication.

Nonprescription medication shall not be used beyond the expiration date of the product.

Mandatory reporting of suspected abuse or neglect (Group Home Child Care)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. **A specific number of hours of training on mandatory reporting of suspected abuse or neglect is not specified.** The orientation shall cover recognizing child abuse and neglect and the legal requirements for reporting suspected child abuse as required by § 63.2-1509 of the *Code of Virginia*:

“§ 63.2-1509 The following persons who, in their professional or official capacity, have reason to suspect that a child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or to the Department's toll-free child abuse and neglect hotline:

Any person providing full-time or part-time child care for pay on a regularly planned basis; and.....

Same as Pre-service.

The initial report may be an oral report but such report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the Board. Any person required to make the report pursuant to this subsection shall disclose all information that is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department, which is the agency of jurisdiction, any information, records, or reports that document the basis for the report. All persons required by this subsection to report suspected abuse or neglect who maintain a record of a child who is the subject of such a report shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Any person required to file a report pursuant to this

		<p>section who fails to do so within 72 hours of his first suspicion of child abuse or neglect shall be fined not more than \$500 for the first failure and for any subsequent failures not less than \$100 nor more than \$1,000.”</p>	
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Child development
(Group Home Child
Care)

The annual training for licensed caregivers (currently 12 hours) shall cover areas such as, but not limited to: physical, intellectual, social and emotional child development. Unlicensed providers who receive subsidies must have at least 4 hours of skills training annually.

The licensed program provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours for the staff is not specified. The orientation shall cover the standards that relate to child development, including:

The child's record shall contain information on chronic physical problems, pertinent developmental information, and any special accommodations needed.

In order to promote the child's physical, intellectual, emotional, and social well-being and growth, caregivers shall:
Talk to the child;
Provide needed help, comfort, and support;
Respect personal

Same as Pre-service.

privacy;

Respect differences in cultural, ethnic, and family backgrounds;

Encourage decision-making abilities;

Promote ways of getting along;

Encourage independence and self-direction; and

Use consistency in applying expectations.

Caregivers shall provide age-appropriate activities for children in care throughout the day that:

Are based on the physical, social, emotional, and intellectual needs of the children;

Reflect the diversity of enrolled children's families, culture, and ethnic backgrounds; and

Enhance the total development of children.

Infants and toddlers shall be provided with opportunities to:

Interact with caregivers and other children in the home in order to stimulate language development;

Play with a wide variety of safe, age-appropriate toys;

Receive individual attention from caregivers including, but not limited to, holding, cuddling, talking, and reading; and

Reach, grasp, pull up,

creep, crawl, and walk to develop motor skills.

Infants and toddlers shall spend no more than 30 minutes of consecutive time during waking hours, with the exception of mealtimes, confined in a crib, play pen, high chair or other confining piece of equipment. The intervening time period between confinements shall be at least one hour.

Staffing shall be appropriate and adequate to meet the specific physical and developmental needs of a child with special needs in care.

The provider and the parent of the child with special needs shall mutually determine a recommendation for the level of staffing necessary to care for and supervise the child based on the child's chronological and functional age and degree of disability.

Caregivers shall use positive methods of discipline. Discipline shall be constructive in nature and include techniques such as: Using limits that are fair, consistently applied, appropriate, and understandable for the child's level of

		<p>development;</p> <p>When time out is used as a discipline technique:</p> <p>It shall be used sparingly and shall not exceed one minute for each year of the child's age</p> <p>It shall be appropriate to the child's developmental level and circumstances;</p> <p>It shall not be used with infants or toddlers</p> <p>Caregivers shall provide information daily to parents about the child's health, development, behavior, adjustment, or needs.</p>	
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Supervision of children (Group Home Child Care)

When at least one child receives care for compensation, all children, exclusive of the provider's own children and children who reside in the home, who are in the care and supervision of a provider, count in the licensed capacity. An assistant under the age of 18 years of age shall always work under the direct supervision of the provider or substitute provider. Direct supervision means being able to hear or see the assistant and children at all times.

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on supervision of children is not specified. The orientation shall cover the standards related to the supervision of children and include the following:

Sharp kitchen utensils and other sharp objects shall be inaccessible to children unless being used by the caregiver or with children under close supervision.

Small electrical

Same as Pre-service.

appliances such as, but not limited to, curling irons, toasters, blenders, can openers, and irons shall be unplugged unless being used by the caregiver or with children under close supervision. Children under two years of age and children over two years of age who are not developmentally ready to climb or descend stairs without supervision shall not have access to stairs. A caregiver shall be physically present on site and provide direct care and supervision of each child at all times. Direct care and supervision of each child includes: Awareness of and responsibility for each child in care, including being near enough to intervene if needed; and monitoring of each sleeping infant in one of the following ways:
By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver;
By in-person observation of each sleeping infant at least once every 15 minutes; or
By using a baby monitor
Caregivers shall actively supervise each child during outdoor play to

minimize the risk of injury to a child.

A caregiver may allow only school age children to play outdoors while the caregiver is indoors if the caregiver can hear the children playing outdoors.

Infants shall be protected from older children.

No child under five years of age or a child older than five who lacks the motor skills and strength to avoid accidental drowning, scalding, or falling while bathing shall be left unattended while in the bathtub.

The provider shall ensure that a caregiver does not exceed 16 points by using the following point system to determine if an additional caregiver is needed:

Children from birth through 15 months of age count as four points each;

Children from 16 months through 23 months of age count as three points each;

Children from two through four years of age count as two points each;

Children from five years through nine years of age count as one point each; and

Children who are 10 years of age and older

count as zero points.
A caregiver's own children and resident children under eight years of age count in point maximums.
The level of supervision by caregivers and the point system as required in this regulation shall be maintained while the children are participating in swimming or wading activities.
Caregivers shall have a system for accounting for all children in the water.
Outdoor swimming activities shall occur only during daylight hours.
When one or more children are in water that is more than two feet deep in a pool, lake, or other swimming area on or off the premises of the family day home:
A minimum of least two caregivers shall be present and able to supervise the children;
and
An individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading activities at all times. The certification shall be obtained from an organization such as, but

not limited to, the American Red Cross, the YMCA, or the Boy Scouts.

The provider shall report to the department within 24 hours of the circumstances surrounding the following incidents:

Lost or missing child when local authorities have been contacted for help,

Serious injury to a child while under the family day home's supervision, and

Death of a child while under the family day home's supervision.

The provider shall ensure that during transportation of children:

Each child is in an individual car seat or individual and appropriate restraint in accordance with Virginia law;

Each child's arms, legs, and head remain inside the vehicle;

Doors are closed properly and locked unless locks were not installed by the manufacturer of the vehicle;

No child is left unattended inside or outside a vehicle; and
Each child boards and leaves the vehicle from

		<p>the curb side of the street.</p> <p>For nighttime care, caregivers shall remain awake until all children are asleep and shall sleep on the same floor level as the children in care. A baby monitor shall be used if the caregiver is not sleeping in the room with the child or in a room adjacent to the room where the child is sleeping.</p>	
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Behavior management (Group Home Child Care)

The annual training for caregivers (currently 12 hours) shall cover areas such as, but not limited to: Behavior management and discipline techniques. A specific number of training hours on behavior management is not specified.

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. The orientation shall cover the standards relating to behavior management and must include the following:

Caregivers shall use positive methods of discipline. Discipline shall be constructive in nature and include techniques such as:
Using limits that are fair, consistently applied, appropriate, and understandable for the child's level of development;
Providing children with reasons for limits;
Giving positively worded direction;
Modeling and redirecting children to acceptable behavior;
Helping children to constructively express

Same as Pre-service.

their feelings and frustration to resolve conflict; and

Arranging equipment, materials, activities, and schedules in a way that promotes desirable behavior.

When time out is used as a discipline technique:

It shall be used sparingly and shall not exceed one minute for each year of the child's age;

It shall be appropriate to the child's developmental level and circumstances;

It shall not be used with infants or toddlers;

The child shall be in a safe, lighted, well-ventilated place, and within sight and sound of a caregiver; and

The child shall not be left alone inside or outside the home while separated from the group.

· The following acts or threats thereof are forbidden:

Physical punishment including, but not limited to, striking a child, roughly handling or shaking a child, biting, pinching, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as punishment;

	<p>Enclosure in a small, confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play pens, high chairs, and safety gates when used for their intended purpose with children preschool age or younger;</p> <p>Punishment by another child;</p> <p>Withholding or forcing of food, water, or rest;</p> <p>Verbal remarks that are demeaning to the child;</p> <p>Punishment for toileting accidents; and</p> <p>Punishment by applying unpleasant or harmful substances.</p> <p>Caregivers shall notify parents when persistent behavioral problems are identified and such notification shall include any disciplinary steps taken in response.</p>	
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Nutrition (Group Home Child Care)

The annual training (currently 12 hours) shall cover areas such as, but not limited to: child nutrition. A specific number of training hours on nutrition is not specified.

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. The orientation shall cover the standards relating to nutrition including the following:

Meals and snacks shall be served in accordance with the times children are in care, which include:

For family day homes operating less than four consecutive hours, at least one snack shall be served.

For family day homes operating four to seven consecutive hours, at least one meal and one snack shall be served.

For family day homes operating seven to 12 consecutive hours, at least one meal and two snacks, or two meals and one snack shall be served.

For family day homes operating 12 to 16

Same as Pre-service.

consecutive hours, at least two meals and two snacks or three meals and one snack shall be served.

A family day home shall ensure that children arriving from a half-day, morning program who have not yet eaten lunch receive a lunch.

The family day home shall schedule snacks or meals so there is a period of at least 1-1/2 hours, but no more than three hours, between each meal or snack unless there is a scheduled rest or sleep period for children between the meals and snacks.

Children shall be served small-sized portions.

Food shall be prepared, stored, served, and transported in a clean and sanitary manner.

Leftover food shall be discarded from individual plates following a meal or snack.

Tables and high chair trays shall be cleaned after each use, but at least daily.

When family day homes provide meals or snacks, the following shall apply:

Family day homes shall follow the most recent, age-appropriate nutritional requirements of a recognized authority

such as the Child and Adult Care Food Program of the United States Department of Agriculture (USDA). Children shall be allowed second helpings of food listed in the child care food program meal patterns.

When food is brought from home, the following shall apply:

The food container shall be clearly labeled in a way that identifies the owner;

The family day home shall have extra food or shall have provisions to obtain food to serve to a child so the child can have an appropriate snack or meal as required in 22 VAC 40-111-880 if the child forgets to bring food from home or brings an inadequate meal or snack; and

Unused portions of food shall be discarded by the end of the day or returned to the parent.

Water shall be available for drinking and shall be offered on a regular basis to all children in care.

In environments of 80°F or above, attention shall be given to the fluid needs of children at regular intervals.

Children in such

environments shall be encouraged to drink fluids.

Clean individual drinking cups shall be provided daily. Children shall not be allowed to share common drinking cups. When meals or snacks are provided by the family day home, the menu for the current one-week period shall:

Be dated;

Be given to parents or posted or placed in an area accessible to parents;

List any substituted food; and

Be kept on file one week at the family day home.

Temperatures shall be maintained at or below 40°F in refrigerator compartments and at or below 0°F in the freezer compartments.

The provider shall have an operable thermometer available to monitor refrigerator and freezer compartment temperatures.

All perishable foods and drinks used for children in care, except when being prepared and served, shall be kept in the refrigerator.

All milk and milk products shall be pasteurized.

Powdered milk shall be used only for cooking.

Infants shall be fed on demand unless the parent provides other written instructions.

Infants who cannot hold their own bottles shall be picked up and held for bottle feeding. Bottles shall not be propped.

High chairs, infant carrier seats, or feeding tables with safety waist and crotch straps fastened according to the manufacturer's instructions shall be used for children under 12 months of age who are not held while being fed.

Infant formula shall be prepared according to the manufacturer's or physician's instructions.

Bottles shall be refrigerated and labeled with the child's full name and the date, if more than one infant is in care.

Refrigerated bottles of prepared formula and breast milk shall be discarded after 48 hours if not used.

Bottles shall not be heated in a microwave oven.

To avoid burns, heated formula and baby food shall be stirred or shaken and tested for temperature before being served to children.

A child's mother shall be granted access to a private area of the family

day home to facilitate breast feeding.

Solid foods shall:

Not be fed to infants less than four months of age without parental consent, and

Be fed with a spoon, with the exception of finger foods.

Baby food shall be served from a dish and not from the container.

Baby food remaining in:

A serving dish shall be discarded;

Opened containers, from which a portion has been removed, shall be refrigerated and labeled with the child's full name and the date, if more than one infant is in care; and

Opened containers stored in the refrigerator shall be discarded if not consumed within 24 hours of storage.

The consistency of food provided for a child with special needs shall be appropriate to any special feeding needs of the child.

Necessary and adaptive feeding equipment and feeding techniques shall be used for a child with special feeding needs.

<p>Breastfeeding (Group Home Child Care)</p>	<p>The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on breastfeeding is not specified. The orientation shall cover the standards that relate to breastfeeding, including the following:</p> <p>Refrigerated bottles of prepared formula and breast milk shall be discarded after 48 hours if not used.</p> <p>A child's mother shall be granted access to a private area of the family day home to facilitate breast feeding.</p>	<p>Same as Pre-service.</p>
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Physical activity
(Group Home Child
Care)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on physical activity is not specified. The orientation shall cover the standards that relate to physical activity, including the following:

The home shall provide each child with adequate space to allow free movement and active play indoors and out.

Daily age-appropriate activities shall include:

Opportunities for alternating periods of indoor active and quiet play depending on the ages of the children;

Opportunities for vigorous outdoor play daily, depending upon the weather, the ages, and the health of the children

Opportunities for structured and unstructured play time and provider-directed and child-initiated learning activities.

Infants and toddlers shall be provided with opportunities to reach, grasp, pull up, creep, crawl, and walk to develop motor skills.

Same as Pre-service.

