Section 5

FFY 2022-2024

CHILD CARE AND DEVELOPMENT FUND PLAN

Office of Child Care
An Office of the Administration for Children & Families
Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
Citations within this Training

For clarity, the citations for this Preprint training are identified in the same way citations are identified in the FY 2022-2024 Preprint. Examples of the format used for these citations are included in the first column in the table below.

The authors acknowledge that when citing Legal Documents, the convention illustrated in the second column should be followed. However, to align with the FY 2022-2024 Preprint the simpler citation is being used.

<table>
<thead>
<tr>
<th>Citation format for the Preprint and Preprint Training...</th>
<th>Guidelines for Citing Legal Documents...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rule</strong> 98.45 (c)</td>
<td><strong>Rule</strong> Child Care and Development Fund, 45 C.F.R. § 98.45 (c) (2016).</td>
</tr>
</tbody>
</table>

Office of Child Care
“To assist States in improving the overall quality of child care services and programs by implementing the health, safety, licensing, training, and oversight standards established in this subchapter and in State law (including State regulations)” (98.1(a)(5))

1. **Highlights:** This section of the plan address how the Lead Agency sets standards for health and safety in all child care programs. Content includes standards and training on key topics, as well as a description of the licensing and monitoring process for child care providers. The policies and procedures for completing comprehensive background checks is also addressed.
Section 5 Key Questions

What are the key questions Lead Agencies address in Section 5?

- What are the requirements to be a licensed, regulated or registered provider in the state?
- How does the Lead Agency support the health and safety of children in licensed, regulated or registered child care and children receiving CCDF support through standards, training and monitoring?
- How does the state ensure providers who are licensed, regulated or registered under state law and providers eligible to receive CCDF meet the comprehensive background check requirements?
- What are the Lead Agency’s policies related to protecting children’s health and safety for relative providers?

1. **Highlights:** These questions highlight the themes of the questions in Section 5. Lead Agencies are asked to describe how they implement their CCDF program to focus on protecting children’s health and safety in child care. Lead Agencies can decide how to meet the program requirements outlined in Section 5. While much in this section has very specific requirements, Lead Agencies must make decisions on the breadth and depth of the implementation of those requirements.

2. **TA Emphasis:** If Lead Agencies have questions about which provisions apply to which category of providers, the Provider Translation Tool is a helpful resource.

3. **Refinements:** Questions in Section 5 have been significantly refined. The order flows in a similar way to the previous plan, in that first they are asked to describe the licensing requirements, followed by health and safety standards, training and monitoring, and finally covering background checks. But while the order is similar for the subsections, the structure of the questions has changed.
Why Are These Key Questions Important?

“All families receiving CCDF assistance, regardless of where they live, should have basic assurances about the safety and quality of services they receive.” (81 FR, p. 67446)

“Health and safety is a necessary foundation for quality child care that supports early learning and development. Research shows that licensing and regulatory requirements for child care affect the quality of care and child development.” (81 FR, p. 67444)

1. **Preamble Insight:** “The Congressional reauthorization of CCDBG made clear that the prior law was inadequate to protect the health and safety of children in care and that more needs to be done to increase the quality of CCDF-funded child care” (81 FR, p. 67438).

2. **Preamble Insight:** “The health and safety requirements provide a baseline for requirements that must be implemented by the state, but nothing precludes the Lead Agency from adding additional requirements to support higher quality/safer child care. Many states go beyond what is required, and there is wide variation regarding the amount of training in support of the health and safety requirements” (81 FR, p. 67438).
1. **Highlight:** Selected questions were reworked and organized by category of care, in order to address concerns that states may not have identified all types of providers in their responses.

2. **Refinements:** This section was significantly revised. The section on Standards and Training was reorganized to make the differentiation of standards and training more obvious. The background check section was revised to reflect that the requirements should now be implanted fully and there are no longer waivers available related to comprehensive background checks. Finally, a section was added to allow states to document the exemptions for relative providers in one subsection.
1. **Highlight**: This graphic illustrates the organization of Section 5. Subsection 5.1 addresses child care licensing requirements in the Lead Agency’s jurisdiction. Subsections 5.2 – 5.4 focuses on the health and safety requirements for CCDF providers and subsection 5.5 is focused on comprehensive background check requirements for all licensed, regulated, and registered providers and all providers serving children supported by CCDF. Each of these provisions contributes to the health and safety of children in child care settings.

