

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

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## 1 Define CCDF Leadership and Coordination with Relevant Systems

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

### 1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Department of Children, Youth, and Families

Street Address: 1110 Jefferson St SE

City: Olympia

State: WA

ZIP Code: 98501

Web Address for Lead Agency: [www.dcyf.wa.gov](http://www.dcyf.wa.gov)

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Ross

Lead Agency Official Last Name: Hunter

Title: Secretary

Phone Number: 360-407-7909

Email Address: [ross.hunter@dcyf.wa.gov](mailto:ross.hunter@dcyf.wa.gov)

### 1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Matt

CCDF Administrator Last Name: Judge

Title of the CCDF Administrator: Child Care Administrator

Phone Number: 360-522-3241

Email Address: matt.judge@dcyf.wa.gov

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

CCDF Co-Administrator First Name: NA

CCDF Co-Administrator Last Name: NA

Title of the CCDF Co-Administrator: NA

Description of the Role of the Co-Administrator: NA

Phone Number: NA

Email Address: NA

## 1.2 CCDF Policy Decision Authority

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

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

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

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

ii. Sliding-fee scale is set by the:

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

iv. Licensing standards and processes are set by the:

- A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

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

- A. State or territory

Identify the entity:

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

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

- C. Other.

Describe:

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

A. State or territory

Identify the entity:

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

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

C. Other.

Describe:

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

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

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

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

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

- CCDF Lead Agency
- TANF agency
- Local government agencies

- CCR&R
- Community-based organizations

Who issues payments?

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

Who monitors licensed providers?

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

Who monitors license-exempt providers?

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

Who operates the quality improvement activities?

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

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

NA

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

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

--Tasks to be performed

--Schedule for completing tasks

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

--Monitoring and auditing procedures

--Indicators or measures to assess performance of those agencies

Any other processes to oversee and monitor other agencies.

DCYF uses the Contracts and Procurement System (CAPS) to track all contracts paid for with CCDF funds. All contracts that contain federal funds have Federal Certifications and Assurance attached to the contract that contain grant requirements in accordance with the Code of Federal Regulations and the grant application. DCYF further monitors Child Care Aware's (CCA's) contracted work through monthly activity reports, yearly site compliance monitoring using onsite program and fiscal review for each subcontracted region, monthly leadership meetings and implementation work group meetings, quarterly scholarship advisory meetings, budget to actuals meetings, and an annual independent audit. Performance metrics are aligned with Early Start Act milestone requirements. DCYF also reviews an annual Resource and Referral Trend Report showing supply and referral demand data, analytical reports, and tables.

**Child Care Aware of Washington**

CCDF-funded elements:

- Conduct community outreach

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

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

DCYF makes child care information systems available to, and reusable by, public agencies in other states by:

- Adhering to industry standards and best practices with regard to the development frameworks and platforms (e.g. supported version(s) of Microsoft .NET, SQL, etc.) it uses;
- Developing and maintaining technical documentation related to all application development;
- Following Agile methodology (e.g. sprint-based releases) as the foundation of the agency's Software Development Life Cycle (SDLC);
- Complying with all State (e.g. OCIO 141.10) and Federal (e.g. FERPA, NIST 800-53) information security requirements;
- Applying DevOps principles; and
- Maintaining source and configuration control using Microsoft Team Foundation Server (TFS).

Agencies in other states seeking to acquire a copy of code or compiled software developed by DCYF submit a written request to the DCYF IT division via the DCYF Service Desk. The request is evaluated for approval by the DCYF Deputy Secretary of Infrastructure and Operations, CIO, and CISO before any code or compiled software is provided.

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

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

DCYF's Policy and Procedure 1.02 governs public records requests in accordance with Washington's Public Records Act, including possible disclosure of confidential and/or personally-identifiable information about children and families receiving CCDF assistance. It requires the DCYF public disclosure unit to review, redact, and disclose records that may contain confidential and/or personally-identifiable information. Further, the Public Records Act contains a list of information that is exempt from public disclosure, e.g., attorney-client privileged information, information obtained as a result of background checks of providers, information of child sexual assault victims and crime victims/witnesses, and certain other private information. Finally, under the Collective Bargaining Agreement (CBA) between Washington and Service Employees International Union (SEIU) 925, DCYF is required to redact personal information of family child care subsidy providers, such as Social Security and Provider numbers, on any document subject to public records request, and provide notice to SEIU of any public records request for identifying information of these providers.

### **1.3 Consultation in the Development of the CCDF Plan**

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

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S.

Census at

[https://www.census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf).

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

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

### Consultation

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

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

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

The membership of Washington's 10 Early Learning Regional Coalitions includes representatives from Pierce and King County, and City of Seattle, along with county health departments and Educational Service Districts around the state. DCYF provided these Regional Coalitions the same CCDF review materials as the Early Learning Advisory Council and gave them specific timeframes to review the draft Plan in May, 2021. Further, Washington State has a network of nine Educational Services Districts that DCYF provided the same opportunity in developing the plan.

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

The State Advisory Council on Early Childhood Education and Care, referred to as the Early Learning Advisory Council (ELAC), provided input into the plan development during

the months February through June 2021, particularly at two of its meetings. It also provided review of a draft in April, 2021. ELAC membership includes representatives from the Office of Superintendent of Public Instruction, Washington Library Association, Developmental Disabilities Community, School Superintendent, staff to the Washington State Board of Community and Technical Colleges, Washington Federation of Independent Schools, Children's Alliance, the Head Start State Collaboration Director, Tribal representation, a center child care provider, the Washington Student Achievement Council, a licensed family home provider, the Department of Health, Thrive Washington, and the Early Support for Infants and Toddlers (ESIT) program.

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

DCYF convenes an Indian Policy Early Learning (IPEL) committee which includes delegates from Port Gamble S'Klallam Tribe, Tulalip Tribes, Jamestown S'Klallam Tribe, Chehalis Confederated Tribes, Suquamish Tribe, Squaxin Island Tribe, Samish Indian Nation, Cowlitz Indian Tribe, and Nisqually Tribe. Further, since 2016, 24 of Washington's 29 recognized tribes, and a Washington Recognized American Indian Organization (RAIO), have attended IPEL, and all 29 tribes and all RAIOS receive IPEL meeting minutes and invitations. In February, 2021, DCYF provided IPEL an initial plan draft for review at its quarterly meeting. Washington State's 29 federal recognized tribes include the following: Chehalis Confederated Tribes; Lower Elwha Klallam Tribe; Colville Confederated Tribes; Lummi Nation; Cowlitz Indian Tribe; Makah Tribe; Hoh Tribe; Muckleshoot Tribe; Jamestown S'Klallam Tribe; Nisqually Tribe; Kalispel Tribe; Nooksack Tribe; Port Gamble S'Klallam Tribe; Sauk-Suiattle Tribe; Puyallup Tribe; Shoalwater Bay Tribe; Quileute Tribe; Skokomish Tribe; Quinault Indian Nation; Snoqualmie Tribe; Samish Indian Nation; Spokane Tribe; Squaxin Island Tribe; Tulalip Tribes; Stillaguamish Tribe; Upper Skagit Tribe; Suquamish Tribe; Yakama Nation and Swinomish Tribe. The Tribal leaders from all 29 tribes are part of the DCYF listserv and received the draft CCDF plan in December 2020. In February DCYF's CCDF Administrator attended an IPEL meeting and explained the CCDF plan and how members could participate. Tribes were encouraged to participate in development of the plan and provide feedback. The tribes also received notification about when and where to attend the public hearing for CCDF input along with a website to submit input.

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

DCYF convened an executive steering committee (ESC) to advise DCYF on adoption of Plan language based on initial internal DCYF Plan drafts, and later, based on feedback from ELAC, IPEL, Regional Coalitions, the formal public hearing, and other sources. ESC members reviewed draft Plan language and recommended changes in their areas of expertise, and advised DCYF on the process for gathering public feedback. The ESC membership included the following:

- Director of Advocacy, Training, & Development, Voices of Tomorrow
- President, Washington Childcare Center Association
- DCYF Director, Eligibility and Provider Supports
- Assistant Secretary, Department of Health
- Assistant Secretary, DSHS/Economic Services Administration
- CEO of Child Care Aware of Washington
- Executive Director, Washington State Association of Head Start and ECEAP
- President, SEIU 925
- CEO, Schools Out Washington
- Senior Policy Advisor, Office of the Governor
- Research Director, Washington Workforce Training & Education Coordinating Board
- ELAC Board Chair
- Director of Early Learning and Teaching, Office of Superintendent of Public Instruction
- CCDF & TANF Manager, Nooksack Indian Tribe
- Early Learning Policy, Advocacy and Governmental Affairs Advisor, Puget Sound Educational Service District
- Director of Education and Development, Confederated Tribes of the Chehalis Reservation

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

Reminder:

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

a) Date of the public hearing. 06/03/2021

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

b) Date of notice of public hearing (date for the notice of public hearing identified in a. 05/11/2021

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

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

DCYF notified the public via listserv message, partner email and text message, postings to social media, and postings to its [CCDF webpage](#) on the DCYF website.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. DCYF conducted two public hearings on June 2 and June 3 by zoom webinar rather than in-person regionally due to social distancing requirements due to the COVID-19 pandemic.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) The content of the draft Plan was made available on DCYF's CCDF webpage as a PDF.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? DCYF informed the public that the informal public meetings and formal hearing were opportunities to comment on both policy and procedure in DCYF programs and initiatives funded by, or relevant to, the CCDF grant. DCYF provided the public a concise explanatory document quoting feedback received, DCYF action planned in response, and the timeline for action.