Infants and toddlers shall spend no more than 30 minutes of consecutive time during waking hours, with the exception of mealtimes, confined in a crib, play pen, high chair or other confining piece of equipment. The intervening time period between confinements shall be at least one hour.

Use of media such as, but not limited to, television, videos, video games, and computers shall be:

Limited to not more than a total of two hours per day; and

Limited to programs, tapes, websites, and software that are produced for children or are suitable for children. Other activities shall be available to children during television or video viewing.

Caregivers shall actively supervise each child during outdoor play to minimize the risk of injury to a child.

A caregiver may allow only school age children to play outdoors while the caregiver is indoors if the caregiver can hear the children playing outdoors.

Working with children with special needs or disabilities (Group Home Child Care)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on working with children with special needs or disabilities is not specified. The orientation shall cover the standards related to working with children with special needs and include the following:

“Child with special needs” means a child with developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who requires special health surveillance or specialized programs, interventions, technologies, or facilities. A child’s record shall contain special instructions to the provider including, but not limited to, recommendations for the care and activities of a child with special needs as required in this regulation. Caregivers shall provide a child with special needs with the care and activities recommended in writing by a physician,

Same as Pre-service.

psychologist, or other professional who has evaluated or treated the child.

The written recommendation shall:
Include instructions for any special treatment, diet, or restrictions in activities that are necessary for the health of the child; and
Be maintained in the child's record.

The provider shall ensure the environment is appropriate for the child based on the plan of care and shall instruct other caregivers in the proper techniques of care.

A caregiver shall perform only those procedures and treatments for which he has the necessary training, experience, credentials, or license to perform.

Staffing shall be appropriate and adequate to meet the specific physical and developmental needs of a child with special needs in care.

The provider and the parent of the child with special needs shall mutually determine a recommendation for the level of staffing necessary to care for and supervise the child based on the child's

chronological and functional age and degree of disability. Within 30 days of the child's enrollment, the provider shall provide the department's representative a written recommendation for the level of staffing necessary to care for and supervise the child. The Department shall make the final decision regarding level of staffing or any capacity limitations necessary to care for, supervise, and protect all children in care when a child with special needs is receiving care. The parent, provider, and department's representative shall review the staffing requirements annually. A separate area shall be provided for the purpose of privacy for diapering, dressing, and other personal care procedures for a child above age three with special needs who requires assistance in these activities. The consistency of food provided for a child with special needs shall be appropriate to any special feeding needs of the child. Necessary and adaptive feeding equipment and

		feeding techniques shall be used for a child with special feeding needs.	
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Emergency preparedness and response (Group Home Child Care)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on emergency preparedness and response is not specified. The orientation shall cover the standards relating to emergency preparedness include the following:

Before the child's first day of attendance, parents shall be provided in writing provisions of the family day home's emergency preparedness and response plan;

Caregivers shall be able to speak, read, and write in English as necessary to communicate effectively with emergency responders.

The provider shall provide orientation to the substitute provider and assistants including the following topics:

Emergency evacuation, relocation, and shelter-in-place procedures;

Location of emergency numbers, first aid kit, and emergency supplies;

A landline telephone, excluding a cordless or

Same as Pre-service.

cell phone, shall be available, operable, and accessible during the family day home's hours of operation. An operable landline telephone is one that does not require electricity to operate. Cordless or cell phones may be used in addition to the landline telephone. Parents shall be informed of any changes in the home's emergency preparedness and response plan.

If an emergency evacuation or relocation is necessary, the parent shall be informed of the child's whereabouts as soon as possible.

A working battery-operated flashlight, a working portable battery-operated weather band radio, and extra batteries shall be kept in a designated area and be available to caregivers at all times.

The following telephone numbers shall be posted in a visible area close to the telephone:

A 911 or local dial number for police, fire, and emergency medical responders;

The responsible person for emergency backup care as required in this regulation; and

The regional poison control center.

The family day home shall have a written emergency preparedness and response plan that:
Includes emergency evacuation, emergency relocation, and shelter-in-place procedures;
Addresses the most likely to occur scenarios, including but not limited to fire, severe storms, flooding, tornadoes, and loss of utilities; and
Includes provisions for a responsible person who is 18 years of age or older and is able to arrive at the family day home within 10 minutes for emergency backup care until the children can be picked up by their parents.

The provider shall review the emergency plan at least annually and update the plan as needed. The provider shall document in writing each review and update to the emergency plan.

Evacuation procedures shall include:

- Methods to alert caregivers and emergency responders;
- Designated primary and secondary routes out of the building;
- Designated assembly point away from the building;
- Designated relocation

site;

Methods to ensure all children are evacuated from the building and, if necessary, moved to a relocation site;

Methods to account for all children at the assembly point and relocation site;

Methods to ensure essential documents, including emergency contact information, medications, and supplies are taken to the assembly point and relocation site;

Method of communication with parents and emergency responders after the evacuation; and

Method of communication with parents after the relocation.

Shelter-in-place procedures shall include:

Methods to alert caregivers and emergency responders;

Designated safe location within the home;

Designated primary and secondary routes to the safe location;

Methods to ensure all children are moved to the safe location;

Methods to account for all children at the safe location;

Methods to ensure essential documents,

including emergency contact information, and supplies are taken to the safe location; and

Method of communication with parents and emergency responders.

The emergency evacuation procedures shall be practiced monthly with all caregivers and children in care during all shifts that children are in care.

Shelter-in-place procedures shall be practiced a minimum of twice per year.

Documentation shall be maintained of emergency evacuation and shelter-in-place drills that includes:

- Identity of the person conducting the drill:
- The date and time of the drill;
- The method used for notification of the drill;
- The number of caregivers participating;
- The number of children participating;
- Any special conditions simulated;
- The time it took to complete the drill;
- Problems encountered, if any; and
- For emergency evacuation drills only, weather conditions.

Records of emergency evacuation and shelter-in-place drills shall be

		<p>maintained for one year.</p> <p>The provider shall ensure that each caregiver receives training regarding the emergency evacuation, emergency relocation, and shelter-in-place procedures by the end of his first week of assuming job responsibilities, on an annual basis, and at the time of each plan update.</p> <p>A specific number of training hours on emergency evacuation, emergency relocation and shelter-in-place procedures is not specified.</p>	
	<p>Other. (Group Home Child Care)</p> <p>Describe:</p> <p>N/A</p>	N/A	N/A

Family Child Care Providers	CPR (Family Child Care Providers)	Providers, substitute providers and assistants 18 years of age or older left alone with children in care shall have current certification in cardiopulmonary resuscitation (CPR), as appropriate to the age of the children in care, from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current CPR certification issued within the past two years by a community college, a hospital, a rescue squad, or a fire department. A specific number of hours of training or topics for CPR training are not specified in order to receive CCDF subsidy funding.	Same as Pre-service.
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<p>First Aid (Family Child Care Providers)</p>	<p>Providers, substitute providers and assistants 18 years of age or older left alone with children in care shall have current certification in first aid from the American Red Cross, American Heart Association, American Safety and Health Institute, or the National Safety Council, or current first aid certification issued within the past three years by a community college, a hospital, a rescue squad, or a fire department. [no hours of training or topics for first aid training are specified]</p> <p>EXCEPTION: A provider or substitute provider who is a registered nurse or licensed practical nurse with a current license from the Board of Nursing shall not be required to obtain first aid certification.</p>	<p>Same as Pre-service.</p>
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Training on infectious diseases (Family Child Care Providers)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of hours of training on infectious diseases are not specified to be eligible to receive CCDF funding.

The annual training for caregivers (currently 12 hours) shall cover areas such as, but not limited to: health and safety in the family day home environment and recognition and prevention of the spread of communicable diseases.

The orientation for Licensed providers shall cover the standards in this chapter that relate to the substitute provider's or assistant's responsibilities and include the topics listed below:

Excluding sick children
Notifying parents of children's exposure to communicable diseases
Cleaning and sanitizing surfaces contaminated with body fluids
Hand washing procedures for staff and children
Diapering and handling

Same as Pre-service.

soiled clothing
Sanitizing toilet chairs
Sanitizing tables and high chair trays
Having drinking fountains or individual disposable cups with safe drinking water accessible at all times
Having individual locations to keep clothing, toys, and belongings.
Dogs or cats, where allowed, shall be vaccinated for rabies and shall be treated for fleas, ticks, or worms as needed.
Monkeys, ferrets, reptiles, psittacine birds (birds of the parrot family), or wild or dangerous animals shall not be in areas accessible to children during the hours children are in care.
All animal excrement shall be removed promptly, disposed of properly, and, if indoors, the soiled area cleaned.
Toys mouthed by children shall be cleaned and sanitized daily.
Sandboxes shall be covered when not in use.
A child shall be provided with an individual crib, cot, rest mat, or bed for resting or napping.
Occupied cribs, cots, rest mats, and beds shall be at least 12 inches from

each other.
Rest mats shall be cleaned and sanitized on all sides at least weekly and as needed.
Linens shall be assigned for individual use.
Linens shall be clean and washed at least weekly or when soiled.
Clean linens shall be used each time a child rests on the bed of a family member.
Pillows, when used for children over two years of age, shall be assigned for individual use and covered with pillowcases.
Mattresses, when used, shall be covered with a waterproof material that can be cleaned and sanitized.
Outbreak of disease must be reported to Health department
Tables and high chair trays shall be cleaned after each use
Clean individual drinking cups shall be provided daily. Children shall not be allowed to share common drinking cups.
Disposable utensils and dishes shall be used once and discarded.
Parent required to report to provider if child or household member has communicable disease
Child must be adequately immunized.

		Child must be adequately immunized.	
	SIDS prevention (i.e., safe sleep) (Family Child Care Providers)	There are no training hours or training topics specified for SIDS prevention. Licensing standards address this topic.	Same as Pre-service.

Medication administration (Family Child Care Providers)

A specific number of hours for medication administration training of a family child care provider are not specified. When the family day home agrees to administer prescription medications or non-prescription medications, the administration shall be performed by a caregiver who:

Has satisfactorily completed a training program for this purpose developed or approved by the Virginia Board of Nursing and taught by a registered nurse, licensed practical nurse, doctor of medicine or osteopathic medicine, or pharmacist; or
Is licensed by the Commonwealth of Virginia to administer medications.

Caregivers required to have medication training shall be retrained at three-year intervals.

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities on the standards relating to medication administration. A specific number of hours of

Same as Pre-service.

medication administration training is not specified, but must include the following:

A child's record shall contain information on allergies and intolerance to food, medication, or any other substances, and actions to take in an emergency situation; written authorization if a caregiver is to administer prescription or nonprescription medication to the child. Before the child's first day of attendance, parents shall be provided in writing policies for the administration of medication.

The provider shall maintain written documentation of each caregiver's applicable education and programmatic experience, applicable first aid and CPR certification, orientation, annual training, and applicable medication administration training.

The provider shall notify the parent immediately when the child:

- Has an adverse reaction to medication administered;
- Has been administered medication incorrectly

Prescription and nonprescription

medications shall be given to a child:

According to the home's written medication policies, and only with written authorization from the parent. The parent's written authorization for medication shall expire or be renewed after 10 working days.

EXCEPTION: Long-term prescription and nonprescription drug use may be allowed with written authorization from the child's physician and parent.

When an authorization for medication expires, the parent shall be notified that the medication needs to be picked up within 14 days or the parent must renew the authorization.

Medications that are not picked up by the parent within 14 days shall be taken to a pharmacy for proper disposal.

The family day home may administer prescription medication that would normally be administered by a parent or guardian to a child provided:

The medication is administered by a caregiver who meets the requirements in this regulation;

The caregiver administers only those

		<p>drugs that were dispensed from a pharmacy and maintained in the original, labeled container; and</p> <p>The caregiver administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration.</p> <p>The family day home may administer nonprescription medication provided the medication is:</p> <p>Administered by a caregiver 18 years of age or older who meets the requirements in this regulation;</p> <p>Labeled with the child's name;</p> <p>In the original container with the manufacturer's direction label attached; and</p> <p>Given only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication.</p> <p>Nonprescription medication shall not be used beyond the expiration date of the product.</p>
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Mandatory reporting of suspected abuse or neglect (Family Child Care Providers)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of hours of training on mandatory reporting of suspected abuse or neglect is not specified. The orientation shall cover recognizing child abuse and neglect and the legal requirements for reporting suspected child abuse as required by § 63.2-1509 of the *Code of Virginia*:

“§ 63.2-1509 The following persons who, in their professional or official capacity, have reason to suspect that a child is an abused or neglected child, shall report the matter immediately to the local department of the county or city wherein the child resides or wherein the abuse or neglect is believed to have occurred or to the Department's toll-free child abuse and neglect hotline: Any person providing full-time or part-time child care for pay on a regularly planned basis; and.....

The initial report may be an oral report but such

Same as Pre-service.

report shall be reduced to writing by the child abuse coordinator of the local department on a form prescribed by the Board. Any person required to make the report pursuant to this subsection shall disclose all information that is the basis for his suspicion of abuse or neglect of the child and, upon request, shall make available to the child-protective services coordinator and the local department, which is the agency of jurisdiction, any information, records, or reports that document the basis for the report. All persons required by this subsection to report suspected abuse or neglect who maintain a record of a child who is the subject of such a report shall cooperate with the investigating agency and shall make related information, records and reports available to the investigating agency unless such disclosure violates the federal Family Educational Rights and Privacy Act (20 U.S.C. § 1232g). Any person required to file a report pursuant to this section who fails to do so within 72 hours of his first suspicion of child

		abuse or neglect shall be fined not more than \$500 for the first failure and for any subsequent failures not less than \$100 nor more than \$1,000.”	
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Child development
(Family Child Care
Providers)

The annual training for licensed caregivers (currently 12 hours) shall cover areas such as, but not limited to: physical, intellectual, social and emotional child development. Unlicensed providers who receive subsidies must have at least 4 hours of skills training in child development annually.