Section 5.6 is represented by a another, smaller house, which has similar pillars but is focused on relative care exclusively.
1. **Highlights**: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

2. **Training Emphasis**: It could be helpful to use the Provider Translation Tool to assist Lead Agencies in aligning their provider types to the OCC categories of care.
5.1 Licensing Requirements

States and Territories must certify they have licensing requirements applicable to all child care services provided in their jurisdiction (not restricted to providers receiving CCDF funds).

Some providers may be exempt from licensing requirements; however, the state/territory must describe how these exemptions do not endanger the health, safety, or development of children.

1. **Refinement**: Questions were refined, so that responses could be provided based on category of care. This was done to address concerns that states may not have identified all categories of care in their responses in previous plans. All relative care requirements were moved to a separate section in the plan (5.6), to streamline responses.

2. **Preamble Insight**: If any types of CCDF providers are exempt from licensing requirements, the Act requires Lead Agencies to describe why such licensing exemption does not endanger the health, safety, or development of children who receive services from child care providers who are exempt from such requirements. The final rule includes a corresponding change at § 98.40(a)(2), and provides clarification that the Lead Agency’s description must include a demonstration of how these exemptions do not endanger children and that such descriptions and demonstrations must include any exemptions based on provider category, type, or setting; length of day; providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold; and any other exemption to licensing requirements. .”

3. **Training Emphasis**: The intent of the law is to make sure all CCDF providers have
minimum health and safety requirements not just licensed, regulated or registered providers

4. **Connections**: Exemptions for relative providers will be addressed in question 5.6.1.
5.1.1 Licensing requirements for child care services provided within the state/territory

1. **Highlight:** Each state/territory (*does not have to be the Lead Agency who licenses*) must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (*not restricted to providers receiving CCDF funds*) and provide a detailed description of these requirements and **how the requirements are effectively enforced** (658E(c)(2)(F)) (emphasis added).

2. **Training Emphasis:** Recognize states may not license, but register or regulate in-home care (*care in the child’s own home*). Note in “c” it states, “if applicable”. If this is the case, Lead Agencies should describe their applicable state and local regulatory requirements for in-home care. (98.40)

3. **Preamble Insight:** “Ties between the CCDF Lead Agency and the licensing agency can help to ensure that families are notified when providers are seriously out of compliance with health and safety requirements, and that placement of children and payment of CCDF funds do not continue where children’s health and safety may be at-risk.” (81 FR p. 67483)
**Examples of categories of licensing requirements:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application Process for Child Care Facilities</td>
<td>Food preparation and service</td>
</tr>
<tr>
<td>Behavior and guidance</td>
<td>Guidelines for Ratio and group size</td>
</tr>
<tr>
<td>Requirements for indoor and outdoor environments</td>
<td>Requirements to protect children’s safety</td>
</tr>
<tr>
<td>Requirements to protect children’s health</td>
<td>Requirements for supervision of children</td>
</tr>
<tr>
<td>Personnel training – initial and ongoing training requirements</td>
<td>Transportation requirements</td>
</tr>
</tbody>
</table>

("Office of Child Care"

1. **Discussion question:** In “b” “Describe the licensing requirements” is a very broad question. What type of information and how much detail do you provide in responding to this question?” Lead Agencies are not expected to explain in detail what is contained in their licensing regulations, but instead to provide an overview of the general areas covered. Identified above are some of the common categories of child care licensing requirements. Which of these categories are included in your state or territory’s licensing requirements? Are there other categories that you include? Do the categories vary by the OCC categories of care?
5.1.2 Licensing Exemptions

“…this requirement does not compel the Lead Agency to offer exemptions from licensing requirements to providers. Rather, it requires that, if the Lead Agency chooses to do so, it must provide a rationale for that decision.”
(81 FR p. 67484)

1. **Highlight:** “If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements.” Reference- (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)

2. **Connection:** Exemptions for relative providers will be addressed in question 5.6.1.
Standards, Training and Monitoring in Subsections 5.2 – 5.4

**Standards:** Establishes the basic health and safety practices child care programs are expected to meet (or implement).

**Training:** Teaches and trains child care providers/staff on how to implement practices to meet the standards (expectations).

**Monitoring:** Ensures providers have completed the required training and are compliant with implementation of the standards.

This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

1. **Highlight:**
   A basic way to think of standards, training and monitoring - standards tell programs what they have to do (sets expectations), training teaches providers how to meet the standard (expectations), and monitoring (inspections) is someone looking to see if programs/providers are doing what is expected/required of them.