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

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

<https://www.dcyf.wa.gov/about/government-community/legislative-federal-relations/ccdf>

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

Working with advisory committees.

Describe:

Working with child care resource and referral agencies.

Describe:

Providing translation in other languages.

Describe:

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

Describe:

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

Describe:

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

Other.

Describe:

## 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

### 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

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

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

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

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

The membership of Washington's 10 Early Learning Regional Coalitions (ELRCs) includes representatives from Pierce and King Counties and the Cities of Seattle and Tacoma, along with county health departments, Educational Service Districts, and community partners around the state. The goal of DCYF's coordination with the ELRCs is to support a regional structure for the implementation of the Early Learning Plan (ELP).

See

<https://www.k12.wa.us/sites/default/files/public/earlylearning/pubdocs/washingtonearlylearningplan.pdf>. Processes to achieve this goal include establishing a governance structure to coordinate the early learning system across regions, using data to drive decision making implementing the ELP, providing outreach on early learning assessments, home visiting, and Early Achievers, and building public awareness of the importance of investments in early learning.

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

ELAC provides input and recommendations to DCYF on statewide early learning community needs and progress. ELAC representatives from around the state meet at least quarterly to provide input and recommendations to DCYF so strategies and actions are well-informed and broadly supported by parents, child care providers, health and safety experts, and interested members of the public. ELAC members represent Washington's regionally, culturally, and racially diverse communities, including members from public, nonprofit, and for-profit entities. DCYF requested and received the input of ELAC in the implementation of the state's ELP. The ELP's vision is, "In Washington state, we work together so that all children start life with a solid foundation for success, based on strong families and a world-class early learning system for all children prenatal through grade 3. Accessible, accountable, and developmentally and culturally appropriate, our system partners with families to ensure that every child is healthy, capable, and confident in school and in life."

The goals for coordinating with ELAC is to gather feedback to strategies and actions are well informed and broadly supported by parents, child care providers, health and safety experts and interested members of the public.

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

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

DCYF coordinates and collaborates with Indian Tribes with the goal of promoting access to continuous, high quality early learning for Indian youth and families as part of DCYF's overarching goal that all children are kindergarten ready, and ready for success later in life, with race not a predictor of success. Coordination and collaboration also focus on supporting Tribal sovereignty. In addition to co-hosting periodic culturally responsive conferences and workshops such as the Tribal Early Learning Language Summit and Tribal Home Visiting Summit, DCYF engages in the following collaboration activities with Tribal Nations:

- DCYF convenes an Indian Policy Early Learning (IPEL) committee which includes delegates from Port Gamble S'Klallam Tribe, Tulalip Tribes, Jamestown S'Klallam Tribe, Chehalis Confederated Tribes, Suquamish Tribe, Squaxin Island Tribe, Samish Indian Nation, Cowlitz Indian Tribe, and Nisqually Tribe. Further, since 2016, 24 of Washington's 29 recognized tribes, and a Washington Recognized American Indian Organization (RAIO), have attended IPEL, and all 29 tribes and all RAIOs receive IPEL meeting minutes and invitations. IPEL was established in 2013 following recommendations of native Tribal leaders. The specific goal of IPEL is to assist the collective needs of the Tribal governments with other RAIOs to assure quality and comprehensive service delivery to all American Indians and Alaska Natives in Washington State. Each Federally Recognized Tribe of Washington State may determine one delegate by Tribal resolution and determine any amount of alternates that they desire. Regular meetings of IPEL convene quarterly and are held at a place established by IPEL or the Executive Committee.

- DCYF further coordinates with Indian tribes through the Tribal Policy Advisory

Committee (TPAC). Established in the fall of 2018, TPAC is comprised of representatives from the federally recognized tribes of Washington State and RAIOS. Tribes and RAIOS select committee representatives who may serve on subcommittees for child welfare, early learning, and juvenile justice. The TPAC and its subcommittees primarily focus on DCYF program and administrative policies that directly affect Indian tribes. Its goals are to identify potential issues for round table and consultation and guide implementation of the DCYF Administrative Policy Chapter 10.03, and the Centennial Accord (TPAC subcommittees can bring recommendations to TPAC should an issue arise regarding the implementation of the Policy and/or the Accord). With the establishment of DCYF, IPEL now operates as a subcommittee to TPAC.

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

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

Describe the coordination goals, processes, and results:

DCYF is the lead agency for Part C, and its program is called Early Support for Infants and Toddlers (ESIT), which is also represented on ELAC by the program administrator. ESIT works with the Early Achievers team to remove barriers for early learning programs, and to support provider inclusion and full participation of ESIT enrolled children in typical child care settings. ESIT recognizes the challenges for families around transitions and prioritizes transitions from birth to three services to preschool and other early learning programs for policy development and training. ESIT collaborates with DCYF's state-funded preschool and Head Start program to support and strengthen this process.

The goals for coordinating with ESIT is to enable children birth to 3 with developmental delays or disabilities to be active and successful during the early childhood years and in the future in a variety of settings-in their homes, in child care, in preschool or school programs, and in their communities.

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

The Head Start Collaboration Office is housed within DCYF. The Administrator (Director)

is a member of ELAC and works closely with the Child Care Administrator, coordinating meetings on shared projects, communicating by email, phone, and in-person meetings. Coordination goals include expanding services and enhancing quality for infant and toddler center-based services; alignment of standards across licensing, Early Head Start and Head Start, Early Achievers and ECEAP so that the early learning system has a unified set of regulations that are easy to understand by providers in the field; support for the expansion and access of high quality workforce and career development opportunities for staff; and increasing the participation of Early Head Start and Head Start programs in Early Achievers. In addition, the Head Start Collaboration Office works closely with Early Head Start and Head Start programs that offer services to families receiving Working Connections Child Care subsidies to provide information from, and feedback to, the Child Care Administrator.

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

DCYF and Department of Health (DOH) leaders meet regularly to collaborate on public health issues impacting young children and families. DOH is represented on ELAC and DOH and DCYF jointly manage the Essentials for Childhood Initiative, a Centers for Disease Control and Prevention (CDC) collective impact effort to promote safe, stable and nurturing environments for children. DOH provided current evidence-based recommendations to DCYF on a variety of health and safety topics included in the revision of the state's child care licensing standards. DCYF and DOH collaborate extensively on COVID-19 response and dissemination of critical information for providers. The goals for coordinating with DOH is to ensure that early learning programs are informed and follow DOH guidelines.

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

DCYF coordinates with agencies responsible for employment services/workforce development with the goal of improving access to continuous, high quality early learning opportunities so that all children arrive to kindergarten ready to succeed. DCYF also shares these agencies' goals to address intergenerational poverty, strengthening integration between early learning and family economic prosperity programs. Finally, coordination assists the goal of preventing childhood trauma and interaction with the child welfare system by supporting family needs.

The goals for coordinating with agencies responsible for employment services/workforce development are to provide high quality child care for children. This helps children improve their kindergarten readiness while supporting parents with child care costs.

Various Washington agencies' and groups' work centers on employment services and workforce development, from DSHS Community Service Division, to the Employment Security Department (ESD), Department of Commerce (Commerce), and the State Board of Community and Technical Colleges. DCYF coordinates with DSHS, ESD, and Commerce through participation in the Workfirst Partnership Team Meeting that meets twice monthly to discuss cross-agency goals, priorities, and activities addressing intergenerational poverty, workforce development, early childhood education. DCYF brings a focus on early childhood education improvement goals through increased access to high quality, continuous early learning opportunities.

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

The Office of the Superintendent of Public Schools (OSPI) is responsible for public education, and DCYF administers state-funded preK through its Early Childhood Education and Assistance (ECEAP) program. DCYF therefore coordinates with OSPI with the goal of expanding access to high quality programs for children birth through age five years, with emphasis on preK, toward its goal of kindergarten readiness for all Washington children.

Representatives of OSPI and DCYF co-chair a work group focused on further ECEAP expansion and will continue to work together to meet a legislatively established goal to provide all eligible lowincome 3 and 4-year old children access to ECEAP.

The goals for coordinating with OSPI is to ensure that children are able to make the transition from early learning to K-12.

**ix. State/territory agency responsible for child care licensing. Describe the coordination goals, processes, and results:**

DCYF's Licensing Division is responsible for child care licensing. The goal of internal DCYF coordination of licensing activities is to promote quality early learning experiences, health, safety, and positive development for children receiving care in licensed settings.

Coordination occurs through weekly Leadership Team meetings, Communications division internal notifications of program actions that impact licensors' work, and standing and ad hoc project meetings involving multiple DCYF divisions.

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

The DCYF Health Systems Analyst frequently coordinates with OSPI Child Nutrition Staff to ensure that the programs in the DCYF book of services have their nutritional needs met. Some child care licensors have established relationships with local CACFP Sponsors or Specialists and others have not. DCYF recognizes that regular coordination should occur both in the field and administratively and therefore works with OSPI leadership to improve coordination between the two agencies in this area.

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

DCYF coordinates with OSPI's McKinney-Vento State Coordinator for Homeless Education by periodically attending and participating in McKinney-Vento Liaison training, and through collaboration on specific projects impacting families experiencing homelessness. DCYF assists the State Coordinator on, e.g., data requests regarding families experiencing homelessness participating in DCYF administered programs. Goals for the collaboration include expanding access to quality early learning programs for families and children experiencing homelessness so all children, including the most vulnerable, arrive to kindergarten ready to learn, impacting their later academic and professional success, and to assist providers serving children and families experiencing homelessness. DCYF works with the Coordinator and CCA to develop training and technical assistance to providers on identifying and serving children and their families experiencing homelessness.