The licensed program provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours for the staff is not specified. The orientation shall cover the standards that relate to child development, including:

The child's record shall contain information on chronic physical problems, pertinent developmental information, and any special accommodations needed.

In order to promote the child's physical, intellectual, emotional, and social well-being and growth, caregivers shall:

1. Talk to the child;
2. Provide needed help, comfort, and support;
- 3.

Same as Pre-service.

- Respect personal privacy;
4. Respect differences in cultural, ethnic, and family backgrounds;
 5. Encourage decision-making abilities;
 6. Promote ways of getting along;
 7. Encourage independence and self-direction; and
 8. Use consistency in applying expectations.

Caregivers shall provide age-appropriate activities for children in care throughout the day that

1. Are based on the physical, social, emotional, and intellectual needs of the children;
2. Reflect the diversity of enrolled children's families, culture, and ethnic backgrounds; and
3. Enhance the total development of children.

Infants and toddlers shall be provided with opportunities to:

1. Interact with caregivers and other children in the home in order to stimulate language development;
2. Play with a wide variety of safe, age-appropriate toys;
3. Receive individual attention from caregivers

including, but not limited to, holding, cuddling, talking, and reading; and 4. Reach, grasp, pull up, creep, crawl, and walk to develop motor skills.

Infants and toddlers shall spend no more than 30 minutes of consecutive time during waking hours, with the exception of mealtimes, confined in a crib, play pen, high chair or other confining piece of equipment. The intervening time period between confinements shall be at least one hour.

Staffing shall be appropriate and adequate to meet the specific physical and developmental needs of a child with special needs in care.

The provider and the parent of the child with special needs shall mutually determine a recommendation for the level of staffing necessary to care for and supervise the child based on the child's chronological and functional age and degree of disability.

Caregivers shall use positive methods of discipline. Discipline shall be constructive in nature and include techniques such as:

		<p>Using limits that are fair, consistently applied, appropriate, and understandable for the child's level of development;</p> <p>When time out is used as a discipline technique:</p> <ol style="list-style-type: none">1. It shall be used sparingly and shall not exceed one minute for each year of the child's age2. It shall be appropriate to the child's developmental level and circumstances;3. It shall not be used with infants or toddlers <p>Caregivers shall provide information daily to parents about the child's health, development, behavior, adjustment, or needs.</p>	
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Supervision of children (Family Child Care Providers)

When at least one child receives care for compensation, all children, exclusive of the provider's own children and children who reside in the home, who are in the care and supervision of a provider, count in the licensed capacity. An assistant under the age of 18 years of age shall always work under the direct supervision of the provider or substitute provider. Direct supervision means being able to hear or see the assistant and children at all times.

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on supervision of children is not specified. The orientation shall cover the standards related to the supervision of children and include the following:

Sharp kitchen utensils and other sharp objects shall be inaccessible to children unless being used by the caregiver or with children under close supervision.

Small electrical

Same as Pre-service.

appliances such as, but not limited to, curling irons, toasters, blenders, can openers, and irons shall be unplugged unless being used by the caregiver or with children under close supervision. Children under two years of age and children over two years of age who are not developmentally ready to climb or descend stairs without supervision shall not have access to stairs. A caregiver shall be physically present on site and provide direct care and supervision of each child at all times. Direct care and supervision of each child includes:

1. Awareness of and responsibility for each child in care, including being near enough to intervene if needed; and
2. Monitoring of each sleeping infant in one of the following ways:
 - a. By placing each infant for sleep in a location where the infant is within sight and hearing of a caregiver;
 - b. By in-person observation of each sleeping infant at least once every 15 minutes; or
 - c. By using a baby monitor.

Caregivers shall actively supervise each child during outdoor play to minimize the risk of injury to a child.

A caregiver may allow only school age children to play outdoors while the caregiver is indoors if the caregiver can hear the children playing outdoors.

Infants shall be protected from older children.

No child under five years of age or a child older than five who lacks the motor skills and strength to avoid accidental drowning, scalding, or falling while bathing shall be left unattended while in the bathtub.

The provider shall ensure that a caregiver does not exceed 16 points by using the following point system to determine if an additional caregiver is needed:

1. Children from birth through 15 months of age count as four points each;
2. Children from 16 months through 23 months of age count as three points each;
3. Children from two through four years of age count as two points each;
4. Children from five years through nine years of age count as one

point each; and
5. Children who are 10 years of age and older count as zero points.
A caregiver's own children and resident children under eight years of age count in point maximums.

The level of supervision by caregivers and the point system as required in this regulation shall be maintained while the children are participating in swimming or wading activities.

Caregivers shall have a system for accounting for all children in the water.

Outdoor swimming activities shall occur only during daylight hours.

When one or more children are in water that is more than two feet deep in a pool, lake, or other swimming area on or off the premises of the family day home:

1. A minimum of least two caregivers shall be present and able to supervise the children; and
2. An individual currently certified in basic water rescue, community water safety, water safety instruction, or lifeguarding shall be on duty supervising the children participating in swimming or wading

activities at all times. The certification shall be obtained from an organization such as, but not limited to, the American Red Cross, the YMCA, or the Boy Scouts.

The provider shall report to the department within 24 hours of the circumstances surrounding the following incidents:

1. Lost or missing child when local authorities have been contacted for help,
2. Serious injury to a child while under the family day home's supervision, and
3. Death of a child while under the family day home's supervision.

The provider shall ensure that during transportation of children:

1. Each child is in an individual car seat or individual and appropriate restraint in accordance with Virginia law;
2. Each child's arms, legs, and head remain inside the vehicle;
3. Doors are closed properly and locked unless locks were not installed by the manufacturer of the

vehicle;
4. No child is left unattended inside or outside a vehicle; and
5. Each child boards and leaves the vehicle from the curb side of the street.

For nighttime care, caregivers shall remain awake until all children are asleep and shall sleep on the same floor level as the children in care. A baby monitor shall be used if the caregiver is not sleeping in the room with the child or in a room adjacent to the room where the child is sleeping.

Behavior management (Family Child Care Providers)

The annual training for caregivers (currently 12 hours) shall cover areas such as, but not limited to: Behavior management and discipline techniques. A specific number of training hours on behavior management is not specified.

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. The orientation shall cover the standards relating to behavior management and must include the following:

Caregivers shall use positive methods of discipline. Discipline shall be constructive in nature and include techniques such as:
Using limits that are fair, consistently applied, appropriate, and understandable for the child's level of development;
Providing children with reasons for limits;
Giving positively worded direction;
Modeling and redirecting children to acceptable behavior;
Helping children to constructively express

Same as Pre-service.

their feelings and frustration to resolve conflict; and
Arranging equipment, materials, activities, and schedules in a way that promotes desirable behavior.

When time out is used as a discipline technique:

It shall be used sparingly and shall not exceed one minute for each year of the child's age;

It shall be appropriate to the child's developmental level and circumstances;

It shall not be used with infants or toddlers;

The child shall be in a safe, lighted, well-ventilated place, and within sight and sound of a caregiver; and

The child shall not be left alone inside or outside the home while separated from the group.

The following acts or threats thereof are forbidden:

Physical punishment including, but not limited to, striking a child, roughly handling or shaking a child, biting, pinching, restricting movement through binding or tying, forcing a child to assume an uncomfortable position, or exercise as

	<p>punishment; Enclosure in a small, confined space or any space that the child cannot freely exit himself; however, this does not apply to the use of equipment such as cribs, play pens, high chairs, and safety gates when used for their intended purpose with children preschool age or younger; Punishment by another child; Withholding or forcing of food, water, or rest; Verbal remarks that are demeaning to the child; Punishment for toileting accidents; and Punishment by applying unpleasant or harmful substances.</p> <p>Caregivers shall notify parents when persistent behavioral problems are identified and such notification shall include any disciplinary steps taken in response.</p>	
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Nutrition (Family Child Care Providers)

The annual training (currently 12 hours) shall cover areas such as, but not limited to: child nutrition. A specific number of training hours on nutrition is not specified.

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. The orientation shall cover the standards relating to nutrition including the following:

Meals and snacks shall be served in accordance with the times children are in care, which include:

For family day homes operating less than four consecutive hours, at least one snack shall be served.

For family day homes operating four to seven consecutive hours, at least one meal and one snack shall be served.

For family day homes operating seven to 12 consecutive hours, at least one meal and two snacks, or two meals and one snack shall be served.

For family day homes operating 12 to 16 consecutive hours, at least two meals and two

Same as Pre-service.

snacks or three meals and one snack shall be served.

A family day home shall ensure that children arriving from a half-day, morning program who have not yet eaten lunch receive a lunch.

The family day home shall schedule snacks or meals so there is a period of at least 1-1/2 hours, but no more than three hours, between each meal or snack unless there is a scheduled rest or sleep period for children between the meals and snacks.

Children shall be served small-sized portions.

Food shall be prepared, stored, served, and transported in a clean and sanitary manner.

Leftover food shall be discarded from individual plates following a meal or snack.

Tables and high chair trays shall be cleaned after each use, but at least daily.

When family day homes provide meals or snacks, the following shall apply:

Family day homes shall follow the most recent, age-appropriate nutritional requirements of a recognized authority such as the Child and Adult Care Food

Program of the United States Department of Agriculture (USDA). Children shall be allowed second helpings of food listed in the child care food program meal patterns.

When food is brought from home, the following shall apply:

The food container shall be clearly labeled in a way that identifies the owner;

The family day home shall have extra food or shall have provisions to obtain food to serve to a child so the child can have an appropriate snack or meal as required in 22 VAC 40-111-880 if the child forgets to bring food from home or brings an inadequate meal or snack; and

Unused portions of food shall be discarded by the end of the day or returned to the parent.

Water shall be available for drinking and shall be offered on a regular basis to all children in care.

In environments of 80°F or above, attention shall be given to the fluid needs of children at regular intervals.

Children in such environments shall be encouraged to drink

fluids.

Clean individual drinking cups shall be provided daily. Children shall not be allowed to share common drinking cups.

When meals or snacks are provided by the family day home, the menu for the current one-week period shall:

Be dated;

Be given to parents or posted or placed in an area accessible to parents;

List any substituted food; and

Be kept on file one week at the family day home.

Temperatures shall be maintained at or below 40°F in refrigerator compartments and at or below 0°F in the freezer compartments.

The provider shall have an operable thermometer available to monitor refrigerator and freezer compartment temperatures.

All perishable foods and drinks used for children in care, except when being prepared and served, shall be kept in the refrigerator.

All milk and milk products shall be pasteurized.

Powdered milk shall be used only for cooking.

Infants shall be fed on demand unless the

parent provides other written instructions.

Infants who cannot hold their own bottles shall be picked up and held for bottle feeding. Bottles shall not be propped.

High chairs, infant carrier seats, or feeding tables with safety waist and crotch straps fastened according to the manufacturer's instructions shall be used for children under 12 months of age who are not held while being fed.

Infant formula shall be prepared according to the manufacturer's or physician's instructions.

Bottles shall be refrigerated and labeled with the child's full name and the date, if more than one infant is in care.

Refrigerated bottles of prepared formula and breast milk shall be discarded after 48 hours if not used.

Bottles shall not be heated in a microwave oven.

To avoid burns, heated formula and baby food shall be stirred or shaken and tested for temperature before being served to children.

A child's mother shall be granted access to a private area of the family day home to facilitate breast feeding.

		<p>Solid foods shall: Not be fed to infants less than four months of age without parental consent, and Be fed with a spoon, with the exception of finger foods. Baby food shall be served from a dish and not from the container. Baby food remaining in: A serving dish shall be discarded; Opened containers, from which a portion has been removed, shall be refrigerated and labeled with the child's full name and the date, if more than one infant is in care; and Opened containers stored in the refrigerator shall be discarded if not consumed within 24 hours of storage. The consistency of food provided for a child with special needs shall be appropriate to any special feeding needs of the child. Necessary and adaptive feeding equipment and feeding techniques shall be used for a child with special feeding needs.</p>	
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Breastfeeding
(Family Child Care
Providers)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on breastfeeding is not specified. The orientation shall cover the standards that relate to breastfeeding, including the following:

Refrigerated bottles of prepared formula and breast milk shall be discarded after 48 hours if not used.

A child's mother shall be granted access to a private area of the family day home to facilitate breast feeding.

Same as Pre-service.

Physical activity
(Family Child Care
Providers)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on physical activity is not specified. The orientation shall cover the standards that relate to physical activity, including the following:

The home shall provide each child with adequate space to allow free movement and active play indoors and out.

Daily age-appropriate activities shall include:

Opportunities for alternating periods of indoor active and quiet play depending on the ages of the children;

Opportunities for vigorous outdoor play daily, depending upon the weather, the ages, and the health of the children

Opportunities for structured and unstructured play time and provider-directed and child-initiated learning activities.

Infants and toddlers shall be provided with opportunities to reach, grasp, pull up, creep, crawl, and walk to develop motor skills.

Same as Pre-service.

Infants and toddlers shall spend no more than 30 minutes of consecutive time during waking hours, with the exception of mealtimes, confined in a crib, play pen, high chair or other confining piece of equipment. The intervening time period between confinements shall be at least one hour.

Use of media such as, but not limited to, television, videos, video games, and computers shall be:

Limited to not more than a total of two hours per day; and

Limited to programs, tapes, websites, and software that are produced for children or are suitable for children. Other activities shall be available to children during television or video viewing.

Caregivers shall actively supervise each child during outdoor play to minimize the risk of injury to a child.

A caregiver may allow only school age children to play outdoors while the caregiver is indoors if the caregiver can hear the children playing outdoors.

Working with children with special needs or disabilities (Family Child Care Providers)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on working with children with special needs or disabilities is not specified. The orientation shall cover the standards related to working with children with special needs and include the following:

“Child with special needs” means a child with developmental disabilities, mental retardation, emotional disturbance, sensory or motor impairment, or significant chronic illness who requires special health surveillance or specialized programs, interventions, technologies, or facilities. A child’s record shall contain special instructions to the provider including, but not limited to, recommendations for the care and activities of a child with special needs as required in this regulation. Caregivers shall provide a child with special needs with the care and activities recommended in writing by a physician,

Same as Pre-service.

psychologist, or other professional who has evaluated or treated the child.