2. **Training Emphasis:** It is possible Lead Agencies may ask if a training requirement can meet the standard. OCC’s response is - how do you know what to train on/teach, if you don't have a standard?
Standards are the expectations that have been established for every child care program to meet and implement. States and territories must establish health and safety standards for all required CCDF programs (child care centers, family child care homes, in-home child care) serving children receiving CCDF. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are only caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

Training should teach providers how to implement those standards and Lead Agencies must have preservice and/or orientation as well as ongoing training requirements for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)).

Monitoring: The Lead Agency must have a way to monitor to ensure programs are following the standards and training requirements. State and Territory policy should be reviewed to make sure the standards are enforceable or defines under what authority they are enforceable. The Lead Agency must certify that the identified health and safety standards are in effect and enforced through monitoring (via inspections).

1. Training Emphasis: In the drafting of the FY 2019-2021 Preprint responses there was confusion related to what was a standard and what was a training requirement. Questions have been refined and organized in this subsection to clarify this distinction.
### Example of Standards, Training and Monitoring for Prevention of SIDS and Safe Sleep Practices

**Standards:** All staff, parents/guardians, volunteers and others who care for infants in the child care setting should follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP), including safe sleeping environments, practices to reduce the risk of sudden infant death syndrome, and age appropriate rest schedules.

**Training:** All staff, volunteers, substitutes and others who care for infants in a child care setting must annually attend a state approved training in the Prevention of Sudden Infant Death Syndrome and safe sleep practices for all children.

**Monitoring:** Documentation of successful completion of training is on file and staff have received and reviewed the written policy on safe sleep practices. During a monitoring visit, there is visual evidence of a safe sleep environment one that includes a safety approved crib or mat for older children, a firm mattress, firmly fitted sheets, and the infant placed on their back at all times, in comfortable, safe garments. If toddlers are sleeping in cribs there is nothing in the crib that toddlers can use to climb out.

1. **Training Emphasis:** In the drafting of the FY 2019-2021 Preprint responses there was confusion related to what was a standard and what was a training requirement. Questions have been refined and organized in this subsection to clarify this distinction.
“Ratio and group size standards are necessary to ensure that the environment is conducive to safety and learning... A low child-staff ratio allows for stronger relationships between a child and their caregiver, which is a key component of quality child care. Studies of high-quality early childhood programs found that group size and ratios mattered to the safety and the quality of children’s experiences, as well as to children’s health.” (81 FR, p. 67486)

1. **Refinements**: This subsection is similar to the subsection 5.2 in the FY 2019-2021 Plan. Instead of just one question addressing the definition of age groups, ratios and group size and teacher qualifications, for each age group, in three categories of care, there are now three separate questions;
   - 5.2.1 addresses definitions of age groups,
   - 5.2.2 addresses group size and ratios and
   - 5.2.3 addresses teacher qualifications.

   There are no new questions but instead the questions have been reorganized.
5.2.1 Describe how the state/territory defines the following age classifications

Examples:
- Infant
  - 6 weeks to 24 months
  - 0 to 18 months
- Toddler
  - 18 – 36 months
  - 2- and 3-year-olds
- Preschool
  - 2 to 5 years, not in full day Kindergarten
  - 2 to 4 years old
- School Age
  - 5 and above
  - 4 and up, enrolled in public school program

1. Highlights: In 5.2.1 Lead Agencies are asked to provide a definition for “Infant”, “Toddler”, “Preschool”, and “School Age”,

2. Connection: How do the age definitions provided here in Section 5 align with the age definitions used in establishing payment rates? Ratios and group sizes are key factors in the cost of care.
5.2.2 Ratio and Group Size in Licensed Programs

<table>
<thead>
<tr>
<th>i.</th>
<th>Infant</th>
<th>Mixed Age Groups</th>
<th>Mixed Age Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii.</td>
<td>Toddler</td>
<td>Infant (if applicable)</td>
<td>Infant (if applicable)</td>
</tr>
<tr>
<td>iii.</td>
<td>Preschool</td>
<td>Toddler (if applicable)</td>
<td>Toddler (if applicable)</td>
</tr>
<tr>
<td>iv.</td>
<td>School Age</td>
<td>Preschool (if applicable)</td>
<td>Preschool (if applicable)</td>
</tr>
<tr>
<td>v.</td>
<td>Mixed Age Groups</td>
<td>School Age (if applicable)</td>
<td>School Age (if applicable)</td>
</tr>
<tr>
<td>vi.</td>
<td>Responses different for exempt care?</td>
<td>Responses different for exempt care?</td>
<td>Responses different for exempt care?</td>
</tr>
</tbody>
</table>

1. Refinement: Here Lead Agencies respond to the questions about ratio and group size for each of the age groups defined in 5.2.1. The questions have been refined to more closely align to common practices. For example, most family child care homes operate with mainly mixed age groups. It makes sense to define this first and then Lead Agencies could answer the other questions about specific age groups, if it is applicable.