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

DSHS administers Temporary Assistance for Needy Families (TANF) in Washington State, and DCYF coordinates with DSHS on TANF funding as it pertains to CCSP. Goals of this coordination include expanding access to high quality early learning experiences,

marked by continuity of care, for low income families, including families receiving TANF, working toward self-sufficiency. DSHS brings the state closer to DCYF's vision of kindergarten readiness through coordination on funding impacting programs that provide families a choice of subsidized child care options that are increasingly accessible, culturally responsive, and data-driven.

**xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals, processes, and results:**

The Washington State Health Care Authority (HCA) is the agency responsible for Medicaid and Children's Health Insurance Program (CHIP) administration. HCA collaborates with DCYF to leverage and maximize Medicaid reimbursement for medically needy allowable services for early learning programs and services. In addition, a cross agency workgroup led by OSPI called Healthy Students, Promising Futures, includes HCA, DOH, and DCYF to explore potential expansion of health care services and increased Medicaid reimbursement for services performed in a school setting.

**xiv. State/territory agency responsible for mental health. Describe the coordination goals, processes, and results:**

HCA is designated as the state behavioral health authority, while DOH licenses behavioral health service providers, and DSHS has authority over the operation and maintenance of the state hospitals. DCYF works to create a system of mental health consultation throughout the state to provide technical assistance, treatment services, and referrals for the birth to five population served in programs administered by DCYF. Currently there is no comprehensive system of mental health coordination in the state, but state agencies are beginning coordination efforts. The integration of behavioral health and physical health in the payment and administration of services as mandated by the Legislature will further encourage cross-pollination of ideas and coordination of services.

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

DCYF contracts with CCA, a statewide nonprofit organization dedicated to ensuring that every child in Washington has access to high-quality child care and early learning programs. CCA influences child care and early learning policy while also delivering the means to make a positive difference for all children, including those furthest from

opportunity. The goal of this partnership is to provide thorough and independent information and support for families seeking quality child care, for child care programs seeking to improve quality, and for effective policymaking. The vision for this partnership is every family in Washington having access to high-quality early learning choices for their children, and every child care program having the resources and support needed to help prepare children for success in life. DCYF works with Cultivate Learning at the University of Washington to develop and deliver workforce trainings and resources on a variety of ECE topics, provide train the trainers for statewide professional development infrastructure and support professional development and consultation of ECE coaches working with programs on quality improvement. Additionally, DCYF contracts with other professional development organizations supporting providers with mentorship, paid substitutes, and community-based professional development initiatives.

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

DCYF coordinates with School's Out Washington, a statewide afterschool network that provides services and guidance for organizations to ensure all young people have safe places to learn and grow when they are not in school. DCYF and School's Out are dedicated to building community systems to support quality afterschool programs for Washington through training, advocacy and leadership. All programs in the state of Washington that serve children age 5 to 18 years outside of formal school hours are eligible to receive services from School's Out Washington.

With support from DCYF, School's Out Washington hosts an annual two-day conference, The Bridge from School to Afterschool and Back. The conference focuses on helping schools and afterschool programs work together to support children and youth. Each year, nationally recognized speakers, researchers, and advocates present materials on best practices, cutting-edge information, and useful tools. Participants come from around the country to learn from presenters and to network with others in the field.

Finally, through its partnership with School's Out Washington, DCYF works with the expanded learning opportunity intermediary to ensure the Expanded Learning Opportunities Quality Initiative continues to support providers to serve school-age children. School's Out Washington was founded in 1987 as an intermediary focused on fostering culturally responsive, high quality, and intentional out of school time learning

activities and environments. DCYF works with the intermediary to provide professional development opportunities for school-age child care providers and to solicit input and direction from school-age child care providers on needs related to system building efforts, professional development, and strategies to serve school-age children.

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

The Washington agency responsible for emergency management under Chapter 38.52 RCW is the Military Department-Emergency Management Division. The Director of the Military Department is responsible to the Governor for carrying out the program for emergency management in Washington. The state level emergency coordination goals and process for DCYF (and all state agencies, commissions, boards, and councils) is explained in detail in the Washington State Comprehensive Emergency Management Plan (CEMP). Under the CEMP, DCYF is a critical mass care partner and is expected to participate in all activities stipulated under the Plan in support of the entire cycle of emergency management - preparedness, response, and recovery. This includes participation by DCYF executive leadership as well as designated planning and response personnel.

Key expectations for DCYF under the CEMP include agency level continuity of operations planning; working collaboratively with other state agencies participating in state level assessments, planning, training, and exercises; reassigning and mobilizing all available agency resources when so directed by the Governor to support a state level response; and most importantly, staffing the mass care desk at the State Emergency Operations Center when required in support of any disaster impacted jurisdiction's or tribe's emergency response.

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

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

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

Describe

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

Describe

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

Describe

- iv. State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant.

Describe

DCYF oversees the Home Visiting Services Account (HVSA) that brings together state, federal, and private dollars to support a portfolio of evidence and research based, promising home visiting programs. About 2,200 families, many of whom live in some of the state's most vulnerable communities, are in home visiting programs funded by the state's HVSA. Washington specifically emphasizes reaching the most vulnerable geographic and racial/ethnic groups, focusing on families with children prenatal through age three years. A specific focus includes assessing and cultivating interest in, and capacity for, implementation of high quality home visiting in Tribal communities.

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment.

Describe

- vi. State/territory agency responsible for child welfare.

Describe

DCYF coordinates the eligibility for child care subsidy with children receiving protected services. Children returning to their biological family are transitioned to CCDF funded child care ensuring continuity of care.

vii. Provider groups or associations.

Describe

DCYF solicits feedback regarding policy and service delivery with provider groups and SEIU 925. The State of Washington enters into a collective bargaining agreement with SEIU 925. SEIU 925 represent licensed family homes and family, friend, and neighbor providers.

viii. Parent groups or organizations.

Describe

DCYF solicits feedback regarding policy and service delivery with parent groups. The goals are to improve family access to high quality care. DCYF coordinates with the Parent Advisory Group (PAG), providing a sounding board for decisions, ideas and questions that shape the future of DCYF programs. DCYF believes parental involvement in decision-making is key to policies and programs that support families' strengths and needs. The results are improved and clarified language in rules.

ix. Other.

Describe

### Optional Use of Combined Funds:

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

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

[https://www.acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf) ).

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

No (If no, skip to question 1.5.2)

Yes. If yes, describe at a minimum:

a) How you define "combine"

Braiding or layering funds from one or more federal or state sources.

b) Which funds you will combine

CCDF, Temporary Assistance to Needy Families (TANF), and State funds.

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

The goal of these combined funds is to extend and improve the supply of full-day, full-year programs with comprehensive services, and low staff-child ratios, to vulnerable families with children ages birth through twelve years, and to ensure continuity of programs participating in this approach. DCYF expects this approach will result in smoother transitions for these children and will ultimately put them on the path to

kindergarten readiness as well as maintain continuity of care and increase supply of full-day, full-year programs.

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

DCYF cost allocates funds at the state level based on the program and funding sources available.

e) How are the funds tracked and method of oversight

DCYF assigns specific payment codes to funds, with subcodes identifying fund source. A Contract Service Report (CSR) is used to detail contract payment points and the amounts and type of funding (codes) used to pay contract invoices. The CSR provides real time data on how much of each type of funding has been spent down within the contract period. DCYF tracks the funds through contracts with the providers. Further, once eligibility is determined, all subsidy provider payments are tracked in the state's Social Services Payment System, and DCYF assigns specific payment codes to providers receiving combined funds so that these payments can be tracked and compared to payments to providers not receiving combined funds. DSHS and DCYF review payment system reports, including data on providers receiving combined funds, at least quarterly.

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

Note:

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

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for

preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

- a. N/A - The territory is not required to meet CCDF matching and MOE requirements
- b. Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

i. If checked, identify the source of funds:

General state funds

- c. Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

i. If checked, are those funds:

- A. Donated directly to the State?
- B. Donated to a separate entity(ies) designated to receive private donated funds?

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

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

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

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

Under Washington's Early Start Act of 2015 and Fair Start for Kids Act of 2021 DCYF prioritizes the integration of child care and Washington's state-funded comprehensive preschool (ECEAP) to create a mixed delivery system that provides the following:

- High quality services to improve child outcomes and prioritize early learning services for children who need them most.
- A safety and quality improvement system that is accessible to all children, families and providers in Washington.
- Integrated and seamless services for families participating in child care and preschool.

To accomplish this, DCYF aligned standards set the foundation for integration of child care and ECEAP, creating a clear progression of quality in early learning programs, with one set of standards connecting licensing, Early Achievers (quality rating and improvement system), and ECEAP. In the continuum of services, ECEAP's comprehensive services are designed to serve children who are furthest from opportunity. The aligned standards provide a progression from licensing through Early Achievers and ECEAP.

Additionally, DCYF continues to provide training and support to child care centers and family child care providers interested in offering ECEAP services. As a result, more child care providers are participating in implementation of integrated ECEAP and child care services.

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

ECEAP offers three models to best meet the needs of children and working families - Part Day, Full School Day, and Extended Day.

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

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

DCYF did not reduce its level of effort in full-day/full-year child care services. Under the Early Start Act of 2015 and subsequent legislation and budgets, state fund expenditures for preK services and full-day/full-year child care services have continued to expand. Income eligibility thresholds have increased in both programs, and eligibility categories and periods have expanded in child care subsidy programs,

requiring additional investment. Caseloads in child care have fluctuated, particularly in light of COVID-19, but this did not result in a reduced level of effort.

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

ECEAP offers three models to best meet the needs of children and working families - Part Day, Full School Day, and Extended Day.