The written recommendation shall:
Include instructions for any special treatment, diet, or restrictions in activities that are necessary for the health of the child; and
Be maintained in the child's record.

The provider shall ensure the environment is appropriate for the child based on the plan of care and shall instruct other caregivers in the proper techniques of care.

A caregiver shall perform only those procedures and treatments for which he has the necessary training, experience, credentials, or license to perform.

Staffing shall be appropriate and adequate to meet the specific physical and developmental needs of a child with special needs in care.

The provider and the parent of the child with special needs shall mutually determine a recommendation for the level of staffing necessary to care for and supervise the child

based on the child's chronological and functional age and degree of disability. Within 30 days of the child's enrollment, the provider shall provide the department's representative a written recommendation for the level of staffing necessary to care for and supervise the child. The department shall make the final decision regarding level of staffing or any capacity limitations necessary to care for, supervise, and protect all children in care when a child with special needs is receiving care. The parent, provider, and department's representative shall review the staffing requirements annually. A separate area shall be provided for the purpose of privacy for diapering, dressing, and other personal care procedures for a child above age three with special needs who requires assistance in these activities. The consistency of food provided for a child with special needs shall be appropriate to any special feeding needs of the child. Necessary and adaptive

		feeding equipment and feeding techniques shall be used for a child with special feeding needs	
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Emergency preparedness and response (Family Child Care Providers)

The provider shall orient the substitute provider and assistant by the end of their first week of assuming job responsibilities. A specific number of training hours on emergency preparedness and response is not specified. The orientation shall cover the standards relating to emergency preparedness include the following:

Before the child's first day of attendance, parents shall be provided in writing provisions of the family day home's emergency preparedness and response plan;

Caregivers shall be able to speak, read, and write in English as necessary to communicate effectively with emergency responders.

The provider shall provide orientation to the substitute provider and assistants including the following topics:

Emergency evacuation, relocation, and shelter-in-place procedures;

Location of emergency numbers, first aid kit, and emergency supplies;

A landline telephone, excluding a cordless or cell phone, shall be

Same as Pre-service.

available, operable, and accessible during the family day home's hours of operation. An operable landline telephone is one that does not require electricity to operate. Cordless or cell phones may be used in addition to the landline telephone. Parents shall be informed of any changes in the home's emergency preparedness and response plan. If an emergency evacuation or relocation is necessary, the parent shall be informed of the child's whereabouts as soon as possible. A working battery-operated flashlight, a working portable battery-operated weather band radio, and extra batteries shall be kept in a designated area and be available to caregivers at all times. The following telephone numbers shall be posted in a visible area close to the telephone:
A 911 or local dial number for police, fire, and emergency medical responders;
The responsible person for emergency backup care as required in this regulation; and
The regional poison control center.
The family day home

shall have a written emergency preparedness and response plan that:
Includes emergency evacuation, emergency relocation, and shelter-in-place procedures;
Addresses the most likely to occur scenarios, including but not limited to fire, severe storms, flooding, tornadoes, and loss of utilities; and
Includes provisions for a responsible person who is 18 years of age or older and is able to arrive at the family day home within 10 minutes for emergency backup care until the children can be picked up by their parents.

The provider shall review the emergency plan at least annually and update the plan as needed. The provider shall document in writing each review and update to the emergency plan.

Evacuation procedures shall include:

- Methods to alert caregivers and emergency responders;
- Designated primary and secondary routes out of the building;
- Designated assembly point away from the building;
- Designated relocation site;

		<p>Methods to ensure all children are evacuated from the building and, if necessary, moved to a relocation site;</p> <p>Methods to account for all children at the assembly point and relocation site;</p> <p>Methods to ensure essential documents, including emergency contact information, medications, and supplies are taken to the assembly point and relocation site;</p> <p>Method of communication with parents and emergency responders after the evacuation; and</p> <p>Method of communication with parents after the relocation.</p> <p>Shelter-in-place procedures shall include:</p> <p>Methods to alert caregivers and emergency responders;</p> <p>Designated safe location within the home;</p> <p>Designated primary and secondary routes to the safe location;</p> <p>Methods to ensure all children are moved to the safe location;</p> <p>Methods to account for all children at the safe location;</p> <p>Methods to ensure essential documents, including emergency</p>	
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contact information, and supplies are taken to the safe location; and
Method of communication with parents and emergency responders.
The emergency evacuation procedures shall be practiced monthly with all caregivers and children in care during all shifts that children are in care.
Shelter-in-place procedures shall be practiced a minimum of twice per year.
Documentation shall be maintained of emergency evacuation and shelter-in-place drills that includes:
Identity of the person conducting the drill:
The date and time of the drill;
The method used for notification of the drill;
The number of caregivers participating;
The number of children participating;
Any special conditions simulated;
The time it took to complete the drill;
Problems encountered, if any; and
For emergency evacuation drills only, weather conditions.
Records of emergency evacuation and shelter-in-place drills shall be maintained for one year.

		<p>The provider shall ensure that each caregiver receives training regarding the emergency evacuation, emergency relocation, and shelter-in-place procedures by the end of his first week of assuming job responsibilities, on an annual basis, and at the time of each plan update. A specific number of training hours on emergency evacuation, emergency relocation and shelter-in-place procedures is not specified.</p>										
	<table border="1"> <tr> <td>Other. (Family Child Care Providers)</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Describe:</td> <td></td> <td></td> </tr> <tr> <td>N/A</td> <td></td> <td></td> </tr> </table>	Other. (Family Child Care Providers)	N/A	N/A	Describe:			N/A				
Other. (Family Child Care Providers)	N/A	N/A										
Describe:												
N/A												
In-Home Child Care Providers	CPR (In-Home Child Care Providers)	N/A	N/A									
	First Aid (In-Home Child Care Providers)	N/A	N/A									
	Training on infectious diseases (In-Home Child Care Providers)	N/A	N/A									
	SIDS prevention (i.e., safe sleep) (In-Home Child Care Providers)	N/A	N/A									
	Medication administration (In-Home Child Care Providers)	N/A	N/A									
	Mandatory reporting of suspected abuse or neglect (In-Home Child Care Providers)	N/A	N/A									

	Child development (In-Home Child Care Providers)	N/A	N/A
	Supervision of children (In-Home Child Care Providers)	N/A	N/A
	Behavior management (In-Home Child Care Providers)	N/A	N/A
	Nutrition (In-Home Child Care Providers)	N/A	N/A
	Breastfeeding (In-Home Child Care Providers)	N/A	N/A
	Physical activity (In-Home Child Care Providers)	N/A	N/A
	Working with children with special needs or disabilities (In-Home Child Care Providers)	N/A	N/A
	Emergency preparedness and response (In-Home Child Care Providers)	N/A	N/A
	Other. (In-Home Child Care Providers)	N/A	N/A
	Describe: N/A		

d) CCDF allows Lead Agencies to exempt relative providers (grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from these health and safety requirements. What are the Lead Agency's requirements for relative providers? (§98.41(A)(ii)(A))

- All relative providers are subject to the same health and safety requirements as described in 3.1.2a-c, as appropriate; there are no exceptions for relatives.
- Relative providers are NOT required to meet any health and safety requirements as described in 3.1.2a-c, as appropriate.
- Relative providers are subject to certain requirements.

Describe the different requirements:

Relative providers are subject to the same requirements as other providers, except that grandparents, great grandparents, aunts, uncles and adult siblings of the children in care (if the adult sibling resides in a separate residence) are exempt from tuberculosis screenings and completion of the health and safety checklist.

e) Provide a web address for the State/Territory's health and safety requirements, if available:

N/A

3.1.3 Enforcement of Licensing Requirements

Each Lead Agency is required to provide a detailed description of the State/Territory's licensing requirements and how its licensing requirements are effectively enforced. (658E(c)(2)(E), §98.40(a)(2)) The Lead Agency is also required to certify that that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with the applicable health and safety requirements. (658E(c)(2)(G), §98.41(d))

Describe the State/Territory's policies for effective enforcement of the licensing requirements using questions 3.1.3a through 3.1.3e below. This description includes whether and how the State/Territory uses visits (announced and unannounced), background checks, and any other enforcement policies and practices for the licensing requirements.

a) Does your State/Territory include **announced** and/or **unannounced** visits in its policies as a way to effectively enforce the licensing requirements?

- Yes. If "Yes" please refer to the chart below and check all that apply.
 No.

CCDF Categories of Care	Frequency of Routine Announced Visits	Frequency of Routine Unannounced Visits
<input checked="" type="checkbox"/> Center-Based Child Care	<input type="checkbox"/> Once a Year	<input type="checkbox"/> Once a Year
	<input type="checkbox"/> More than Once a Year	<input checked="" type="checkbox"/> More than Once a Year
	<input type="checkbox"/> Once Every Two Years	<input type="checkbox"/> Once Every Two Years
	<input checked="" type="checkbox"/> Other.	<input type="checkbox"/> Other.
	Describe: Once at initial inspection	Describe: Twice a year.

<input checked="" type="checkbox"/> Group Home Child Care	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: Once at initial inspection	<input type="checkbox"/> Once a Year <input checked="" type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe: Twice a year.
<input checked="" type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input checked="" type="checkbox"/> Other. Describe: Once at initial inspection.	<input type="checkbox"/> Once a Year <input checked="" type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe: Twice a year.
<input type="checkbox"/> In-Home Child Care	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:	<input type="checkbox"/> Once a Year <input type="checkbox"/> More than Once a Year <input type="checkbox"/> Once Every Two Years <input type="checkbox"/> Other. Describe:

b) Does your State/Territory have any of the following procedures in place for effective enforcement of the licensing requirements? If procedures differ based on the category of care, please indicate how in the "Describe" box.

Yes. If "Yes" please refer to the chart below and check all that apply.

No.

<p>Licensing Procedures</p>	<p>Describe which procedures are used by the State/Territory for enforcement of the licensing requirements.</p>
<p>The State/Territory requires providers to attend or participate in training relating to opening a child care facility prior to issuing a license.</p>	<p><input checked="" type="checkbox"/> Yes.</p> <p>Describe: Two orientation classes of licensing standards</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Other.</p> <p>Describe:</p>
<p>Licensing staff has procedures in place to address violations found in an inspection.</p>	<p><input checked="" type="checkbox"/> Providers are required to submit plans to correct violations cited during inspections.</p> <p><input checked="" type="checkbox"/> Licensing staff approve the plans of correction submitted by providers.</p> <p><input checked="" type="checkbox"/> Licensing staff verify correction of violation.</p> <p><input checked="" type="checkbox"/> Licensing staff provide technical assistance regarding how to comply with a regulation.</p> <p><input type="checkbox"/> No procedures in place.</p> <p><input type="checkbox"/> Other.</p> <p>Describe:</p>

Licensing staff has procedures in place to issue a negative sanction to a noncompliant facility.

<input checked="" type="checkbox"/>	Provisional or probationary license
<input checked="" type="checkbox"/>	License revocation or non-renewal
<input checked="" type="checkbox"/>	Injunctions through court
<input type="checkbox"/>	Emergency or immediate closure not through court action
<input checked="" type="checkbox"/>	Fines for regulatory violations
<input type="checkbox"/>	No procedures in place.
<input type="checkbox"/>	Other.
Describe:	

The State/Territory has procedures in place to respond to illegally operating child care facilities.

<input type="checkbox"/>	Cease and desist action
<input checked="" type="checkbox"/>	Injunction
<input type="checkbox"/>	Emergency or immediate closure not through court action
<input type="checkbox"/>	Fines
<input type="checkbox"/>	No procedures in place.
<input type="checkbox"/>	Other.
Describe:	

The State/Territory has procedures in place for providers to appeal licensing enforcement actions.

<input checked="" type="checkbox"/>	Yes.
Describe: Informal conference, administrative hearing, circuit court review	
<input type="checkbox"/>	No.
<input type="checkbox"/>	Other.
Describe:	

c) Describe what types of licensing violations, if any, would make a provider ineligible to participate in CCDF:

Providers would be ineligible to receive CCDF subsidy dollars if they have a conviction of a barrier crime or, for providers who are required to be licensed, if their child care program license is denied or revoked. Barrier Crime Violations are extensive and are listed (under "Background Investigations") on this website: <http://www.dss.virginia.gov/facility/lcpa.cgi>

d) Does your State/Territory use **background checks** as a way to effectively enforce the licensing requirements?

Yes.

If "Yes" please use refer to the chart below to identify who is required to have background checks, what types of checks, and with what frequency. Please **also provide a brief overview** of the State/Territory's process for conducting background checks for child care. For example, describe what types of violations would make providers ineligible for CCDF, funding for background checks, and the process for providers to appeal background check findings.

http://www.dss.virginia.gov/files/division/licensing/fdh/intro_page/code_regulations/regulations/032-05-163-04.pdf

Regarding background checks, providers would be ineligible to receive CCDF subsidy dollars if they have a conviction of a barrier crime or if their child care program license is denied or revoked. Barrier Crime Violations are extensive and are listed on this website:

<http://www.dss.virginia.gov/facility/lcpa.cgi>. Child care programs that wish to receive subsidy dollars must comply with the background checks requirement. Reasons for denial or revocation of the child care program license in relation to background checks are cited in § 63.2-1722 of the *Code of Virginia*.

All licensed child day programs and recipients of CCDF subsidy funds are required to conduct background checks. A complete background check includes three separate documents:

sworn statement or affirmation;
criminal history record check; and
child protective services central registry check.

Criminal history background checks are required for the following:

the applicant for licensure;
any individual involved in the day to day operations of the child day program or who will be alone with children; and
adult household members in family day homes.

The sworn statement is completed by the individual and requires the person to describe any criminal conviction or pending charge they have had and any founded complaints of child abuse and neglect they have had.