2. Preamble Insight: “While we are not establishing a Federal requirement for group size and child staff ratios, there are resources that Lead Agencies can use when developing their standards...As stated earlier, these represent baseline recommendations and Lead Agencies should not feel limited by them. ACF also encourages Lead Agencies to consider the group size and child-staff ratios outlined in Caring for Our Children: National Health and Safety Performance Standards and the Head Start and Early Head Start standards for child-staff ratios, especially in light of partnerships between Head Start and child care. Another resource for determining appropriate child-staff ratios and group sizes is NFPA 101: Life Safety Code from The National Fire Protection Association (NFPA), which recommends that small family child care homes with one caregiver serve no more than two children incapable of self-preservation. For large family child care homes, the NFPA
recommends that no more than three children younger than 2 years of age be cared for where two caregivers are caring for up to 12 children.” (81 FR p. 67487)

3. Discussion Question: Has COVID changed your policies regarding ratios or group size? How have you handled these changes and do you have plans to make additional changes to your policies?
1. Refinement: The questions about staff qualification have been refined to more closely align to common practices. For instance, in Family Child Care Homes and In-home care it is not likely there will be a separate program director.
<table>
<thead>
<tr>
<th>5.3.1 Prevention and control of infectious diseases</th>
<th>5.3.2 Prevention of sudden infant death syndrome and use of safe sleeping practices</th>
<th>5.3.3 Administration of medication, consistent with standards for parental consent</th>
<th>5.3.4 Prevention of and response to emergencies due to food and allergic reactions</th>
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<tbody>
<tr>
<td>5.3.5 Building and physical premises safety</td>
<td>5.3.6 Prevention of shaken baby syndrome and abusive head trauma</td>
<td>5.3.7 Emergency preparedness and response planning</td>
<td>5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants</td>
</tr>
<tr>
<td>5.3.9 Appropriate precautions in transporting children</td>
<td>5.3.10 Pediatric First aid and Pediatric cardiopulmonary resuscitation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **Preamble Insight**: “The Act requires Lead Agencies to establish standards and training in 10 topic areas related to health and safety that are fundamental for any child care setting” (81 FR, p. 67439).

2. **Preamble Insight**: “Children in CCDF-funded child care will now be cared for by caregivers who have had basic training in health and safety practices and child development” (81 FR, p. 67444).

3. **Preamble Insight**: “In order for the health and safety requirements to be implemented, and because these are areas that the Lead Agency will monitor, this final rule requires that the pre-service or orientation training include the ten basic health and safety topics identified in the Act, as well as recognizing and reporting child abuse and neglect (in order to comply with child abuse reporting requirements) and training in child development for eligible children from birth to 13 years of age” (81 FR, p. 67441)

**iscussion Question**: Has COVID changed your requirements, policies and practices for standards and training? How have you handled this? Do you have plans to make additional changes to your policies?
5.3.1 - 5.3.11

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics

a. Standards

In this section of the plan, Lead Agencies are asked to respond to questions related to the required health and safety topics.

i. Describe the standard

ii. Describe variations in standard by category of care, licensing status and ages of children.

iii. Certify that standard is in effect and enforced by monitoring. Provide citation

1. Highlights: There may be variations in the standards based on category of care, licensing status, or ages of children served. For example, school Age only programs would not need to follow standards for SIDs but may require safe sleep practices, if they require napping for kindergarten age children.

2. Training Emphasis:
   • Citations should be provided for both license and license-exempt programs if governed by different rules/regulations. Citations may be checked during the monitoring process.
   • Some health and safety topics may be addressed in more than one of the Lead Agency’s health and safety standards. All applicable standards should be cited.
5.3.1 - 5.3.12

b. Training

In this section of the plan, Lead Agencies are asked to respond to questions related to the training on the twelve required topics.