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

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

Under Washington's Early Start Act of 2015 and Fair Start for Kids Act of 2021 DCYF prioritizes the integration of child care and Washington's state-funded comprehensive preschool (ECEAP) to create a mixed delivery system that provides the following:

- High quality services to improve child outcomes and prioritize early learning services for children who need them most.
- A safety and quality improvement system that is accessible to all children, families and providers in Washington.
- Integrated and seamless services for families participating in child care and preschool.

To accomplish this, DCYF aligned standards set the foundation for integration of child care and ECEAP, creating a clear progression of quality in early learning programs, with one set of standards connecting licensing, Early Achievers (quality rating and improvement system), and ECEAP. In the continuum of services, ECEAP's comprehensive services are designed to serve children who are furthest from opportunity. The aligned standards provide a progression from licensing through Early Achievers and ECEAP.

Additionally, DCYF continues to provide training and support to child care centers and family child care providers interested in offering ECEAP services. As a result, more

child care providers are participating in implementation of integrated ECEAP and child care services.

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

i. If known, what percent of funds used to meet CCDF MOE also is used to meet TANF MOE requirements? 100 percent

## 1.6 Public-Private Partnerships

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

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

DCYF partners with many private organizations, most notably CCA and School's Out Washington – all on the state level but with substantial presence in communities across the state. The goals of coordination with CCA include connecting families to high-quality child care and early learning programs, supporting child care providers who deliver high-quality care, and providing supports for early learning professionals to enrich their expertise. Products of this partnership are described in Section 1.7 and 2.6. Goals of the partnership with Schools Out Washington are described in Section 1.4.1. With support from DCYF, School's Out Washington hosts an annual two-day conference, The Bridge from School to Afterschool and Back, in October. This conference is focused on helping schools and

afterschool programs work together to support children and youth. Each year, nationally recognized speakers, researchers, and advocates present materials on best practices, cutting-edge information, and useful tools. Participants come from around the country to learn from presenters and to network with others in the field.

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

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

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

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

and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

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

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

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

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

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

CCA is the coordinating network office for six resource and referral regions throughout the state. DCYF contracts directly with CCA, and permits CCA to subcontract with each regional office.

## 1.8 Disaster Preparedness and Response Plan

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

Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

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

No

Yes

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

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

a. The plan was developed in collaboration with the following required entities:

i. State human services agency

ii. State emergency management agency

iii. State licensing agency

iv. State health department or public health department

v. Local and state child care resource and referral agencies

vi. State Advisory Council on Early Childhood Education and Care or similar coordinating body

b. The plan includes guidelines for the continuation of child care subsidies.

c. The plan includes guidelines for the continuation of child care services.

d. The plan includes procedures for the coordination of post-disaster recovery of child care services.

e. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

i. Procedures for evacuation

- ii. Procedures for relocation
- iii. Procedures for shelter-in-place
- iv. Procedures for communication and reunification with families
- v. Procedures for continuity of operations
- vi. Procedures for accommodations of infants and toddlers
- vii. Procedures for accommodations of children with disabilities
- viii. Procedures for accommodations of children with chronic medical conditions
- f. The plan contains procedures for staff and volunteer emergency preparedness training.
- g. The plan contains procedures for staff and volunteer practice drills.

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

[https://dcyf.wa.gov/sites/default/files/pdf/el-  
license/Final\\_Child\\_Care\\_in\\_Emergencies\\_Plan\\_2019.pdf](https://dcyf.wa.gov/sites/default/files/pdf/el-license/Final_Child_Care_in_Emergencies_Plan_2019.pdf)

## 2 Promote Family Engagement through Outreach and Consumer Education

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

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families, the general public and child care providers to assist

them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

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

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

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

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

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

- a. Application in other languages (application document, brochures, provider notices)
- b. Informational materials in non-English languages
- c. Website in non-English languages
- d. Lead Agency accepts applications at local community-based locations
- e. Bilingual caseworkers or translators available

- f. Bilingual outreach workers
- g. Partnerships with community-based organizations
- h. Collaboration with Head Start, Early Head Start, and Migrant Head Start
- i. Home visiting programs
- j. Other.

Describe:

CCA's website is available in English and Spanish, with an option at the top of every page to see content displayed in either language. CCA, and DCYF also utilize translation agencies as needed when working with families and providers, and some staff are bilingual and able to better assist individuals for whom English is not their first language. Consistent with its commitment to equity described at <https://www.dcyf.wa.gov/practice/racial-equity-diversity-inclusion>, DCYF policy and procedure requires staff serving clients to identify limited English proficient (LEP) clients as early as possible during initial contact, identify primary language spoken, inform clients of their right to language services at no cost, and to then arrange effective language services. DCYF requires staff, when communicating in writing with LEP clients, to determine the most effective method for communicating, which, depending on circumstances may require full translation of written communications, a translated summary of written communications, a letter telling the client how to contact DCYF for assistance in understanding the communication, or an oral interpretation of the communication. These provisions are in effect during DCYF operating hours. In implementing these policies, DCYF takes into account linguistic needs of clients served to promote equitable access to services.

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

- a. Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- c. Caseworkers with specialized training/experience in working with individuals with disabilities

- d. Ensuring accessibility of environments and activities for all children
- e. Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
- i. Other.

Describe:

## 2.2 Parental Complaint Process

The Lead Agency must certify that the state/territory maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request (658E(c)(2)(C); 98.15(b)(3)). Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request (98.16 (s); 98.32(d)).

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

As described on DCYF's webpage here, parents can submit complaints about child care providers suspected of child abuse and/or neglect, illegal unlicensed care, or any other complaint, by calling 1-866-End Harm (1-866-363-4276). This number is also provided by licensing staff and Child Protective Services (CPS) staff when requested. The DCYF website (<https://www.dcyf.wa.gov/find-an-office>) also provides contact information for all licensing offices in the state, including DCYF's state office. All complaints called into the agency's state office are forwarded to regional licensing staff to help the individual by either resolving the issue or providing information on how to call the complaint in to the Intake line.

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

When a call is made to the DCYF Intake phone number to report a complaint, the Intake Supervisor determines if the complaint rises to the level of child abuse and/or neglect and either screens the complaint for a CPS investigation or out to child care licensing. DCYF treats all CCDF and Non-CCDF providers the same. Providers that are licensed exempt that receive CCDF are also treated the same. Licensed exempt providers that do not receive CCDF funding are not given licensing oversight and complaints are referred to child protection services. If the Intake Supervisor screens the complaint for a CPS investigation, CPS takes the lead in responding to the complaint and licensing staff work with those involved in the investigation and inspect the complaint for any licensing violations. If the complaint screens out as non-CPS, licensing staff conduct an unannounced complaint visit and contact the referrer and all collateral individuals involved. For non-CPS complaints, if the licensor finds the issue valid after conducting a licensing inspection of the allegation(s), it is considered substantiated. For child abuse and neglect complaints, if the CPS investigator determines the allegations to be founded, it is considered substantiated. For complaints that do not involve CPS investigation, DCYF's timeline for screening, substantiating, and responding to complaints is 45 days from date of submission. For complaints that involve CPS investigation, their timeline for finalization is 90 days.

Monitoring is not always a method of investigation or follow up but it may be given the situation.

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

DCYF documents and maintains all parental complaints in its agency case management system, WA Compass. If approved by the licensing supervisor for the licensing office investigating the complaint, DCYF WA Compass administrative staff open the record to document a substantiated complaint in the system. At this point the record in WA Compass is locked and the complaint is published to Child Care Check. WA Compass administrative staff can also reopen the record in WA Compass to document corrections or update information, but only at the approval of the licensing supervisor.

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

DCYF makes information about complaints available to the public through its website which includes a page describing Child Care Check, where information is provided regarding child care providers and any complaints or health and safety issues:

<https://www.dcyf.wa.gov/services/earlylearning-childcare/child-care-check>. Child Care Check provides information on substantiated licensing complaints for each provider along with Facility Licensing Compliance Agreements and/or Inspection Reports that indicate the rules the provider is working to comply with and plans of correction.

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

Policy: <https://dcyf.wa.gov/sites/default/files/pdf/el-license/POL10.3.1.pdf>

Procedure: <https://dcyf.wa.gov/sites/default/files/pdf/el-license/PRO10.3.1.pdf>

## 2.3 Consumer Education Website

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

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

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

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

DCYF follows the state of Washington web publishing and accessibility guidelines and the principles of the World Wide Web Consortium's recommendations around readability, keeping language at a secondary reading level, minimizing where feasible the use of technical terms and acronyms. Further, we adhere to the Associated Press Style Guide, which helps ensure consistency and readability across mediums.

DCYF uses the Drupal content management system to create and manage the website.

Drupal provides accessibility features to make it easy for content managers and Web developers to adhere to accessibility guidelines. Drupal has made a commitment to ensuring that all features of Drupal core conform with the World Wide Web Consortium (W3C) guidelines: WCAG 2.0 and ATAG 2.0. In addition, the site was developed using responsive design so the content can be viewed in an optimal way regardless of the screen size it's being viewed on.

Further, DCYF makes the site consumer-friendly by working with our content experts and the site end-users to understand the information clients, service providers, and other users access on our site in order to design the structure to best meet their needs. DCYF will conduct usability studies throughout the development of the site to identify issues. Google analytics will also help identify most popular search terms people are entering to ensure the language we're using is correct, track our highest hit pages, and provide insight to help us better understand our users so we can adjust our design accordingly.

Additionally, each program area incorporates customer, provider and advocate feedback into their online content.