Complete criminal history background checks are required at initial licensure and at three-year intervals. They are conducted by the Virginia State Police and the results are sent to the requestor. The provider must evaluate any convictions found on the record to determine if there are convictions for any barrier crimes or offenses, as described in § 63.2-1719 of the *Code of Virginia*. If a conviction for a barrier crime or offense is found, the child day program is prohibited from hiring or continuing to employ the individual. A license would be denied or revoked if a family day home provider household member was convicted of a barrier crime. Refusal to conduct criminal history background checks is reason for denial or revocation of a license as well.

The child protective services central registry check is required for the following:

all individuals involved in the day to day operations of the child day program or who will be alone with children; and
caregivers and household members in family day homes over the age of 14.

The Virginia Central Registry is checked for any founded cases of child abuse or neglect with the results of this check sent to the requestor. If any founded case of child abuse or neglect is found, the person is not eligible for employment in a child day program. Any existing license may be revoked. A license would be denied or revoked if a family day home applicant had a founded case of child abuse or neglect.

VDSS does NOT provide funding for criminal background checks unless there is an approved justification through the local Quality Initiative (QI) Program (CCDF). The Quality Initiative Program is for local departments of social services (LDSS) to conduct customized local activities to improve the quality of child care in their locality. Each year VDSS provides an allocation to LDSSs based on their subsidy needs and population. The LDSSs that want to participate, and have the local 15.5% match, must submit a plan to the VDSS Division of Child Care and Early Childhood Development. Typically, QI funds are not used for basic business requirements, such as criminal background checks. However, a justification to use QI funding for criminal background checks may be made if an extreme need for child care providers exists in the locality coupled with an extreme financial need of the provider. These requests are provided by July 1 through the Quality Initiative Plan approval process. Otherwise, providers must pay for the background checks. The criminal history record check costs \$15, and the central registry check costs \$7; there is no charge for the sworn statement.

An individual may challenge their criminal record by contacting the Virginia State Police. Appeal rights would have been offered to an individual with a founded child protective services record at the time of the finding. In some circumstances, if an individual wishes to appeal background check findings, they may submit a waiver from the Commissioner of the Department, as described in § 63.2-1723. Further information can be found in 22 VAC 40-191, Background Checks for Child Welfare Agencies. The CPS appeals process is found at this website: <http://www.dss.virginia.gov/appeals/cps.cgi>

Lastly, the appeal process for a provider who is terminated from the VDSS Child Care Subsidy Program

is provided in Section 1.3.5 of this Plan.

No.

CCDF Categories of Care	Types of Background Check	Frequency
--------------------------------	----------------------------------	------------------

<input checked="" type="checkbox"/> Center-Based Child Care Who is subject to background checks for center-based care? For example, director, teaching staff, non-teaching staff, volunteers: All officers and agents of the licensed legal entity, all staff, volunteers left alone with children	<input checked="" type="checkbox"/> Child Abuse Registry	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Updated every 3 years
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Updated every 3 years
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe:
	<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe:

<input checked="" type="checkbox"/> Group Child Care Homes Who is subject to background checks for group homes? For example, provider, non-provider residents of the home: Provider, any caregiver, adult household members and volunteers. Household members over the age of 14 are subject to child abuse registry checks.	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Updated every 3 years
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Updated every 3 years
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe:
	<input checked="" type="checkbox"/> Sex Offender Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Updated every 3 years

**Family Child Care Homes**

Who is subject to background checks for family child care homes? For example, provider, non-provider residents of the home:

Provider, any caregiver, adult household members, and volunteers. Household members over the age of 14 are subject to child abuse registry checks.

**Child Abuse Registry****State/Territory Criminal Background****FBI Criminal Background (e.g., fingerprint)****Sex Offender Registry****Initial Entrance into the System****Checks Conducted Annually**

Other.

Describe:

[Updated every 3 years](#)**Initial Entrance into the System****Checks Conducted Annually**

Other.

Describe:

[Updated every 3 years](#)**Initial Entrance into the System****Checks Conducted Annually**

Other.

Describe:

**Initial Entrance into the System****Checks Conducted Annually**

Other.

Describe:

<input checked="" type="checkbox"/> In-Home Child Care Providers Who is subject to background checks for in-home child care? For example, provider, non-provider residents of the home: Provider, any caregiver, adult household members, and volunteers. Household members over the age of 14 are subject to child abuse registry checks.	<input checked="" type="checkbox"/> Child Abuse Registry	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Updated every 3 years
	<input checked="" type="checkbox"/> State/Territory Criminal Background	<input checked="" type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input checked="" type="checkbox"/> Other. Describe: Updated every 3 years
	<input type="checkbox"/> FBI Criminal Background (e.g., fingerprint)	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe:
	<input type="checkbox"/> Sex Offender Registry	<input type="checkbox"/> Initial Entrance into the System <input type="checkbox"/> Checks Conducted Annually <input type="checkbox"/> Other. Describe:

e) If not performing visits (announced or unannounced) or background checks, describe how the State/Territory will ensure that its licensing requirements are effectively enforced per the CCDF regulations? (658E(c)(2)(E), §98.40(a)(2)):

N/A

f) Does the State/Territory disseminate information to parents and the public, including the use of on-line tools or other "search tools," about child care program licensing status and compliance records?

Yes.

Describe:

Public Website information includes: inspections, violations, licensure term, compliance history, complaints, search by facility/provider name, county, and zip code.

No.

3.1.4 Describe the State/Territory's policies for effective enforcement of the CCDF health and safety requirements. For providers who care for children receiving CCDF assistance and who are NOT subject to the enforcement procedures described above for licensed providers, please describe the health and safety enforcement measures in place. Include in this description whether and how the State/Territory uses on-site visits (announced and unannounced) and background checks and any other enforcement policies and practices for the health and safety requirements.

Unlicensed child care providers who serve children who receive a child care subsidy are required to submit to a criminal background check. This includes the provider, any employee; a prospective employee; a volunteer, an agent involved in the day-to-day operation; an agent alone with, in control of, or supervising one or more children; or any other adult living in a family day home. The same individuals are required to provide a sworn statement or affirmation disclosing whether the person has ever been (i) the subject of a founded case of child abuse or neglect or (ii) convicted of a crime or is the subject of any pending criminal charges within the Commonwealth or any equivalent offense outside of the Commonwealth. Any person making a materially false statement regarding any such offense shall be guilty of a Class 1 misdemeanor.

The same individuals are required to submit to a Child Protective Services Central Registry check and results of the check are provided to the appropriate local department of social services.

Individuals found to have a barrier crime as defined by the *Code of Virginia* or a founded child protective services complaint are not eligible to provide care for the Child Care Subsidy Program.

Providers and parents must submit written documentation of the completion of a health and safety checklist that attests to compliance with health and safety practices.

3.1.5 Does the State/Territory encourage or require child care programs to conduct developmental screening and referral for children participating in child care programs? Lead Agencies are not required to conduct developmental screenings of children, but are encouraged to work with child care providers to promote screening in the areas of physical health (including vision and hearing), mental health, oral health, and developmental disabilities..

Yes.

Describe

Through the Virginia Star Quality Initiative, Infant and Toddler Specialist Network, Infant and Toddler social/emotional grants, and trainings about inclusion, the Lead Agency encourages child care providers to conduct preliminary screenings of children in their care, become knowledgeable about resources available in their community, and communicate with parents when they notice child development that is not typical.

a) If yes, are training, resources and supports offered to programs to assist them in ensuring that children receive appropriate developmental screenings?

Yes.

Describe

No

Other.

Describe

b) If yes, are resources and supports provided to programs to help them understand how families are referred to indicated services and how to work with the health, mental health, and developmental disabilities agencies to support children when follow-up to screening is needed?

Yes.

Describe

No

Other.

Describe

Providers have access to information and resources, but the Lead Agency does not provide a statewide standard resource listing or a structured support/training program.

No

Other.

Describe

3.1.6 Data & Performance Measures on Licensing and Health and Safety

Compliance - What data elements, if any, does the State/Territory currently have access to related to licensing compliance? What, if any, performance measures does the Lead Agency use for ensuring health and safety? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children)).

a) **Data on licensing and health and safety.** Indicate if the Lead Agency or another agency has access to data on:

Number of licensed programs.

Describe (optional):

Numbers of programs operating that are legally exempt from licensing.

Describe (optional):

Number of programs whose licenses were suspended or revoked due to non-compliance.

Describe (optional):

Number of injuries and fatalities in child care as defined by the State/Territory.

Describe (optional):

Number of monitoring visits received by programs.

Describe (optional):

Caseload of licensing staff.

Describe (optional):

Number of programs revoked from CCDF due to non-compliance with health and safety requirements.

Describe (optional):

Other.

Describe:

None.

b) **Performance measurement.** What, if any, performance measures does the State/Territory use in its licensing system to monitor compliance with CCDF health and safety requirements?

Licensing staff monitors compliance with licensing regulations, not specifically with CCDF health and safety requirements. However, all the CCDF health and safety requirements of Section 98.41 of 45 CFR Part 98 are included in licensing regulations for child day centers and family day homes.

In 2010, the General Assembly required (with an effective date of November 1, 2010) that DSS, consulting with key stakeholder groups, develop unambiguous performance standards for issuing one-, two-, and three-year licenses to assisted living facilities (ALFs). Similar to the Licensing Safety Matrix, the Division of Licensing chose to develop performance standards applicable to all adult and children's facilities since the issues affecting ALFs are not unique to ALFs alone. The standards developed are for: initial (or provisional), 1-, 2-, and 3-year licenses.

The performance indicators (i.e., standards) being field-tested now with adult and children's facilities by Licensing Inspectors – between January and June 2011 – are: (1) the average number of non-compliances; (2) the average Risk/Safety Matrix score assessed from violations of key health and safety standards; and (3) one or more "negative" events, where "negative" includes: receiving a sanction; having a valid complaint with a Risk/Safety rating of "B-2" or higher; and/or being required by the Division to develop an Intensive Plan of Correction for one or more egregious non-compliances. The first two measures can be generated from DOLPHIN reports. DOLPHIN is the Licensing division's automated system. The third measure requires an Inspector to review the facility's files for "negative" events.

The Supervisor/Inspector's Risk Profile (or "Performance Tracking") Report is designed to enable the Inspector to track the performance of a licensee based on inspections from the initial, renewal, and all subsequent inspections, including complaint investigations, conducted during the licensure period selected. The Performance Tracking Report will enable a Supervisor/Inspector to compare the licensee with the facility's peer group of facilities on the three performance indicators.

Ultimately, in accord with the General Assembly's 2010 directive, the reason to add a reliable Performance Tracking Report for adult and children's facilities is to increase the consistency of ratings for the issuance of initial (or provisional), 1-, 2-, and 3-year licenses to adult and children's facilities, both within and across Department licensing offices in Virginia.

Performance standards are being piloted now.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to

licensing and health and safety? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

[The Risk Assessment Initiative will be monitored.](#)

3.1.7 Goals for the next Biennium - In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section of 3.1. What are the Lead Agency's goals for the licensing and health and safety system in the coming biennium? What progress does the State/Territory expect to make on core areas (e.g. licensing standards, monitoring visits or other effective enforcement, improved technical assistance, or fewer serious non-compliances?)

[The Division of Licensing Programs \(DOLP\) plans to continue consistent enforcement of key health and safety standards. DOLP plans to update and improve technical assistance.](#)

3.2 Establishing Voluntary Early Learning Guidelines (Component #2)

For purposes of this section, voluntary early learning guidelines include the expectations for what children should know (content) and be able to do (skills). The term *early learning guidelines* (ELGs) refers to age-appropriate developmental learning guidelines for infants and toddlers and school-age children. These guidelines are voluntary in that States/Territory are not mandated to develop such guidelines or implement them in a specified manner.

3.2.1 Has the State/Territory developed voluntary early learning guidelines for children? Check any early learning guidelines the State/Territory has developed.

- Birth-to-three
- Three-to-five
- Five years and older
- None. **Skip to 3.2.6.**

If yes, insert web addresses, where possible:

Milestones of Child Development, found at

http://www.dss.virginia.gov/family/cc/professionals_resources.cgi

Which State/Territory agency is the lead for the early learning guidelines?

Virginia Department of Social Services (Milestones of Child Development)

3.2.2 Do the early learning guidelines cover a range of domains across physical, cognitive, and social and emotional development? Check all that apply for each age group as applicable in the chart below. Because States vary in their domain names and which domains to include, we have used the domains identified in the Head Start Child Development and Early Learning Framework for reference purposes.

Domains	Birth-to-Three ELGs	Three-to-Five ELGs	Five and Older ELGs
Physical development and health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social and emotional development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approaches to learning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Logic and reasoning (e.g., problem-solving)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Language development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Literacy knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mathematics knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Science knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Creative arts expression (e.g., music, art, drama)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social studies knowledge and skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
English language development (for dual language learners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List any domains not covered in the above:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2.3 To whom are the early learning guidelines disseminated and in what manner? Check all audiences and methods that your State/Territory has chosen to use in the chart below.

	Information Dissemination	Voluntary Training	Mandatory Training
Parents in the child care subsidy system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents using child care more broadly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioners in child care centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Providers in family child care homes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in Early Head Start	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Practitioners in public Pre-K program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practitioners in elementary schools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other. List:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2.4 Are voluntary early learning guidelines incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its early learning guidelines into other parts of the child care system.

- To define the content of training required to meet licensing requirements
- To define the content of training required for program quality improvement standards (e.g., QRIS standards)
- To define the content of training required for the career lattice or professional credential
- To require programs in licensing standards to develop curriculum/learning activities based on the voluntary ELGs
- To require programs in quality improvement standards to develop curriculum/learning activities based on the voluntary ELGs
- To develop State-/Territory -approved curricula
- Other.

- None.

3.2.5 Are voluntary early learning guidelines aligned with into other parts of the child care system? Check the standards, if any, with which the State/Territory aligns its early learning guidelines.