1. Statute Clarification: Training on these topics must be included as either pre-service and/or orientation. 658E(c)(2)(I)(i)(XI). The plan shall include a description of the minimum health and safety training to be completed pre-service or during an orientation period. In addition to ongoing training, appropriate to the provider setting involved that addresses each of the requirements relating to matters described in subclauses (I) through (X). Training can be preservice (prior to employment) and/or during an orientation period - and can be a mix of each at the beginning. Training also must have an ongoing component and it is flexible how often each is required on an ongoing basis and must be linked to the PD framework.

2. Preamble Insight: “We agree that training should also be
meaningful for the setting in which the care is provided, and have added language to the final rule at § 98.44(b)(1) and § 98.44(b)(2) that training and professional development should be appropriate to the setting and age of children served, recognizing that family child care providers may benefit from training and professional development that reflects a different type of care than center-based programs, such as mixed age grouping and health and safety in a home environment” (81 FR, p. 67508).

3. Training Reminders:
   i. Citations must indicate under what authority the standard is enforceable.
   ii. Variations in training may be based on category of care, licensing status, or age of children served.
   iii. The intent of the provision for ongoing training is that providers must be made aware of any updates, if standards or best practices change. For example, new information about safe sleep practices might be released by AAP, or there might be a change to the types of cribs allowed in child care programs.
5.3.11: Reporting Child Abuse and Neglect and 5.3.12 Child Development

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Topic</th>
<th>Standard</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5.3.1</td>
<td>Prevention and control of infectious diseases</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>2</td>
<td>5.3.2</td>
<td>Prevention of sudden infant death syndrome and use of safe sleep practices</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3</td>
<td>5.3.3</td>
<td>Administration of Medication</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4</td>
<td>5.3.4</td>
<td>Prevention and response to emergencies due to food and allergic reactions</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>5</td>
<td>5.3.5</td>
<td>Building and physical premises safety</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6</td>
<td>5.3.6</td>
<td>Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>7</td>
<td>5.3.7</td>
<td>Emergency preparedness and response planning</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>8</td>
<td>5.3.8</td>
<td>Handling and storage of hazardous materials and biocontaminants</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>9</td>
<td>5.3.9</td>
<td>Precautions in transporting children</td>
<td>x</td>
<td>x</td>
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<tr>
<td>10</td>
<td>5.3.10</td>
<td>Pediatric First Aid and Pediatric CPR</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>11</td>
<td>5.3.11</td>
<td>Recognition and reporting of child abuse and neglect.</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>12</td>
<td>5.3.12</td>
<td>Child Development</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

1. **Preamble Insight:** “Knowledge of child development is important to understanding and implementing safety and health practices and conditions” (81 FR, p. 67563).

2. **Preamble Insight:** “In order for the health and safety requirements to be implemented, and because these are areas that the Lead Agency will monitor, this final rule requires that the pre-service or orientation training include the ten basic health and safety topics identified in the Act, as well as recognizing and reporting child abuse and neglect (in order to comply with child abuse reporting requirements) and training in child development for eligible children from birth to 13 years of age” (81 FR, p. 67441).

3. **Training Emphasis:** This table identifies all twelve topics addressed in section 5.3. There are 11 health and safety standards, which includes the 10 listed in 98.41 (a)(1) and the requirement related to recognition and reporting of child abuse and neglect (98.41 (e)). There are 12 training topics because child development is added as a training topic to the 11 health and safety standards listed above.
   - Question 5.3.11 addresses reporting child abuse and neglect. This question was included in the FY 2019-2021 State Plan, as question 5.2.2 a) 11, to address the standard and 5.2.3 e) 11, to address the training. CCDBG Law
(658E(c)(2)(L) ) requires that caregivers, teachers, and directors of child care providers within the State comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

• Question 5.3.12 addresses child development. There is not a standard required for child development. Responses related to the training on child development may include a description of more domains than those listed in the question. However, the training must include cognitive, social, emotional, physical development and approaches to learning. Lead Agencies should include in their response the domains covered in training.

• States should be sure that their provider standards for prevention of, and response to, emergencies due to food and allergic reactions addresses both the provider’s prevention of those emergencies and the provider’s responses to them.

• 5.3.8: Standards for the appropriate disposal of bio contaminants (defined in the Preamble as including “blood, bodily fluids, and excretions that may spread infectious disease”) must address disposal of contaminated items associated with bio contaminants (e.g., disposal of blood or soiled diapers).