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

DCYF's site displays prominently at the top right of every page a link to Google Translate. Clicking the link displays over 100 languages the user can select to translate site text into. Further, forms that our customers need to fill out are available on the website in languages identified by census and other data collection as prominent in communities we serve, and customers can request translation of any document into any language. However, an English speaking person may need to help non-English speaking consumers navigate the website to find the forms. Key pieces of written outreach materials are currently translated into languages most commonly spoken by the intended audiences, as are training materials for service providers.

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

DCYF is committed to providing information and services that are accessible to people with disabilities. We provide reasonable accommodations, and strive to make all of our programs accessible to all persons, regardless of ability, in accordance with all relevant state and federal laws. The DCYF website is fully compliant with Washington State's Office of the Chief Information Officer's policy on accessibility, which states "[t]his policy establishes the expectation for state agencies that people with disabilities have access to and use of information and data and be provided access to the same services and content that is available to persons without disabilities unless providing direct access is not possible due to technical or legal limitations."

[https://docs.google.com/viewerng/viewer?url=https://ocio.wa.gov/sites/default/files/public/policies/188\\_Accessibility\\_Interim\\_TSB\\_Approved\\_20170912.pdf](https://docs.google.com/viewerng/viewer?url=https://ocio.wa.gov/sites/default/files/public/policies/188_Accessibility_Interim_TSB_Approved_20170912.pdf).

Further, the new DCYF website is built in Drupal, which provides accessibility features that make it easy for content managers and Web developers to adhere to accessibility guidelines. Some of these features include search engine form and presentation, drag and drop functionality, and the way webpages present color contrast and intensity. Read more about their policies and features here: <https://www.drupal.org/about/features/accessibility>.

During design and construction of the website, we used state-owned computer testing labs to verify the site's compatibility with the most common screen reader tool for people with visual impairments. For ongoing maintenance, DCYF uses a web-based tool that routinely scans our website for errors, including website accessibility issues.

Other features that we use to ensure optimal use of the site for persons with disabilities include:

- Closed captioning videos
- Text alternatives for non-text content
- Using labels and not just color to communicate
- Including TTY phone numbers where available
- Alternative ways of contacting a person (voice, email)

- Navigating forms and website with keyboard equivalents
- Drupal supports the proper use of semantic markup for people who rely on a screen reader or other assistive technologies.

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

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

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

DCYF's website includes a page with information on how to become a licensed child care provider at <https://www.dcyf.wa.gov/services/early-learning-providers/licensed-provider>, and indicates that state law requires that certain kinds of programs are exempt from licensing at <https://www.dcyf.wa.gov/services/early-learning-providers/operating-licensed-child-care>. Revised Code of Washington (RCW) 43.216.010 at <https://app.leg.wa.gov/rcw/default.aspx?cite=43.216.010> dictates who is exempt from licensing requirements. A form of care is exempt if it does not meet the definition of "agency" provided in the RCW. Neither RCW, nor the legislation enacting it, states a rationale for the exempt categories, but exemptions support access to alternative forms of care including relative care, care that is not ongoing, parent participation in mutually cooperative exchange of care, nursery schools operating less than four hours per day, seasonal camps of short duration, etc.

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

Licensing policies and procedures can be found on the DCYF website at <https://www.dcyf.wa.gov/practice/policy-laws-rules>. The Monitoring Visit policy and

procedure is located under 10.1 General Licensing.

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

The policy and procedure for background checks can be found on the agency website at <https://www.dcyf.wa.gov/practice/policy-laws-rules>. The Background Checks section is 10.5. Additionally, DCYF follows RCW 43.216 and Washington Administrative Code (WAC) Chapter 170-06 regarding Background Check Rules:

<http://apps.leg.wa.gov/WAC/default.aspx?cite=110-06>.

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

WAC 170-06-0120 at <https://apps.leg.wa.gov/wac/default.aspx?cite=110-06-0120> lists offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds.

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

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

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

CCA maintains a website with a page where families can search for providers by type, zip code, and other criteria:

<https://childcareawarewa.secure.force.com/providerupdate/CCAWAOnlineLookUp>.

DCYF's Child Care Check system provides a searchable list of childcare providers with health and safety inspection reports: <https://www.dcyf.wa.gov/services/earlylearning-childcare/child-care-check>. In addition, DCYF maintains a page that links to both resources: <https://www.dcyf.wa.gov/services/earlylearning-childcare/find-child-care>.

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

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

Describe

School Age CCDF

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

#### All Licensed Providers

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

#### License-Exempt CCDF Center-based Providers

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

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

#### License-Exempt CCDF Family Child Care Home Providers

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

#### License-Exempt Non-CCDF Providers

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

#### Relative CCDF Providers

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

- Willingness to accept CCDF certificates
- Ages of children served

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

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

d. Other information included for:

- i. All Licensed providers.

Describe

CCA's child care search includes a link to DCYF's Child Care Check (CCC) search. CCC search results display information including operating status (open or closed); years in operation; number of valid complaints received in the past five years; whether the program is licensed, certified, or certified for payment only; whether the program is ECEAP or Head Start; whether the provider is participating in the quality rating improvement system (Early Achievers); and the history of the facility. The history includes the Early Achievers Rating, Complaints, Background Checks, Inspections, and the License History. In addition, providers are able to write and update a brief description of their program in Child Care Check. CCA search results indicate providers in the family's area based on hours care is available, type of care they seek, subsidy programs the provider participates in, and days and hours care is needed (including nonstandard hours). Search results indicate the provider's Early Achievers rating, and program model.

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

Describe

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

Describe

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

Describe

- v. Relative CCDF providers.

Describe

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

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

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

Describe

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

- i. Licensed CCDF providers.

Describe the quality information:

Child Care Check and Child Care Aware indicate the provider's Early Achievers rating (2-5) or that the provider is not yet rated.

ii. Licensed non-CCDF providers.

Describe the quality information:

Child Care Check and Child Care Aware indicate the provider's Early Achievers rating (2-5) or that the provider is not yet rated. Early Achievers participation is voluntary for licensed providers not receiving subsidy.

iii. License-exempt center-based CCDF providers.

Describe the quality information:

Child Care Aware indicates the provider's Early Achievers rating (2-5) or that the provider is not yet rated.

iv. License-exempt FCC CCDF providers.

Describe the quality information:

Child Care Aware indicates the provider's Early Achievers rating (2-5) or that the provider is not yet rated. Early Achievers participation is not available for license-exempt FCC CCDF providers. No quality rating information is available for license exempt FCC providers.

Our government to government agreement with Tribal providers allows them to choose if they want quality rating information posted on child care aware.

v. License-exempt non-CCDF providers.

Describe the quality information:

Child Care Aware indicates the provider's Early Achievers rating (2-5) or that the provider is not yet rated. Early Achievers participation is voluntary for license-exempt providers not receiving subsidy and unavailable for license-exempt in-home/relative care. Quality rating information is not available to license-exempt non-CCDF providers.

Our government to government agreement with Tribal providers allows them to choose if they want quality rating information posted on child care aware.

- vi. Relative child care providers.

Describe the quality information:

- vii. Other.

Describe

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

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

Certify by responding to the questions below:

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

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

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

DCYF's full child care center licensing checklist form is available here:

[http://www.dcyf.wa.gov/forms?field\\_number\\_value=15-866&title=](http://www.dcyf.wa.gov/forms?field_number_value=15-866&title=) Other checklists can be found here: <https://dcyf.wa.gov/services/early-learning-providers/licensed-provider/forms-documents>

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

Date of inspection

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

Describe how these health and safety violations are prominently displayed:

All violations, including health and safety, are prominently documented on a Facility Licensing Compliance Agreement (FLCA) or Inspection Reports(IR), which are available on the website.

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

Describe:

The FLCA or IR describes the plan of action and timelines agreed to by the provider and licensor to correct health and safety violations.

A minimum of 3 years of results, where available.

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

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

<https://www.findchildcarewa.org/>

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

DCYF defines timely as no later than 90 days after inspection or corrective action.

However, DCYF posts reports (monitoring visit checklists) immediately upon completion and posts compliance agreements, if required due to monitoring findings, immediately after all components are documented and the provider's 10 day period to

appeal compliance findings has passed.

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

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

As DCYF continues reviewing, developing, and amending the content for its website, DCYF defines "plain language" to mean actively using the principles of the World Wide Web Consortium's recommendations around readability, keeping language at a secondary reading level, and minimizing where feasible the use of technical terms and acronyms.

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

DCYF adheres to the Associated Press Style guide, which helps ensure consistency and readability across mediums. On each page of the website we provide a link to email communications@dcyf.wa.gov so users can provide feedback on the readability of reports or any other documents or text available on the website.

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

Once a FLCA or inspection report is finalized and DCYF publishes it to its licensing system, WA Compass, the record is locked and published to Child Care Check. If an error is noticed the provider can bring it to the attention of their licensor and the request WA Compass administrative staff reopen the record for corrections to occur by the licensor. Any process that would initially need an approval, such as a complaint inspection or license information, would then be required to again receive supervisor approval.

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

-- filing the appeal

-- conducting the investigation

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

Providers have 10 days from the date the compliance agreement was signed to request an internal Supervisory Review. The licensing supervisor then has 15 days to uphold,

overturn, or modify the enforcement decision. The document is not posted to Child Care Check until after the time to appeal a decision has passed or all review processes are complete.

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

DCYF automatically removes monitoring and inspections reports from the Child Care Check page after 6 years. This is an automated process whereby the system removes this information. DCYF does not have a policy addressing this and instead refers to 45 CFR 98.33.

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

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

a. Certify by providing:

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

DCYF is the designated entity to which providers report serious injuries or deaths. Per licensing regulations, providers are required to report any instances of serious injury or

death by submitting an injury/incident report to licensing.