- Cross-walked to align with Head Start Outcomes Framework
- Cross-walked to align with K-12 content standards
- Cross-walked to align with State/Territory pre-k standards
- Cross-walked with accreditation standards
- Other.

None.

3.2.6 Describe how your State/Territory uses ongoing assessments and measures of school readiness assessment using the following series of questions. In this section, assessment is framed with two distinct purposes/tools - 1) ongoing assessment of children's progress within the classroom to improve and individualize instruction (this corresponds to 3.2.6a) and 2) assessments conducted at kindergarten entry to inform policymakers about the school readiness of children across the State on a broad range of domains, used to guide program initiatives (this corresponds to 3.2.6b).

In the description for each Yes response, please include a) who administers, and b) how often assessments are conducted, and c) what assessment tools are used.

a) Are programs required to conduct ongoing assessments of children's progress of children using valid, reliable and age-appropriate tools aligned with the early learning guidelines or other child standards?

Yes.

Describe:

b-1) If yes, are programs encouraged to use information from ongoing assessments to improve practice and individual children's needs?

Yes.

Describe:

No

Other.

Describe:

b-2) If yes, is information on child's progress reported to parents?

Yes.

Describe:

No

Other.

Describe:

No

Other.

Describe:

b) Does the State/Territory use tools that are valid, reliable and age-appropriate to track the readiness of children as they enter kindergarten?

Yes.

Describe:

c-1) If yes, do the tools cover the developmental domains identified in 3.2.2?

Yes.

Describe:

No

Other.

Describe:

c-2) If yes, are the tools used on all children or samples of children?

All children.

Describe:

Samples of children.

Describe:

Other.

Describe:

c-3) If yes, is the information from the school readiness measures used to target program quality improvement activities?

Yes.

Describe:

No

Other.

Describe:

No

Other.

Describe:

c) Is school readiness information linked to the statewide longitudinal data system (SLDS, program of the Department of Education)?

Yes.

Describe:

No

Not applicable. State does not have an SLDS.

3.2.7 Data & Performance Measures on Voluntary Early Learning Guidelines (Click for additional instructions)

a) **Data on voluntary early learning guidelines.** Indicate if the Lead Agency or another agency has access to data on:

Number/percentage of child care providers trained on ELG's for preschool aged children.

Describe (optional):

Number/percentage of child care providers trained on ELG's for infants and toddlers.

Describe (optional):

Number of programs using ELG's in planning for their work.

Describe (optional):

Number of parents trained on or served in family support programs that use ELG's.

Describe (optional):

Other.

Describe:

None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures related to dissemination and implementation of the early learning guidelines?

Currently we do not have any specific performance measures for the early learning guidelines; however, the Virginia Star Quality Initiative (Virginia's QRIS program) mentors use the early learning guidelines to work with child care programs while developing quality improvement plans.

c) **Evaluation.** What are the State/Territory's plans, if any, for evaluation related to early learning guidelines? Evaluation can include efforts related to monitoring implementation of an initiative validation of standards or program assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

The Lead Agency may explore possible ways to capture data related to the *Milestones of Child Development* and develop a pilot plan to implement this strategy.

3.2.8 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). What are the Lead Agency's goals for using voluntary early learning guidelines in the coming biennium? What progress does the Lead Agency expect to make related to early learning guidelines?

The Lead Agency is in the process of developing a system (through Project Child HANDS) that will capture data from several different sources and link the data for a more comprehensive view of an anonymous child. It would be beneficial if we are able to capture the developmental progress of children related to the early learning guidelines, especially those involved in subsidy programs or programs participating in the Virginia Star Quality Initiative. This may take the form of researching assessment tools or strategies and having discussions with researchers about the best assessment approach for Virginia.

3.3 Creating Pathways to Excellence for Child Care Programs through Program Quality Improvement Activities (Component #3) (Click for additional instructions)

a) Describe which entities are involved in planning and administering the program quality improvement activities in 3.3, including State/Territory entities and local or community level entities.

VDSS and the Virginia Early Childhood Foundation lead the administration of the QRIS. The Star Quality Advisory Team, which is comprised of representatives from the Department of Education, the Department of Health, Head Start, private for-profit and not-for-profit programs, higher education, and business community, assist with program planning in an advisory capacity.

3.3.1 Element 1 - Program Standards

Definition - For purposes of this section, program standards refers to the expectations for quality, or quality indicators, which identify different levels of and pathways to improved quality. Minimum licensing standards and health and safety requirements provided in section 3.1 are also program standards but in this section, we focus on those standards that build upon and go beyond those minimum requirements.

a) Does your State/Territory's have quality improvement standards that include indicators covering the following areas beyond what is required for licensing? Check any indicators, if any, that your State/Territory has chosen to establish.

- Ratios and group size
- Health, nutrition and safety
- Learning environment and curriculum
- Staff/Provider qualifications and professional development
- Teacher/providers-child relationships
- Teacher/provider instructional practices
- Family partnerships and family strengthening
- Community relationships
- Administration and management
- Developmental screenings
- Child assessment for the purposes of individualizing instruction and/or targeting program improvement
- Cultural competence
- Other.

Describe:

None. If checked, **skip to 3.3.2.**

b) Does your State/Territory have quality improvement standards with provisions about the care of any of these groups of children? Check any provisions your State/Territory has chosen to establish.

- Children with special needs as defined by your State/Territory
- Infants and toddlers
- School-age children
- Children who are dual language learners
- None

c) How do your State/Territory's quality standards link to State/Territory licensing requirements? Check any links between your State/Territory's quality standards and licensing requirements.

- Licensing is a pre-requisite for participation
- Licensing is the first tier of the quality levels
- State/Territory license is a "rated" license.
- Other.

Describe:

- Not linked.

d) Do your State/Territory's quality improvement standards align with or have reciprocity with any of the following standards? Check any alignment, if any, between your State/Territory's quality standards and other standards.

- Programs that meet State/Territory pre-k standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between pre-k and the quality improvement system)
- Programs that meet Federal Head Start Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or there is a reciprocal agreement between Head Start and the quality improvement system)
- Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, or an alternative pathway to meeting the standards)
- Other.

Describe:

- None.

3.3.2 Element 2 - Supports to Programs to Improve Quality

Definition - For purposes of this section, supports to programs to improve quality refers to such activities as technical assistance and consultation services for programs to assist in meeting child care quality improvement standards.

a) Check which types of and for what purposes the State/Territory uses supports to child care programs, if any, in the following chart. If none, **skip to 3.3.3.**

None. **skip to 3.3.3.**

Types and Purposes of Support	Information or Written Materials	Training	On-Site Consultation
<input checked="" type="checkbox"/> Attaining and maintaining licensing compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Attaining and maintaining quality improvement standards beyond licensing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Attaining and maintaining accreditation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Providing targeted technical assistance in specialized content areas:			
Health and safety	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Infant/toddler care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School-age care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching dual language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business management practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Methods used to customize quality improvement supports to the needs of individual programs include:

- Program improvement plans
- Technical assistance on the use of program assessment tools
- Other.

Describe:

c) Is technical assistance linked to entering the QRIS or targeted to help programs forward on QRIS?

- Yes.

Describe:

Programs receive technical assistance (TA) from the local coalition or the assigned mentor. The TA includes support for completing the required documents, an overview of the instruments, and an explanation of the rating process.

- No
- Other.

Describe:

3.3.3 Element 3 - Financial Incentives and Supports

Definition - For purposes of this section, financial incentives refers to the types of monetary supports offered to programs in meeting and sustaining licensing and QRIS or other child care quality improvement standards for programs.

a) Identify which types of financial incentives are offered and to which providers in the following chart. Check which incentives and supports, if any, the State/Territory chooses to offer. If none, **skip to 3.3.4.**

- None. **skip to 3.3.4.**

Types of Financial Incentives and Supports for Programs	Child Care Centers	Child Care Homes	License-Exempt Providers

<input type="checkbox"/> Grants to programs to meet or maintain licensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Grants to programs to meet QRIS or similar quality level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> One-time awards or bonuses on completion of quality standard attainment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Tiered reimbursement tied to quality for children receiving subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-going, periodic grants or stipends tied to maintaining quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tax credits tied to meeting program quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3.4 - Element 4 - Quality Assurance and Monitoring

Definition - For purposes of this section, quality assurance and monitoring refers to the ways that the State/Territory measures program quality for the purposes of its QRIS or other quality improvement system and the methods for measuring that the child care quality improvement standards for programs are met initially and maintained over time.

a) What tools, if any, does the State/Territory use to measure and monitor the quality of programs? Check all that apply and briefly describe using the chart below, including which programs are required to participate and the frequency of assessments. **If none, skip to 3.3.5.**

None. skip to 3.3.5.

Types of Program Quality Assessment Tools	Child Care Centers	Child Care Homes	License-Exempt Providers
<input checked="" type="checkbox"/> Environment Rating Scales (e.g., ECERS, ITERS, SACERS, FDCRS) Describe, including frequency of assessments. <input type="text" value="A sample of classrooms for each age group is assessed every two years."/>	<input checked="" type="checkbox"/> Infant/Toddler <input checked="" type="checkbox"/> Preschool <input type="checkbox"/> School-Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Classroom Assessment Scoring System (CLASS) Describe, including frequency of assessments. <input type="text" value="A sample of classrooms for each age group is assessed every two years."/>	<input checked="" type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<input type="checkbox"/> Program Administration Scale (PAS) for child care centers or Business Administration Scale (BAS) for family child care homes Describe, including frequency of assessments. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Customized instrument, including submission of written documentation, developed for State/Territory quality improvement system. This may include instruments developed for quality improvements in 21st Century Learning Center programs Describe, including frequency of assessments. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other. Describe: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) What steps, if any, has the State/Territory taken to align quality assurance and monitoring across funding streams and sectors in order to minimize duplication?

- Have a mechanism to track different quality assessments/monitoring activities to avoid duplication
- Include QRIS or other quality reviews as part of licensing enforcement
- Have compliance monitoring in one sector (e.g., Head Start/Early Head Start,

State/Territory pre-k) serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

Have monitoring for meeting accreditation standards serve as validation for compliance with quality improvement system (e.g., QRIS) without further review

Other.

Describe:

None.

3.3.5 - Element 5 - Outreach and Consumer Education

Definition - For purposes of this section, outreach and consumer education refers to the strategies used to promote the child care quality improvement standards to parents, programs and the general public.

a) Does the State/Territory use symbols or simple icons to communicate levels of quality for child care programs beyond what may communicated to parents about licensing status and licensing compliance as reported in 3.1.3? (e.g. stars, or gold/silver/bronze levels).

Yes. If yes, how is it used?

Resource and referral/consumer education services use with parents seeking care

Parents enrolling in child care subsidy are educated about the system and the quality level of the provider that they are selecting

Searchable database on the web

Voluntarily, visibly posted in programs

Mandatory to post visibly in programs

Used in marketing and public awareness campaigns

Other.

Describe:

No. If no, **skip to 3.3.6.**

b) Does the State/Territory use any forms of media to reach parents and the public to communicate about levels of quality for child care programs? Check which forms, if any, the State/Territory uses to communicate levels of quality for child care programs.



Print



Radio



Television



Web



Telephone



Social Marketing



Other.

Describe:



None.

c) Describe any targeted outreach for culturally and linguistically diverse families.

Virginia conducted a family child care QRIS demonstration in Spring 2011. Participating partners were encouraged to recruit a variety of family day homes to participate, including culturally and linguistically diverse providers and the families they serve.

3.3.6. Quality Rating and Improvement System (QRIS)

a) **Based on the five key elements of a QRIS described above in 3.3.1 through 3.3.5,** does your State/Territory have a quality rating and improvement system (QRIS) or similar

quality improvement system in place?

Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating State/Territory-wide.

Participation is voluntary for:

Participation is mandatory for:

Yes, the State/Territory has a QRIS or similar quality improvement system that includes linked activities in all five elements operating as a pilot or in a few localities but not State/Territory-wide.

No, the State/Territory does not have a QRIS or similar quality improvement system that includes linked activities in all five elements.

State/Territory is in the development phase

State/Territory has no plans for development

Other.

Describe:

Virginia conducted a demonstration project of the family child care homes Star Quality Standards in Spring 2011. Family child care homes are being added to the pilot project in Fall 2011.

b) If yes to 3.3.6a, **CHECK** the types of providers eligible to participate in the QRIS:

Child care centers

Group child care homes

Family child care homes

In-home child care



License exempt providers



Early Head Start programs



Head Start programs



Pre-kindergarten programs



School-age programs



Other.

Describe:

3.3.7. If the State/Territory has or will have any quality improvement strategies for targeted groups of providers (e.g., relative caregivers or caregivers who are legally exempt from licensing) that are not described in your responses to any question in section 3.3 above,

please describe:

[The QRIS web site and other quality materials are available for programs to learn more about quality. Local coalitions and local DSS agencies plan and lead these quality improvement trainings, and they are available in the communities for all groups serving children, including those that are legally exempt from licensing.](#)

3.3.8 Data & Performance Measures on Program Quality (Click for additional instructions)

a) Data on program quality. Indicate if the Lead Agency or another agency has access to data on:



Data on the quality level for individual programs (e.g. QRIS level) as defined by your State/Territory.

Describe:

Data on all participating programs is captured and maintained in a database.



Number of programs that move program quality levels annually (up or down).

Describe:



Program scores on program assessment instruments.

List instruments:

ECERS-R, ITERS-R, CLASS, Toddler CLASS

Describe:

The score for the program is derived from a sampling of classrooms.



Classroom scores on program assessment instruments.

List instruments:

ECERS-R, ITERS-R, CLASS, Toddler CLASS

Describe:

A sample of the classrooms that represent each age level is assessed.



Qualifications for teachers or caregivers within each program.

Describe:

Self-reported documentation on early childhood/child related education and training.



Number/Percentage of children receiving CCDF assistance in licensed care.