• 5.3.10: Standards for, and requirements for provider training on, pediatric first aid and CPR should ensure that the standards/trainings for both first aid and CPR, at a minimum, include the pediatric age group (“pediatric” training is considered age-appropriate for children up to age 13.
### 5.3.11-5.3.12 Additional Information

**5.3.11 Child Abuse & Neglect**
- Must certify that child care providers comply with the child abuse reporting requirements of the Child Abuse Prevention and Treatment Act (658E(c)(2)(L))

**5.3.12 Child Development**
- Requirement is for training. Standard is optional.
- Describes training addressing child development principles, including cognitive, social, emotional, physical development and approaches to learning. (98.44(b)(1)(iii))

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1. **Refinements:**
   - 5.3.11- this is not a new requirement, rather a reflection that this was not specifically mentioned in the previous plan.

   Reference: 658E(c)(2)(L) Compliance with Child Abuse Reporting Requirements.—The plan shall include a certification that child care providers within the State will comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

2. **Training Emphasis**
   - 5.3.12 This is an area of flexibility. Lead Agencies should be able to talk about domains, should include the ones listed
• 5.3.13- Highlights that child development does not require a standard but does require training
## 5.3.13 Annual Training Requirements

Lead Agencies must report the number of hours of ongoing training required annually, for eligible CCDF providers by category of care, including licensed and license-exempt programs.

<table>
<thead>
<tr>
<th>Child Care Center</th>
<th>Family Child Care Home</th>
<th>In Home Care</th>
</tr>
</thead>
</table>

1. **Refinement**: This question regarding the total number of required hours of ongoing training was not asked directly during the last plan cycle. This question is required by statute. The requirement is referenced at 658E(c)(2)(G)(iii).—The plan shall include the number of hours of training required for eligible providers and caregivers to engage in annually, as determined by the State.

   - **Licensed child care centers**:
   - **License-exempt child care centers**:
   - **Licensed family child care homes**:
   - **License-exempt family child care homes**:
   - **Regulated or registered In-home child care**:
   - **Non-regulated or registered in-home child care**: 
### 5.3.14: Does the Lead Agency require providers to comply with the following optional standards.

<table>
<thead>
<tr>
<th>Optional Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a.</strong> Nutrition</td>
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<tr>
<td><strong>b.</strong> Access to physical activity</td>
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<tr>
<td><strong>c.</strong> Caring for children with special needs</td>
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<tr>
<td><strong>d.</strong> Any other areas necessary to promote child development or to protect children’s health and safety</td>
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“While these topics are optional in this final rule, we strongly encourage Lead Agencies to include them in basic health and safety requirements. Educating caregivers on appropriate nutrition, including age-appropriate feeding, and physical activity for young children is essential to prevent long-term negative health implications and assist children in reaching developmental milestones.”

(81 FR, p. 67484)

### 1. Preamble Insight:

“This final rule also adds ‘‘caring for children with special needs’’ as an optional topic on this list” (81 FR, p. 67484).
“In this final rule, we also clarify that, in addition to having these requirements [Health and Safety] in effect, they must be implemented and enforced, and that these requirements are subject to monitoring pursuant to § 98.42. This is intended to help ensure that requirements are put into practice and that providers are held accountable for meeting them.”

(81 FR, p. 67485)

1. **Preamble Insight:** In the Preamble, maintaining a record of substantiated parental complaints is identified as a strategy for protecting the health and safety of children in child care. (81 FR., p. 67439).

2. **Discussion Question:** Has COVID changed your policies regarding monitoring? Are there any implications for this work moving forward?
5.4.1 Enforcement of licensing and health and safety requirements

| a. Describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards. (described in Section 5.3) |
| b. Describe the procedures to ensure that CCDF providers comply with required Health and Safety Training. (described in Section 5.3) |
| c. Describe the procedures to ensure that CCDF providers comply with all other applicable State and local health, safety, and fire standards. |

1. Refinements: This question was refined to ensure that Lead Agencies can respond to how they ensure the required Health and Safety Standards and Training are monitored. Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance.
5.4.2 Inspections for licensed CCDF providers

For licensed CCDF providers, there must be both:
- “no fewer” than one pre-licensure inspection
- “no fewer” than one annual unannounced visit.

1. **Highlight:**
   - *As part of its monitoring and enforcement requirements,* Lead agencies must require licensing inspectors to perform inspections—with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards—of each child care provider and facility in the state/territory.
   - Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards—health, safety, and fire—at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)).

2. **Preamble Insight:** “This final rule interprets the prelicensure inspection requirement as an indication that an on-site inspection is necessary for licensed child care providers prior to providing CCDF funded child care” (81 FR, p. 67488).