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

"Abuse or neglect" means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW 9A.16.100; or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. A reported incident is considered "substantiated child abuse" if Child Protective Services issues a founded finding.

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

DCYF defines "serious injury" as any of the following:

- Injury resulting in overnight hospital stay
- Severe neck or head injury
- Choking/unexpected breathing problems
- Severe bleeding
- Shock or acute confused state
- Unconsciousness
- Chemicals in eyes, on skin, or ingested in the mouth
- Near-drowning
- Broken bone
- Severe burn requiring professional medical care
- Poisoning
- Medication overdose

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

- i. the total number of serious injuries of children in care by provider category/licensing status
- ii. the total number of deaths of children in care by provider category/licensing status

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

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

<https://www.dcyf.wa.gov/practice/oiaa/reports/child-fatality/licensed-child-care>- this link is specific for licensed care

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

DCYF's website provides information on the local CCR&R agency, CCA, in multiple locations in order to be easily accessible to families. A button on the homepage of the website directs consumers to Child Care Check, Washington State's licensed child care status and record data base. On the Child Care Check webpage, we explicitly direct consumers to CCA for referrals on programs to meet individual family needs: <https://www.findchildcarewa.org/>.

Other examples of locations where we link to the CCA website are:

<https://www.dcyf.wa.gov/services/earlylearning-childcare/school-age-care>,

<https://www.dcyf.wa.gov/services/getting-help>, <https://www.dcyf.wa.gov/services/early-learning-providers/licensed-provider/licensing-process>. In addition, DCYF's site equally

emphasizes accessibility of information about CCA.

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

DCYF's "Contact Us" page includes contact information for various programs and services within and outside the agency to help users understand information included on the website: <https://www.dcyf.wa.gov/contact-us>.

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

[www.dcyf.wa.gov](http://www.dcyf.wa.gov)

[www.childcareawarewa.org](http://www.childcareawarewa.org)

**2.4 Additional Consumer and Provider Education**

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

DCYF makes information available to parents and the general public about the availability of

child care services provided through CCDF and other programs on various pages of its website, such as the following:

Child Care Subsidy Programs: <https://www.dcyf.wa.gov/services/early-learning-providers/subsidy>

State Pre-K: <https://www.dcyf.wa.gov/services/early-learning-providers/eceap>

Finding Child Care: <https://www.dcyf.wa.gov/services/earlylearning-childcare/find-child-care>

Provider Quality Rating and Improvement System: <https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers>

The information provided at these links is tailored for parents and the general public through the use of plain language and through website organization that directs readers to information specifically for them. For example, parent information on available child care services is located under "For Parents" under the "Services" tab on the DCYF home page. Many documents available at these links are translated to ensure accessibility.

Information for providers on availability of child care services is also available on the DCYF site, including the following examples:

Becoming a Licensed Provider:

<https://translate.google.com/translate?hl=en&sl=en&tl=es&u=https%3A%2F%2Fwww.dcyf.wa.gov%2F&anno=2>

Licensing Standards Alignment: <https://www.dcyf.wa.gov/services/early-learning-providers/standards-alignment>

Electronic Attendance Systems <https://www.dcyf.wa.gov/services/early-learning-providers/electronic-attendance-system>

Again, information is tailored to the provider audience through use of plain language, website organization (the above links are found under the "Services" tab of the DCYF homepage, under "For Providers"), and through translation of critical documents.

DCYF does not have direct communication to parents that have not received services.

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

a. Temporary Assistance for Needy Families program:

When a family applies for child care subsidies over the phone by calling the DCYF call center, and the client asks about TANF, staff refer them to the phone number for TANF eligibility determination. When a family applies for child care subsidy benefits on-line through Washington Connections, the system displays a range of services for which they may be eligible, including TANF, based on their income, family composition, etc.: <https://www.washingtonconnection.org/home/availablebenefits.go>. Hold messaging options when a family calls in to apply, directs families that might be interesting in hearing additional information about TANF, Head Start, SNAP, Child and Adult Care food program, ESIT, Low income home energy assistance program, WIC, Medicaid and Children's health program to go to [www.washingtonconnection.org](http://www.washingtonconnection.org) or to call 211.

The family can also search for services from this screen using Find Services: <https://www.washingtonconnection.org/home/home.go>.

Washington Connections is available in English and Spanish and information is presented in plain language to maximize accessibility. Finally, DCYF maintains a page on its website that links families to services outside DCYF, including TANF.

b. Head Start and Early Head Start programs:

Families connect with Head Start and Early Head Start programs and providers primarily through CCA -- either through its child care search on its website or by calling CCA's Family Center. CCA employs staff with language skills in prevalent consumer and provider languages, and CCA's child care search allows users to refine their search by program types, locations, hours care is needed, etc. Hold messaging

options when a family calls in to apply, directs families that might be interesting in hearing additional information about TANF, Head Start, SNAP, Child and Adult Care food program, ESIT, Low income home energy assistance program, WIC, Medicaid and Children's health program to go to [www.washingtonconnection.org](http://www.washingtonconnection.org) or to call 211.

DCYF also maintains a webpage on its site at [www.dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart](http://www.dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart) with information for families about Head Start, including eligibility criteria, enrollment information, and contact information for staff who can assist with questions. The site is presented in plain language and staff available at the contact information have access the translation and interpreter services to maximize accessibility of information.

When a family applies for child care subsidies over the phone by calling the DCYF call center, staff refer them to CCA for questions about other child care options like Head Start and Early Head Start. Further, when a family applies for child care subsidy benefits on-line through Washington Connections, there is an option on the page for Children Services (right-most column, second from bottom). From there, a link to Head Start information can be found. DCYF workers have access to language link translation and interpreter services and Washington Connections is available in Spanish to improve accessibility.

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

DCYF agents do not typically discuss LIHEAP. Hold messaging options when a family calls in to apply, directs families that might be interesting in hearing additional information about TANF, Head Start, SNAP, Child and Adult Care food program, ESIT, Low income home energy assistance program, WIC, Medicaid and Children's health program to go to [www.washingtonconnection.org](http://www.washingtonconnection.org) or to call 211.

The online application process is a joint application process that includes a variety of partners. LIHEAP is not included in the online application but information for LIHEAP is available at this link:

[http://www.washingtonconnection.org/home/explorecategories.go?locale=en\\_US&category=HA](http://www.washingtonconnection.org/home/explorecategories.go?locale=en_US&category=HA)

 **d. Supplemental Nutrition Assistance Programs (SNAP) Program:**

DCYF maintains a webpage on its site with a link to SNAP program information (see "I need help with food"). The site is presented in plain language to maximize accessibility. The link takes site users to DSHS' SNAP page, which includes information on eligibility and how to apply, including application forms in multiple languages. Further, families can apply for SNAP using Washington Connection at <https://www.washingtonconnection.org/home/available> <http://www.washingtonconnection.org/home/availablebenefits.go>. This site is presented in plain language and is available in Spanish to maximize accessibility.

Hold messaging options when a family calls in to apply, directs families that might be interesting in hearing additional information about TANF, Head Start, SNAP, Child and Adult Care food program, ESIT, Low income home energy assistance program, WIC, Medicaid and Children's health program to go to [www.washingtonconnection.org](http://www.washingtonconnection.org) or to call 211.

 **e. Women, Infants, and Children Program (WIC) program:**

DCYF maintains a page on its website that links families to services outside DCYF, including WIC. The page is presented in plain language to maximize accessibility. The link takes users to Department of Health's WIC page where information on eligibility and how to apply for benefits is available. This page is available in multiple languages and includes a link to WIC language services, and is presented in plain language to maximize accessibility. When a family applies for child care subsidies over the phone and the client asks about WIC, they are referred to 211. 211's site includes a translator, and 211 callers have access to interpreter services. 211 assists callers and site users to connect with the WIC program. When a family applies for child care subsidy benefits on-line through Washington Connections, the family can also search for services from this screen using Find Services: <https://www.washingtonconnection.org/home/home.go>. A link to a page with information about WIC eligibility and application is available there. Washington Connections is available in Spanish to maximize accessibility.

Hold messaging options when a family calls in to apply, directs families that might be interesting in hearing additional information about TANF, Head Start, SNAP, Child and

Adult Care food program, ESIT, Low income home energy assistance program, WIC, Medicaid and Children's health program to go to [www.washingtonconnection.org](http://www.washingtonconnection.org) or to call 211.

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

DCYF maintains a page on its website linking providers to nutrition and physical activity resources, including CACFP. DCYF's site is presented in plain language to maximize accessibility. The link takes users to OSPI's webpage devoted to CACFP where they can find information on CACFP-eligible programs, contact information for program staff, and other resources. OSPI's site includes a link to accessibility information on every page.

Hold messaging options when a family calls in to apply, directs families that might be interesting in hearing additional information about TANF, Head Start, SNAP, Child and Adult Care food program, ESIT, Low income home energy assistance program, WIC, Medicaid and Children's health program to go to [www.washingtonconnection.org](http://www.washingtonconnection.org) or to call 211.

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

DCYF maintains a section on its site regarding Health for Youth with a page discussing Apple Health, Washington's Medicaid and CHIP program. DCYF also maintains a page on its website linking to Washington Connection, where families can find information on Apple Health and Apple Health for Kids. DCYF's site is presented in plain language to maximize accessibility.

Further, when a family applies for child care subsidies over the phone and the client asks about CHIP, they are referred to 211. 211's site includes a translator, and 211 callers have access to interpreter services. 211 assists callers and site users to connect with Washington Health Plan Finder and Apple Health resources. Hold messaging options when a family calls in to apply, directs families that might be interesting in hearing additional information about TANF, Head Start, SNAP, Child and Adult Care food program, ESIT, Low income home energy assistance program, WIC, Medicaid and Children's health program to go to [www.washingtonconnection.org](http://www.washingtonconnection.org) or to call 211.