Describe:

Number/percentage of children receiving CCDF assistance who attend care at each of the tiers of the quality as defined by the State/Territory

Number/Percentage of programs receiving financial assistance to meet higher program standards.

Describe:

Other.

Describe:

None.

b) **Performance measurement.** What, if any, are the Lead Agency's performance measures on program quality?

The Lead Agency is beginning the fourth pilot year for the quality rating and improvement system called the Virginia Star Quality Initiative. This is a voluntary program and is limited by the funding that is available, so not all child care programs in the state are participating. Consequently, the quality performance of all programs in the state will not be rated.

c) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to program quality? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

The state plans to commission an evaluator to assess the process and outcomes of the QRIS pilot.

3.3.9 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic

plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.3. What are the State/Territory's goals for the program quality improvement system in the coming biennium? What progress does the State/Territory expect to make across the five key elements for quality improvement systems?

The State commissioned the Virginia Early Childhood Foundation (VECF) to develop a strategic plan for the QRIS. VECF hired a strategist to lead the development of a comprehensive strategic plan. The state will use this strategic plan and the program evaluation results to set goals for the next biennium. Both items are due to the state in 2011. The goal is to continue the pilot and make adjustments based on the findings of the evaluation and the strategic plan.

3.4 Pathways to Excellence for the Workforce - Professional Development Systems and Workforce Initiatives (Component #4)

Pathways to excellence for the workforce builds on the significant investments States and Territories have made in the area of professional development systems to ensure a well-qualified workforce with opportunities for growth from entry level through master teacher, with an increasing emphasis on the many additional roles in the child care system (e.g. adult educators such as consultants, technical assistance providers, trainers, and higher education faculty). In this section, States and Territories provide a self-assessment on current professional development and workforce activities and describe their goals for the upcoming Biennium.

For purposes of this section, States and Territories will respond according to five key elements for workforce systems:

- 1) Core Knowledge and Competencies
- 2) Career Pathways (or Career Lattice)
- 3) Professional Development Capacity
- 4) Access to Professional Development
- 5) Compensation, Benefits and Workforce Conditions

a) Describe which entities are involved in planning and administering the activities in Section 3.4, including State/Territory entities and local or community level entities.

1. Core Knowledge and Competencies— The Lead Agency is responsible for administering the activities for core knowledge and competencies; however, multiple organizations and early childhood partners are involved in the planning of these activities, including developing/revising the competencies for early care and education professionals who work with children from birth through age five years old. Collaborative partners for the development of the core knowledge and competencies for Virginia included the following organizations:

- Virginia Department of Education,
- Virginia Department of Health
- Virginia Department of Behavioral Health and Developmental Services
- Virginia Head Start Association
- Partnership for People With Disabilities

- Virginia Child Care Resource and Referral Network and their member agencies
- Community college and higher education faculty
- National Child Care Information Center
- United Way Success by 6
- National Women's Law Center
- Other early childhood professionals

Local coalitions and early childhood organizations have developed training about the competencies, to be reviewed or approved by the Lead Agency. Local coalitions also use the competencies to plan training efforts in their communities. The Virginia Early Childhood Foundation, a private, non-profit organization that partners with the Lead Agency on QRIS activities, issues community grant opportunities with public and private dollars. Grant proposals aligned with the competencies and other statewide initiatives are given preference. Additionally, the mentors with the Virginia Star Quality Initiative (Virginia's QRIS) use the competencies to work with child care programs.

The Community College Workforce Alliance, under contract with the Lead Agency, is working to identify core competencies addressed in the VDSS Infant and Toddler, and Preschool Endorsement courses to assist providers in choosing courses that meet their needs and help close any personal performance gaps. It is planned that all courses approved by the Lead Agency will include the competencies being addressed in the course content.

The Virginia Community College System aligned their early childhood courses with the competencies and identified the competencies covered in each college course.

School-age competencies were developed in partnership with private and public school-age child care professionals to assist with creating a school-age child care credential (in development). Partners included:

- Virginia Department of Education,
- Virginia Department of Health
- Virginia Child Care Resource and Referral Network and their member agencies
- School-age Parks and Recreation leaders
- YMCA School-age leaders
- Community college and higher education faculty
- Other early childhood professionals

2. Career Pathways (or Career Lattice) - The Lead Agency is responsible for planning and administering the activities for Virginia's early childhood professionals' career lattice. Again, many organizations had input into Virginia's Early Childhood and Child Care Professional Development Career Lattice—most significantly, the Smart Beginnings Coalition of South Hampton Roads.

The Lead Agency is in the process of integrating the career lattice with the development of a professional development registry so that participants in the registry can receive a career lattice step designation based on their education and training. It is currently used as a guidance tool or reference for practitioners statewide on a voluntary basis. The intent is for program directors and supervisors to use the lattice to promote professional development goals for their staff.

3. Professional Development Capacity - The Lead Agency is responsible for planning and administering the activities for building Virginia's professional development capacity for early childhood professionals. The Lead Agency currently delivers statewide training sessions but is in the process of making some changes to the current system. The Lead Agency will be adding a trainer and training approval process to improve the quality of trainings offered to the early care and education practitioners. Input for the

changes is requested from state and local partners.

The Lead Agency collaborates with other agencies or local partners to provide a wider range of training topics, to assist with research-related training projects, and to assist with meeting a specific local training need. Individual practitioners provide feedback about the training and suggest training topics.

4. Access to Professional Development – The Lead Agency is responsible for planning and administering the access to professional development in the Commonwealth. A training calendar, called Training Information for Provider Success (T.I.P.S.), is maintained on the Lead Agency’s public website to allow all training entities to list their training events. Currently, the Lead Agency delivers a structured program of statewide classroom training for all child care providers and partners with 23 community colleges to host the classes. By implementing the trainer and training approval system on or about the spring 2012 semester, the Lead Agency expects to expand the opportunities for access to high quality training for early childhood and education professionals. Trainers and curricula will have the option to become VDSS-approved and providers may contact trainers directly to obtain the training they need. Additionally, the Lead Agency provides several distance-learning options for those practitioners located in rural areas or those with limited mobility. These options include self-paced and online courses, a partnership with the public library branches to read books and complete a project or assessment (Read-A-Book Program), complete online learning, or complete video training programs (*The Whole Child* and *The Program for Infant and Toddler Caregivers*).

Under contract with the Lead Agency, the Community College Workforce Alliance is converting courses that comprise the Infant and Toddler, and Preschool Endorsements to distance learning courses to expand access and improve the ability of providers to achieve these Endorsements in a timelier manner. In addition, Medical Home Plus, another Lead Agency subcontractor, is making improvements to the medication Administration Training (MAT) Independent Study course, which will allow smoother and quicker access to this distance learning course. MAT is mandatory for providers who work in licensed and regulated child care programs that choose to administer medication to children in their care.

5. Compensation, Benefits and Workforce Conditions - The Lead Agency has a role in helping to plan and administer a statewide change in compensation, benefits, and workforce conditions for the early care and education workforce. This role is evolving as other parts of the professional development puzzle move into place. At a basic level, the Lead Agency has been a strong proponent for recognizing the achievements of practitioners in early care and education through lifetime achievement awards, an annual Early Childhood Professionals’ Recognition Day, efforts to raise the subsidy reimbursement rates, and consistent encouragement for providers to improve their professional level with formal, higher-level education in early childhood development/education.

With the planned implementation of a professional development registry, not only will there be a system for tracking and recognizing providers’ professional development achievements, but also a means for tracking data related to workforce transitions, wages, and benefits. Capturing this information will establish a better picture of the early childhood and child care workforce in Virginia and provide data for decision-making.

It is also recognized that statewide organizations, such as the Virginia Association for Early Childhood Education, Virginia Head Start Association, and Virginia Alliance of Family Child Care Associations, are even stronger advocates for improving the compensation, benefits, and workforce conditions of the early care and education workforce. Local organizations have started to address this topic with innovative ideas and private funding.

3.4.1 Workforce Element 1 - Core Knowledge and Competencies

Definition - For purposes of this section, core knowledge and competencies (CKCs) refers to the expectations for what the workforce should know (content) and be able to do (skills) in their role working with and/or on behalf of children and their families. These CKCs provide a foundation for professional development design (including instructional practices) and other quality improvement efforts.

a) Has the State/Territory developed core knowledge and competencies (CKCs) for practitioners working with and/or on behalf of children?

Yes

No, the State/Territory has not developed core knowledge and competencies. **Skip to question 3.4.2.**

Other.
Describe:

http://www.dss.virginia.gov/family/cc/professionals_resources.cgi

b) Check which of the following teaching and learning topics, if any, are covered in the CKCs.

Child growth, development and learning

Health, nutrition, and safety

Learning environment and curriculum

Interactions with children

Family and community relationships

Professionalism and leadership

Observation and assessment

Program planning and management

Diversity

Other.
Describe:

None.

c) Are the CKCs incorporated into other parts of the child care system? Check which ways, if any, the State/Territory incorporates its CKCs into other parts of the child care system.

- To define the content of training required to meet licensing requirements
- To define the content of training required for program quality improvement standards (as reported in section 3.3)
- To define the content of training required for the career lattice or credential
- To correspond to the early learning guidelines
- To define curriculum and degree requirements at institutions of higher education
- Other.

Describe:

The Lead Agency is in the process of identifying the competencies addressed in the VDSS courses, and the Virginia Community College System identified the competencies that are addressed in each community college early childhood course.

None.

d) Are the CKCs aligned with other State/Territory or national standards? Check which ways, if any, the State/Territory aligns its CKCs with other standards.

- Cross-walked with the Child Development Associate (CDA) competencies
- Cross-walked with national teacher preparation standards (e.g., NAEYC standards for early childhood professional preparation, National Board of Professional Teaching Standards, Head Start SOLAR staff skills indicators)
- Cross-walked with apprenticeship competencies
- Other.

Describe:

None.

e) Check for which roles, if any, the State/Territory developed supplemental or specialized competencies.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

Administrators in centers (including educational coordinators, directors).

Describe:

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

Other.

Describe:

None.

f) Check if the State/Territory has developed any supplemental or specialized competencies for practitioners/providers working with the following ages.

Birth-to-three

Three-to-five

Five and older

Other.

Describe:

None.

3.4.2 Workforce Element 2 - Career Pathways

Definition - For purposes of this section, career pathways (or career lattice) defines the options and sequence of qualifications and ongoing professional development to work with children. Career pathways assist professionals in understanding their career options and identify steps for advancement for the workforce recognizing and rewarding higher levels of preparation and mastery of practice to promote higher quality services for

children.

a) Does the State/Territory have a career pathway which defines the sequence of qualifications related to professional development (education, training and technical assistance) and experience required to work with children?

Yes.

Describe:

The Virginia Early Childhood and Child Care Professional Development Career Lattice is based on state Licensing requirements for child care program staff/director training .

No, the State/Territory has not developed a career pathway. **Skip to question 3.4.3.**

http://www.dss.virginia.gov/files/division/cc/provider_training_development/intro_page/training_development/career_lattice_2011.pdf

b) Check for which roles, if any, the career pathway (or lattice) include qualifications, specializations or credentials.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.

Describe:

The Career Lattice for Virginia includes professional development guidance for entry-level and advanced center aides, entry-level and advanced center program leaders/teachers, and entry-level and advanced center program directors.

Providers working directly with children in family child care homes, including aides and assistants.

Describe:

The Career Lattice for Virginia includes professional development guidance for entry-level and advanced aides in family day homes, as well as entry-level and advanced family home providers and assistants.

Administrators in centers (including educational coordinators, directors).

Describe:

The Career Lattice for Virginia includes professional development guidance for entry-level and advanced Program Directors.

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

Other.

Describe:

None.

c) Does the career pathway (or lattice) include specializations or credentials, if any, for working with any of the following children?

Infants and toddlers

Preschoolers

School-age children

Dual language learners

Children with disabilities, children with developmental delays, and children with other special needs

Other.

Describe:

None.

d) In what ways, if any, is the career pathway (or lattice) used?

Voluntary guide and planning resource

Required placement for all practitioners and providers working in programs that are licensed or regulated in the State/Territory to serve children birth to 13

Required placement for all practitioners working in programs that receive public funds to serve children birth to 13

Required placement for adult educators (i.e., those that provide training, education and/or technical assistance)

- Required placement for participation in scholarship and/or other incentive and support programs
- Required placement for participation in the QRIS or other quality improvement system
- Other.

Describe:

- None.

e) Are individuals' qualifications, professional development, and work experience verified prior to placement on the career pathway (or lattice?)?

- Yes.

If yes, describe:

- No.

3.4.3 Workforce Element 3 - Professional Development Capacity

Definition - For purposes of this section, professional development incorporates higher education, training and technical assistance. Higher education capacity refers to capability of the higher education system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children. Training and technical assistance capacity refers to capability of the training and technical assistance system to meet the needs of the diverse workforce including the provision of content that addresses the full range of development and needs of children.

a) Has the State/Territory assessed the availability of degree programs in early-childhood education, school-age care or youth development, and related fields in the State/Territory (e.g., both physical location and distance-based, accessibility to practitioners, etc.)?

- Yes.

If yes, describe:

- No.

b) Has the State/Territory assessed the availability of early-childhood and school-age and related training and technical assistance programs in the State/Territory (e.g., both

physical location and distance-based, degree level, etc.)?

Yes.

If yes, describe:

No.

c) What quality assurance mechanisms, if any, are in place for the degree programs and courses offered by the State/Territory institutions?

Standards set by the institution

Standards set by the State/Territory higher education board

Standards set by program accreditors

Other.

Describe:

None.

d) What quality assurance mechanisms, if any, are in place for the training and technical assistance programs offered by the State/Territory?

Training approval process.

Describe:

The Lead Agency is in the process of developing a training approval process in FFY 2012 for the first time.

Trainer approval process.

Describe:

The Lead Agency is in the process of developing a trainer approval process in FFY 2012 for the first time.