3. **Training Emphasis**- Citations should point as closely as possible to the requirement in the documentation.
5.4.3 Inspections for license-exempt center based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards.

1. **Highlights:** The plan shall include a certification that require licensing inspectors (or qualified inspectors designated by the lead agency) of child care providers and facilities to perform an annual inspection of each license-exempt provider in the State receiving funds under this subchapter (unless the provider is an eligible child care provider as described in section 658P(6)(B)) for compliance with health, safety, and fire standards, at a time to be determined by the State.

2. **Refinements:** Inspections for relative providers will be addressed in question 5.6.4

3. **Preamble Insight:** “The annual inspection of license-exempt providers who receive CCDF for compliance with health, safety, and fire standards is required by the Act. In cases where there is a conflict with State statute, the State will need to take legislative action in order to comply” (81 FR, p 67489).
### 5.4.4 Inspections for license-exempt in home care (care in the child’s own home)

Lead Agencies are asked to describe the policies and practices for the annual monitoring of license exempt in home care (care in the child’s own home). Lead Agencies may choose to implement alternate monitoring requirements appropriate to the setting.

1. **Preamble Insight:** “A child’s home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection” (81 FR p. 67491).

2. **Preamble Insight:** “…we do not have the statutory authority to exempt in-home providers from monitoring requirements. However, by allowing Lead Agencies to develop alternative methodologies for meeting this requirement, this final rule grants significant flexibility
to States in how they choose to fulfill this requirement. We encourage Lead Agencies to use an approach that emphasizes training and technical assistance that focuses on assisting families in making their homes safe for their children. For example, some Lead Agencies provide parents with health and safety checklists that allow them to assess critical elements of their home environment. Additionally, instead of inspectors who monitor for compliance with licensing requirements, Lead Agencies should consider whether other entities, such as resource and referral agencies or other community organizations, are better positioned to monitor and provide supports for care provided in an in-home setting. (81 FR, p. 67491).
5.4 Licensing Inspectors (Monitor Qualifications and Training)

5.4.5 Licensing inspector qualifications
Must describe:
• How inspectors are qualified to inspect child care facilities
• Verify they have received training on health and safety topics appropriate to the age of children and type of provider
• Citation

5.4.6 Ratio of licensing inspectors
Must describe:
• Policies and practices regarding ratio of inspectors per number of child care providers
• How the ratio is sufficient to conduct effective, timely inspections
• Citation

1. Highlight: States should be reminded to express their ratio(s) of licensing inspectors to child care providers and facilities in numerical terms and to be sure that all CCDF-eligible provider types are included in the numbers. The State may have different ratios for different geographic areas and/or different provider types.

2. Preamble Insight: “Section 658E(c)(2)(K)(i)(I) of the Act requires Lead Agencies to ensure that individuals who are hired as licensing inspectors in the State are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State’s licensure requirements. This final rule re-states this statutory requirement at § 98.42(b)(1) and clarifies that such training should include, at a
minimum, the areas listed in § 98.41 as well as all aspects of State, Territory, or Tribal licensure requirements. As inspectors must monitor the health and safety requirements in § 98.41, it follows that the training of inspectors should include these standards. The final rule also clarifies that inspectors be trained in health and safety requirements appropriate to provider setting and age of children served. Inspecting care for children of different ages, and in different settings, may require specialized training in order to understand differences in care. We encourage Lead Agencies to consider the cultural and linguistic diversity of caregivers when addressing inspector competencies and training.” (81 FR, p. 67491).

3. Preamble Insight: “Caring for Our Children: National Health and Safety Performance Standards recommends that licensing inspectors have “pre-qualified” education and experience about the types of child care they will be assigned to inspect and in the concepts and principles of licensing and inspections. When hired, the standards recommend at least 50 clock hours of competency-based orientation training and 24 annual clock hours of competency-based continuing education. There was significant support for specialized training of licensing inspectors in health and safety in early care and education settings, as well as the consideration of cultural and linguistic diversity of caregivers when
addressing competencies and trainings, which we have retained in this final rule” (81 FR, p. 67491).

4. **Preamble Insight:** “Large caseloads make it difficult for inspectors to conduct valid and reliable inspections. While the Act does not require a specific ratio, Lead Agencies can refer to the National Association of Regulatory Agencies (NARA) recommendation of a maximum workload for inspectors of 50–60 facilities” (81 FR p. 67491-2).
5.5 Comprehensive Background Checks

| Please refer to the Comprehensive Background Checks Slide Deck for Subsection 5.5 | Office of Child Care | 33 |
5.6 Exemptions for Relative Providers

Federal law limits who may be considered as a relative provider.