When a family applies for child care subsidy benefits on-line through Washington Connection, the family can also search for services from this screen using Find Services: <https://www.washingtonconnection.org/home/home.go>. A link to a page with information about Apple eligibility and application is available there. Washington Connection is available in Spanish to maximize accessibility

**h. Programs carried out under IDEA Part B, Section 619 and Part C:**

DCYF is the lead agency for IDEA Part C, called in Washington Early Support for Infants and Toddlers, and maintains a section of its site devoted to that program, including information on services available and eligibility. DCYF's site is presented in plain language to maximize accessibility.

ESIT program providers are informed about, and required to have, transition plans for children who age out of Part C to Part B Section 619 contained in the family's Individualized Family Service Plan. Part C to B transition is described here.

When a family applies for child care subsidy benefits on-line through Washington Connections, the family can also search for services from this screen using Find Services: <https://www.washingtonconnection.org/home/home.go>. A link to a page with information about ESIT is available there. Washington Connections is available in Spanish to maximize accessibility. Hold messaging options when a family calls in to apply, directs families that might be interesting in hearing additional information about TANF, Head Start, SNAP, Child and Adult Care food program, ESIT, Low income home energy assistance program, WIC, Medicaid and Children's health program to go to [www.washingtonconnection.org](http://www.washingtonconnection.org) or to call 211.

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

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

**Description:**

For parents and the general public, DCYF's program Strengthening Families Washington is focused on parent engagement and helping families become stronger together through a variety of tactics, including home visiting and community outreach. Resources concerning the program are available on DCYF's site here: <https://www.dcyf.wa.gov/services/child-development-supports/sfwa>. Strengthening Families includes partnering on several public awareness campaigns including Speak Up When You're Down, Have A Plan: Shaken Baby Syndrome, Child Abuse Prevention Month, and Safe Sleep. The Strengthening Families program also offers funding opportunities to community organizations whose work promotes the protective factors among families and communities.

For providers, DCYF offers nutrition and physical activity resources to its providers through a page on its website here: <https://www.dcyf.wa.gov/services/early-learning-providers/hng/resources>. DCYF also provides parent engagement resources to providers through its Strengthening Families self-assessments on its site, tailored to specific provider types: <https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers/resources-templates>.

The information on DCYF's site is tailored for parents, providers, and the general public by using plain language and broad descriptions of resources, initiatives, goals, and successes. As indicated above, resources for different audiences are located in different parts of the DCYF site so these pages can be tailored specifically to them.

DCYF also partners with DOH through the Nourished and Active Early Learning initiatives,

which provides parents, providers, and the general public information on research and best practices concerning child development, health, and safety. See here: <https://www.doh.wa.gov/CommunityandEnvironment/HealthyEatingActiveLiving/NourishedandActiveinEarlyLearning>. This page provides information on breastfeeding, healthy eating, physical activity, and screen time reduction, and also links to more resources for providers and families on these topics. One of the initiative's projects includes the Farm to Early Care and Education (Farm to ECE). See here: <https://wafarntoschoolnetwork.org/communities-of-practice/farm-to-childcare-ece/>. Farm to ECE's strategies for child health and well-being include sourcing local food, school gardens, and food, nutrition, and agriculture education.

Finally, DCYF partners with Within Reach, a non-profit state-wide organization that helps families navigate the health and social services systems through a hotline, website, and materials distribution. See here: <https://withinreachwa.org/>.

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

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

**Description:**

For parents and the general public, DCYF's program Strengthening Families Washington is focused on parent engagement and helping families become stronger together through a variety of tactics, including home visiting and community outreach. Resources concerning

the program are available on DCYF's site here: <https://www.dcyf.wa.gov/services/child-development-supports/sfwa>. Strengthening Families includes partnering on several public awareness campaigns including Speak Up When You're Down, Have A Plan: Shaken Baby Syndrome, Child Abuse Prevention Month, and Safe Sleep. The Strengthening Families program also offers funding opportunities to community organizations whose work promotes the protective factors among families and communities.

DCYF has a team of content experts in Mental Health consultation, and health policy in the early childhood ages that are available to all internal staff and external partners including families, early learning providers, child care providers, as well as national and state partners.

DCYF also provides parent engagement resources to providers through its Strengthening Families self-assessments on its site, tailored to specific provider types:

<https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers/resources-templates>.

The information on DCYF's site is tailored for parents, providers, and the general public by using plain language and broad descriptions of resources, initiatives, goals, and successes. As indicated above, resources for different audiences are located in different parts of the DCYF site so these pages can be tailored specifically to them.

DCYF also partners with DOH through the Nourished and Active Early Learning initiative, which provides parents, providers, and the general public information on research and best practices concerning child development, health, and safety. See here:

<https://www.doh.wa.gov/CommunityandEnvironment/HealthyEatingActiveLiving/NourishedandActiveinEarlyLearning>. One of the initiative's projects includes the Farm to Early Care and Education (Farm to ECE). See here: <https://wafarntoschoolnetwork.org/communities-of-practice/farm-to-childcare-ece/>. Farm to ECE's strategies for child health and well-being include sourcing local food, school gardens, and food, nutrition, and agriculture education.

Finally, DCYF partners with Within Reach, a state-side non-profit organization that specializes in helping families navigate the health and social services systems, and Washington Communities for Children, a statewide network of coalitions dedicated to improving the well-being for children, families, and communities, to fund and administer Help

Me Grow, a resource and Referral network that administers developmental screenings, assists in connecting providers or families with resources to support development in children, in addition to all of the services that help families to be successful in the early years through a hotline, website, and materials distribution. See here: [https:// helpmegrowwa.org/](https://helpmegrowwa.org/)

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

DCYF licensing standards require that providers develop and follow expulsion policies and practices. These standards further require that a child only be expelled if the child presents a serious safety concerns for themselves or others and that the program is not able to reduce or eliminate the safety concern through reasonable accommodations. See WAC 110-300-0340. This standard also requires that the provider review the expulsion policy with parents, provide a record of steps taken to avoid expulsion, provide information to parents of possible resources for the parent, and that the provider report any expulsion to the department. These standards are available to the public online at <http://app.leg.wa.gov/wac/default.aspx?cite=110> and are also linked to on the DCYF webpage regarding licensing: <https://www.dcyf.wa.gov/practice/policy-laws-rules>.

DCYF's licensor orientation also covers practices to prevent expulsion and refers providers to the applicable standards. Center standards require providers to have written behavior management and guidance practices in place, and to guide child behavior based on an understanding of the individual child's needs and stage of development. Providers must promote the child's developmentally appropriate social behavior, self-control, and respect for the rights of others. Further, providers must ensure behavior management and guidance practices that are fair, reasonable, consistent, and related to the child's behavior, and prevent and prohibit any person on the premises from using cruel, unusual, hazardous, frightening, or humiliating discipline, including corporal punishment, verbal abuse, and injurious physical restraint. Use of physical restraint is only allowed in limited circumstances and staff must complete a report of incidents involving its use, placed in the child's file and provided to the child's parents.

The Quality Rating & Improvement System, Early Achievers, includes a standard focused on preventing suspension and expulsion through promoting policies that support working with families on developing behavior support plans, training staff on positive social and emotional support and accessing consultation from coaches and mental health consultants. In addition, DCYF has implemented Filming Interactions to Nurture Development (FIND), an intervention to support social-emotional development. FIND uses video coaching and brief, filmed clips of teachers interacting with young children to help caregivers identify and reinforce actions that support healthy development of our youngest learners. DCYF has also worked with Cultivate Learning at the University of Washington to train all Early Achievers coaches in the Pyramid Model, a statewide framework for promoting positive behavior support.

## 2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings to parents, the general public and, when applicable, child care providers. Information should include: Existing resources and services that the state can use in conducting developmental screenings and providing referrals to services for children who receive child care assistance. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). This information about the resources can include the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)). Information on developmental screenings, as other consumer education information, should be accessible for individuals with limited English proficiency and individuals with disabilities.

### 2.5.1 Certify by describing:

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

DCYF provides information on its website for an online resource through Help Me Grow Washington for all parents to access a free online developmental screening using the Ages and Stages Questionnaire. This is available to parents regardless of whether or not they have a child enrolled in child care. Parents are referred when they ask for information.

Providers are required to inform parents about developmental screenings as outlined in WAC 110-300-0055. <https://apps.leg.wa.gov/WAC/default.aspx?cite=110-300&full=true#110-300-0055> Providers learn about this in Child Care Basics Training.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). DCYF provides information on the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, and well child exams, on its page here. Screening is one component of ESIT's federal requirement to conduct comprehensive Child Find in order to identify all eligible children. WithinReach, a non-profit organization that connects families to resources, is ESIT's central directory of public and private early intervention services and resources, including developmental screening services. And when ESIT staff receive inquiries about children outside IDEA Part C age ranges, they refer these families to appropriate available screening, including screening under IDEA Part B, Section 619. Further, when families contact the DCYF call center to apply for child care subsidy, call center staff refer them to ParentHelp123. When families use Washington Connection to apply for child care subsidy or other benefits, they will find a link under the "Find Services" tabs to developmental screening information, including ParentHelp123's

page on screening, which also links to the Ages & Stages tool. Further, when a family is determined eligible for subsidy, they receive a consumer statement with a link to ParentHelp123. Once the family finds an eligible provider, DCYF sends the provider a letter that also contains this information. ParentHelp 123 also refers families for appropriate screening under IDEA Part B, Section 619. Finally, DCYF's Early Achievers program also promotes provider usage of developmental screening by including developmental screening in its quality standards and by providing provider coaching on use of developmental screening tools.