Training and/or technical assistance evaluations.

Describe:

Other.
Describe:

None.

e) Does the State/Territory have articulation agreements in place across and within institutions of higher education?

Yes.

If yes, describe:

There are two articulation agreements in place across institutions of higher education, as follows:

Virginia Community College System with Virginia Commonwealth University for a Baccalaureate Degree in Interdisciplinary Studies with a concentration in early childhood studies (for nonlicensure)

Northern Virginia Community College with George Mason University for a Baccalaureate Degree in Individualized Studies with a concentration in early childhood education studies (for nonlicensure)

No.

f) Does the State/Territory have articulation agreements that translate training and/or technical assistance into higher education credit?

Yes.

If yes, describe:

The Lead Agency works with John Tyler Community College to apply college credit to the Infant and Toddler and/or Preschool Endorsements for the VDSS Early Childhood Endorsement Program. Each endorsement is a 12-course, or a total of 48 clock-hours, classroom training with supplemental course assignments and projects. Upon successful completion of either set of courses and the additional required coursework, participants are eligible to apply for college credit. The Infant and Toddler Endorsement is equivalent to the community college course CHD 166, Infant and Toddler Programs. The Preschool Endorsement is equivalent to the community college course, CHD 120, Introduction to Early Childhood Education. The development of School-age Child Care Endorsements are in progress.

It is anticipated that advanced courses for all three Endorsements to complete 120 clock-hours of training in each age group of study will be available in the next biennium. For the Infant and Toddler and Preschool categories, this training may apply toward the Child Development Associate credential. The School-age Child Care Endorsements will combine to demonstrate a comparable level of knowledge and skills as the Child Development Associate, but will focus on working with the school-age child. All endorsement courses will be offered either online or as a self-paced work study.

No.

3.4.4 Workforce Element 4 - Access to Professional Development

Definition - For purposes of this section, access to professional development (training, education and technical assistance) refers to the degree to which practitioners are made aware of, and receive supports and assistance to utilize, professional development opportunities.

a) Does the State/Territory have professional development opportunities accessible for professionals in various or all sectors of the early childhood and school-age field?

- Yes. If yes, for which sectors?
- Child care
- Head Start/Early Head Start
- Pre-Kindergarten
- Public schools
- Early intervention/special education

Other.
Describe:

No.

b) Does the State/Territory have a State/Territory-wide, coordinated and easily accessible clearinghouse of information about professional development opportunities available to all members of the early childhood and school-age workforce? Lead Agencies are not required to have a professional development system, but States/Territories may develop such clearinghouses to promote access to professional development opportunities.

Yes.

If yes, describe:

The T.I.P.S. (Training Information for Provider Success) Calendar is available on the Lead Agency's public Web site. This calendar allows any professional development provider to list relevant early childhood education classes, indicating the trainer and brief description of the class, the location, date, and time of the class, registration information, and other details. The Lead Agency also provides VDSS-specific class information and additional training resources in the online professional development catalog.

No.

Catalog/Additional Training Resources:

http://www.dss.virginia.gov/files/division/cc/provider_training_development/catalog/07AddTraining_OtherResourcesFIN.pdf

c) What supports, if any, does the State/Territory provide to promote access to training and education activities?

Scholarships.

Describe:

The Lead Agency provides the Virginia Child Care Provider Scholarship Program for current early childhood practitioners (who have priority for scholarship awards) or those who intend to work in the field. Participants are eligible for scholarships to take up to eight community college courses (at the in-state tuition rate), or as many college-level courses as possible not to exceed the lifetime maximum dollar amount (currently \$2,689), whichever occurs first. Courses are pre-approved and must align with current early childhood certificate or degree programs. Students may elect to attend four-year institutions; however, there is a \$336 cap on the scholarship award for each course. Typically each year, the General Assembly appropriates \$600,000 of federal monies for this purpose.

Free training and education.

Describe:

Reimbursement for training and education expenses.

Describe:

Grants.

Describe:

Through various grants and contracts, practitioners are often awarded free training. This opportunity for free training depends on the local group that is planning the events. Through the local QRIS coalitions, Infant and Toddler Specialist Network, and the infant and toddler social/emotional training and support activities, providers will receive free training and mentoring.

Loans.

Describe:

Loan forgiveness programs.

Describe:

Substitute pools.

Describe:

Release time.

Describe:

Other.

Describe:

The Lead Agency provides very low-cost training options for all child care providers at \$20 (3-4 hour class) to \$35 (6-hour class).

None.

d) Does the State/Territory have career advisors for early childhood and school-age practitioners?

Yes.

If yes, describe:

No.

e) Does the State/Territory have mentors, coaches, consultants, and/or other specialists available to provide technical assistance to the workforce?

Yes.

If yes, describe:

Through the Infant and Toddler Specialist Network, the local QRIS coalitions, and the infant and toddler social/emotional training and support activities, practitioners could receive mentoring, coaching and training.

No.

3.4.5 Workforce Element 5 - Compensation, Benefits and Workforce

Conditions Definition - For purposes of this section, rewards for education and training refers to any financial supports provided to practitioners for participating in and completing education or training or for increasing compensation.

a) Does the State/Territory have a salary or wage scale for various professional roles?

Yes.

If yes, describe:

No.

b) Does the State/Territory provide financial rewards for participation in professional development, such as one-time salary bonuses for completing a training or education program?

Yes.

If yes, describe:

No.

c) Does the State/Territory provide sustained financial support on a periodic, predictable basis, such as annual wage supplements, based on the highest level of training and education achieved?

Yes.

If yes, describe:

No.

d) Does the State/Territory have a program to offer or facilitate benefits (e.g. health insurance coverage, retirement, etc.) to the workforce?

Yes.

If yes, describe:

No.

3.4.6 Data & Performance Measures on the Child Care Workforce - What data elements, if any, does the State/Territory currently have access to related to the child care workforce? What, if any, does the State/Territory use for performance measures on professional development and workforce initiatives? The purpose of these questions is for Lead Agencies to provide a description of their capacity to provide information, not to require Lead Agencies to collect or report this information. For any data elements checked in (a) below, Lead Agencies may provide an optional description about the data they have access to (e.g., the Lead Agency may have data for only licensed programs, only programs caring for children receiving CCDF subsidies, only providers participating in quality improvement systems, or only for certain age groups (e.g., infants and toddlers or school-age children).

a) Data on the child care workforce. Indicate if the Lead Agency or another agency has access to data on:

Data on the size of the child care workforce.
Describe (optional):

Data on the demographic characteristics of practitioners or providers working directly with children.
Describe (optional):

With the planned implementation of a statewide professional development registry in early 2012, the Lead Agency will be able to collect information on demographic characteristics of practitioners who work directly with children.

Records of individual teachers or caregivers and their qualifications.
Describe (optional):

With the planned implementation of the statewide professional development registry in early 2012, the Lead Agency will be able to collect qualifications of those teachers/caregivers who choose to, or are required to, become registry members by virtue of receiving quality funds.

Retention rates.
Describe (optional):

Records of individual professional development specialists and their qualifications.
Describe (optional):

Qualifications of teachers or caregivers linked to the programs in which they teach.
Describe (optional):

With the planned implementation of the statewide professional development registry in early 2012, the Lead Agency will be able to collect qualifications of those teachers/caregivers who choose to, or are required to, become registry members by virtue of receiving quality funds and possibly link them to their employers.

Number of scholarships awarded .
Describe (optional):

The Lead Agency tracks the number of scholarships that are awarded. The Lead Agency is transitioning from an Access database to a web-based database for the Virginia Child Care Provider Scholarship Program.

Number of individuals receiving bonuses or other financial rewards or incentives.
Describe (optional):

Number of credentials and degrees conferred annually.
Describe (optional):

Data on T/TA completion or attrition rates.
Describe (optional):

Training data is captured through several systems.

- The delivery and logistics of child care provider classes are contracted through the Community College Workforce Alliance. Therefore, training data for VDSS classes would be captured through their community college system.
- Additional training data is captured manually at the local level through the Quality Initiative Grants to the local departments of social services with their numerous training activities.
- Training and technical assistance data is captured through the QRIS, the Infant and Toddler Specialist Network, and the infant and toddler social/emotional training and support activities, as well as from any contractors who provide these services, such as Child Development Resources, the Virginia Child Care Resource and Referral Network (VACCRRN), and Medical Home Plus that administers the Medication Administration Training program.

- There is no known data on attrition rates in Virginia, but the Lead Agency plans to capture this information with the implementation of the statewide professional development registry.

Data on degree completion or attrition rates.
Describe (optional):

Other.
Describe:

None.

b) Does the State/Territory have a workforce data system, such as a workforce registry, which tracks workforce demographics, compensation, and qualifications and ongoing professional development for practitioners working with children birth to age 13?

Definition - For purposes of this section, a workforce data system refers to a system, such as a workforce registry, that tracks the size and characteristics of the child care workforce, including longitudinal data to monitor changes over time. The data system also can produce records to validate and verify qualifications or ongoing professional development for licensing, accreditation, QRIS, wage incentives, and credentials.

Yes.

b-1) If yes, which roles are included in the workforce data system? For each role checked, indicate in your description whether participation is voluntary or mandatory.

Staff working directly with children in centers, including aides, assistants, teachers, master teachers.
Describe:

Providers working directly with children in family child care homes, including aides and assistants.
Describe:

Administrators in centers (including educational coordinators, directors).
Describe:

Technical assistance providers (including mentors, coaches, consultants, home visitors, etc.).

Describe:

Education and training staff (such as trainers, CCR&R staff, faculty).

Describe:

Other.

Describe:

None.

b-2) Does the workforce data system apply to:

all practitioners working in programs that are licensed or regulated by the State/Territory to serve children birth to 13?

all practitioners working in programs that receive public funds to serve children birth to age 13?

No.

c) **Performance measurement.** What, if any, performance measures does the State/Territory use related to its workforce and professional development systems?

The Lead Agency uses informal needs assessments, licensing violation history, and current trends and issues to assist with training topic selection; registration and class attendance numbers to gauge the interest of participants in a particular topic for future classes; participant reaction feedback and the number of high ratings compared to low ratings for the class and trainer; content knowledge assessment and/or skills demonstration scores of participants; the number of courses per competency; trainer feedback; monitoring observation when possible; cost per class information; informal feedback from providers; and contractor feedback.

In a broader sense, workforce and professional development performance measures include the number of early childhood professionals who need foundational skills training, number of practitioners who obtained training, as well as the use of knowledge from training, education, coaching and mentoring based on observations and evaluations of program participants in the Virginia Star Quality Initiative (Virginia's QRIS), the Infant and Toddler Specialist Network, infant and toddler social/emotional pilot communities, or other state programs.

The Lead Agency would like to have a more systematic strategy for measuring performance of the

workforce and professional development systems in order to know how well we are doing, if we are meeting our goals, if our customers are satisfied, what processes are better measures of success, and where improvements are needed. This is a long term goal.

d) **Evaluation.** What, if any, are the State/Territory's plans for evaluation related to its workforce and professional development systems? Evaluation can include efforts related to monitoring implementation of an initiative, validation of standards or assessment tools, or looking at outcomes in programs or the system and may be ongoing or conducted periodically.

The Lead Agency is planning to implement the statewide professional development registry in tandem with the new trainer and training approval system. The data from this system, including practitioner education and training, workforce transitions, wages, benefits, etc. will be reviewed, analyzed, monitored closely, and used as a decision support tool to assist in building and/or making adjustments and adaptations to Virginia's professional development system. Additionally, the Lead Agency is in the process of adding pre- and post-assessments to as many courses as possible. Informal feedback from trainers and participants will be solicited.

3.4.7 Goals for the next Biennium -

In this section, Lead Agencies are asked to identify at least one goal for the upcoming biennium. Lead Agencies are encouraged to include measurable and achievable goals. Lead Agencies may include existing goals (e.g., already identified in a State strategic plan or established by the Governor for a Lead Agency). ACF will target technical assistance efforts to help Lead Agencies achieve their goal(s). Lead Agencies are not required to establish a goal for each sub-section in 3.4. What are the State/Territory's goals for the building the professional development system and improving conditions for the workforce in the coming biennium? What progress does the State/Territory expect to make across the five key elements for the workforce and professional development system described above?

The Lead Agency will continue to partner with early childhood professionals to analyze Virginia's professional development system for early care and education professionals and to ensure that the Lead Agency is addressing the early care and education workforce and professional development needs in the Commonwealth. Some basic goals for the next biennium are listed below.

1. Embed inclusion concepts, competencies, and early learning guidelines into VDSS-approved course curricula as appropriate.
2. Complete the instructional development of the Infant and Toddler Endorsement, Preschool Endorsement and School-Age Endorsement courses for classroom and online modalities at the introductory and advanced levels.
3. Complete the design/development of, and implement, the Trainer and Training Approval System to facilitate access to quality training that is market-based and needs-driven.
4. Complete the development and implementation of the statewide professional development registry.
5. Strengthen statewide partnerships, especially with the state's Early Childhood Advisory Council (authorized by the Head Start Act), through multi-agency and cross-sector early childhood and school-age initiatives.

6. Systematize a professional development evaluation process that uses the early childhood professional competencies as a foundation and includes input from individual child care providers, trainers and early childhood faculty at higher education institutions, child care programs, researchers, and other related early care and education professionals.
7. Complete the development and implementation of the federated data collection system that will link registry, QRIS, and child data.
8. Facilitate the establishment of dedicated early childhood development/education degrees at four-year higher education institutions.
9. Facilitate articulation agreements between the Virginia Community College System and state four-year colleges/universities for dedicated degrees in early childhood development/education in Virginia.
10. Improve collaboration with the Division of Licensing Programs and the Department of Education for a combined strategic approach to improve the quality of child care in the Commonwealth.
11. Utilize the data from the planned implementation of the statewide professional development registry to facilitate ways to work with early childhood leaders, private businesses and government leaders to improve the compensation, benefits and workforce conditions of early care and education practitioners.