“Relative Provider”

98.2 Definition of Eligible Child Care Provider

(1) A center-based child care provider, a family child care provider, an in-home child care provider, or other provider of child care services for compensation that—

   (i) Is licensed, regulated, or registered under applicable State or local law as described in § 98.40; and

   (ii) Satisfies State and local requirements, including those referred to in § 98.41 applicable to the child care services it provides; or

(2) A child care provider who is 18 years of age or older who provides child care services only to eligible children who are, by marriage, blood relationship, or court decree, the grandchild, great grandchild, siblings (if such provider lives in separate residence), niece, or nephew of such provider, and complies with any applicable requirements that govern child care provided by the relative involved.

1. Training Emphasis: The language under 98.2 defines who is an eligible child care provider; the parameters for the definition of relative provider is available within the context of the eligible child care provider definition. Within that definition in 98.2 (2) it states “A child care provider who is 18 years of age or older who provides child care services only to eligible children who are, by marriage, blood relationship, or court decree, the grandchild, great grandchild, siblings (if such provider lives in separate residence) niece, or nephew of such provider, and complies with any applicable
requirements that govern child care provided by the relative involved.” However the CCDF definition never officially uses the term "relative" provider. In other words, an allowable relative provider is anyone who falls under the language in 98.2. Anyone outside of this definition is not an allowable relative provider.

1. **Preamble Insight:** “Previous regulations at § 98.41(e) allowed Lead Agencies to exempt relative caregivers, including grandparents, great-grandparents, siblings (if such providers live in a separate residence), and aunts or uncles from health and safety and monitoring requirements described in this section. In the final rule, this relative exemption remains at § 98.42(c), which includes language that requires Lead Agencies, if they choose to exclude such providers from any of these requirements, to provide a description and justification in the CCDF Plan, pursuant to § 98.16(1), of requirements, if any, that apply to these providers. Asking Lead Agencies to describe and justify relative exemptions from health and safety requirements and monitoring provides accountability that any exemptions are issued in a thoughtful manner that does not endanger children” (81 FR, p. 67492).
5.6 Exemptions for Relative Providers

Lead Agencies are not required to offer exemptions to all federally defined relative providers.

If the Lead Agency more narrowly defines relative providers, the response must include these details.

These exemptions apply only if the relative provider cares for related children and if there are no other unrelated children cared for in the same setting.

1. **Highlights:** Lead Agencies have three choices when explaining any exemptions for relatives in the five key areas of health and safety.
   a. Relative providers are exempt from the health and safety requirements
   b. Relative providers are exempt from a portion of the health and safety requirements
   c. Relative providers must fully comply with the health and safety requirement.
   d. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

2. **Preamble Insight:** “A Lead Agency may choose to exclude relative providers from any health and safety and monitoring requirements if a description and justification is provided in the CCDF Plan. This may include requirements for ratios, group size, and caregiver qualifications. We should clarify that while the federal statute gave the option to exempt relatives from health and safety requirements, it is not required. Also, Lead Agencies have the option to exempt relatives from certain, but not all health and safety requirements. They have the ability to determine the scope of an exemption and if there are certain health and safety requirements that the Lead Agency believes are important to apply to a relative provider, they have the...
ability to do so” (81 FR p. 67492).
5 Resources

- Program Instructions and Information Memorandums
- CCDF Data
- Key Resources
- Presentation Materials
1. Highlights: This is a recently released IM that contains information in response to COVID. There is also a PIQ related to background checks and the health and safety requirements..
### CCDF Data that May Inform Section 5 Responses

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Report</th>
<th>Elements</th>
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<tr>
<td>5.3.1</td>
<td>Provide the number of hours of ongoing training required annually, for eligible CCDF providers in the following settings:</td>
<td>QPR</td>
<td>7.2 Check if pre-service/ongoing (or both) training is provided to child care staff on licensing standards, ongoing health and safety training or education or monitoring protocols.</td>
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### Key Resources that May Inform Section 5 Responses

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<tr>
<td>5.1</td>
<td>Licensing Requirements</td>
<td>Database: National Database of Child Care Licensing Regulations</td>
<td><a href="https://childcareta.acf.hhs.gov/licensing">https://childcareta.acf.hhs.gov/licensing</a></td>
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1. This slide does not include information related to background checks.
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