Families find out this information by searching our website or being referred by providers.

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

DCYF provides families with the phone number for the Family Health Hotline, 1-800-322-2588, and refers them to the Parent Help 123 website at <http://www.parenthelp123.org/child-development/help-me-grow-washington> on the family's statement of benefits for CCSP.

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

Help Me Grow Washington provides an online child development resource for parents. This includes information about developmental milestones and developmental screening. That link is provided here: <http://www.parenthelp123.org/child-development/childdevelopment-screening-public>. There are interactive links so that parents can complete a questionnaire that is the developmental screening tool, Ages and Stages-3 (ASQ-3) and the Ages and Stages: Social-Emotional(ASQ-SE). Staff at WithinReach Washington score the screening tool and then discuss the results with parents, referring the parents to resources in their community. Parents may also call a number to speak with a person and complete the questionnaire over the phone. Child care providers may also use this as a referral resource for parents. Child care providers can inform parents about the services available through Within Reach and direct parents to the website or phone number so that a parent may begin the process of developmental screening. Parents have the ability to share the results of the ASQ with

the child care provider so that they can be partners in supporting the child's growth and development.

e) [How child care providers receive this information through training and professional development.](#)

In 2018, DCYF developed a free introductory online training course on developmental screening for licensed and exempt child care providers. This training covers the important role that child care providers play in developmental monitoring, developmental screening and sharing information with and from parents related to individual child growth and development. Child care providers are also introduced to resources in their community to share with parents to access developmental screening such as through Early Intervention and Help Me Grow Washington. Child care providers participating in Early Achievers and infant-toddler consultation in ten regions have the opportunity to participate in a training and mentoring program delivered by certified coaches to support family engagement in obtaining developmental screening for all children ages birth to five in a facility. Child care providers receive 4 hours of state approved training hours for developmental screening training, as well as the materials to conduct ASQ-3 and ASQSE screenings for all children. Coaches continue to provide ongoing mentoring through the process of scoring the screening, sharing results with parents, and making referrals to ESIT as necessary.

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

DCYF includes information on developmental screening on its website. Further, DCYF sends parents information on how to obtain a screening in its consumer statement of benefits. Finally, Early Achievers awards providers points towards higher quality level ratings through its operating guidelines. [WAC 110-300-0055](#)

## [2.6 Consumer Statement for Parents Receiving CCDF Funds](#)

[Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically \(such as referral to a consumer education website\) that contains specific information about the child care provider they select \(98.33 d\). Please note that if the consumer](#)

statement is provided electronically, Lead Agencies should consider ensuring the statement is accessible to parents, including parents with limited access to the internet, and that parents have a way to contact someone to address their questions.

### 2.6.1 Certify by describing:

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

When families are approved they receive an eligibility letter that explains benefit eligibility and a rights and responsibility letter. The rights and responsibilities letter includes the website for Child Care Check (<https://www.findchildcarewa.org/>). Child Care Check provides health and safety records, background check statuses, licensing history, monitoring reports, languages spoken, and more.

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

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

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

The consumer statement is not publically available, but it indicates eligibility begin and end dates, copay amounts, the child(ren) care is approved for, and the approved activity (work, school, etc) for which care is approved. It also indicates the income level that exceeds 85% SMI for the family, the family size, income, and any child support. It tells

families they are required to report if income exceeds 85% SMI or resources exceed \$1 million, and also describes how the copay is calculated.

### 3. Provide Stable Child Care Financial Assistance to Families

#### 3. Provide Stable Child Care Financial Assistance to Families

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

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local Prekindergarten, and other collaborative programs to finish the program year or, similarly, parents enrolled in school can have eligibility extended to allow parents to finish their school year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

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

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

## 3.1 Eligible Children and Families

### 3.1 Eligible Children and Families

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

#### 3.1.1 Eligibility criteria: Age of children served

a) The CCDF program serves children

from 0 weeks

(weeks/months/years)

through 12

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

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

No

Yes,

and the upper age is through 18 years

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: (a) having a verified physical, mental, emotional, or behavioral condition that requires a

higher level of care while in the care of a licensed or certified facility, a DCYF contracted seasonal day camp or an in-home/relative provider; and (b) having a condition and need for higher level of care verified by an individual who is not employed by the child care facility and is either a health, mental health, education or social service professional. WAC 110-15-0220.

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

No.

Yes

and the upper age is through 18 years

(may not equal or exceed age 19)

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

i. "residing with":

"Reside" means to dwell permanently or continuously or to occupy a dwelling or home as one's permanent or temporary place of abode

ii. "in loco parentis":

"In loco parentis" means the adult is caring for an eligible child in the absence of the biological, adoptive, or step-parent who is not a relative, or is a court-ordered guardian or a custodian.

### 3.1.2 Eligibility criteria: Reason for care

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

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

"Working" means engaging in legal, income-generating activity taxable under the United States Tax Code or that would be taxable with or without a treaty between an Indian Nation and the United States. This includes unsubsidized employment and

subsidized employment such as working in a federal or state paid work study program; or VISTA volunteers, AmeriCorps, JobCorps, and Washington Service Corps (WSC) if the income is taxed. Travel time between the child care provider and location of work is included in approved hours.

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

"Job training" means an approved activity under either the WorkFirst Program WAC 388-310-0200 or in the SNAP Education and Training (E&T) program under chapter 388-444 WAC.

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

"Education" includes high school, high school equivalency programs, adult basic education, English as a Second Language classes, public and private vocational or technical, community college, or tribal college. DCYF considers as education activities included in the family's participation requirements for TANF or BFET plan.

Consumers not participating in BFET or TANF have special requirements:

- (i) High school or a general educational development (GED) program for consumers under twenty-two years of age;
- ii) Part-time enrollment in a vocational education, adult basic education (ABE), English as a second language (ESL) program combined with an average of twenty or more employment hours per week or sixteen or more work-study hours per week; or
- (iii) For full-time students of a community, technical, or tribal college, enrollment in:
  - A vocational education program that leads to a degree or certificate in a specific occupation
  - An associate degree program; or
  - A registered apprenticeship program.
- (iv) "Full-time student" for the purpose of this means a consumer attends a community, technical, or tribal college and meets its definition of full-time student.

Consumers enrolled in a university program are not currently eligible for child care subsidy.

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

Activities included in approved hours for job training or educational programs include class time, lab experiences, travel time, and study time.

### 3.1.2 Eligibility criteria: Reason for care

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

Yes

No,

If no, describe the additional work requirements.

### 3.1.2 Eligibility criteria: Reason for care

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

No.

Yes. If yes:

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

"Child protective services" means those services provided by the department designed to protect children from child abuse and neglect and safeguard such children from future abuse and neglect, and conduct investigations of child abuse and neglect reports. Investigations may be conducted regardless of the location of the alleged abuse or neglect. Child protective services includes referral to services to ameliorate conditions that endanger the welfare of children, the coordination of necessary programs and services relevant to the prevention, intervention, and treatment of child abuse and neglect, and services to children to ensure that each child has a permanent home. In determining whether protective services should be provided, the department shall not decline to provide such services solely because of the child's unwillingness or developmental inability to describe the nature and severity of the abuse or neglect.

"Child welfare services" means social services including voluntary and in-home services, out-of-home care, case management, and adoption services which strengthen, supplement, or substitute for, parental care and supervision for the purpose of:

- (a) Preventing or remedying, or assisting in the solution of problems which may result in families in conflict, or the neglect, abuse, exploitation, or criminal behavior of children;
- (b) Protecting and caring for dependent, abused, or neglected children;
- (c) Assisting children who are in conflict with their parents, and assisting parents who are in conflict with their children, with services designed to resolve such conflicts;
- (d) Protecting and promoting the welfare of children, including the strengthening of their own homes where possible, or, where needed;
- (e) Providing adequate care of children away from their homes in foster family homes or day care or other child care agencies or facilities.

"Child welfare services" does not include child protection services.

"Family assessment" means a comprehensive assessment of child safety, risk of subsequent child abuse or neglect, and family strengths and needs that is applied to a child abuse or neglect report. Family assessment does not include a determination as to whether child abuse or neglect occurred, but does determine the need for services to address the safety of the child and the risk of subsequent maltreatment.

Families experiencing homelessness may qualify for a homeless grace period, under which the family copayment is waived for 12 months.

A child not living with a biological or adoptive parent is given unique eligibility based on the child's income only and the guardian's approved activity.

*Note:* Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services

definition above.

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

No

Yes

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

No

Yes

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

No

Yes

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

No

Yes

### 3.1.3 Eligibility criteria: Family Income Limits

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

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

DCYF counts income as money an applicant or consumer earns or receives him or herself, or on behalf of the child from: (1) a TANF grant, except when the grant is for the first three consecutive calendar months after the consumer starts a new job. The first calendar month is the month in which he or she starts working; (2) child support received; (3) supplemental security income (SSI); (4) social security income; (5) refugee assistance payments; (6) payments from the Veterans' Administration, disability

payments, or payments from labor and industries (L&I); (7) unemployment compensation, except as required under RCW 43.216.137; (8) other types of income not listed in WAC 110-15-0070; (9) taxable income from VISTA, AmeriCorps, and Washington Service Corps programs; (10) taxable gross wages from employment or self-employment; (11) corporate compensation received by or on behalf of the consumer, such as rent, living expenses, or transportation expenses; (12) lump sums as money a consumer receives from a one-time payment such as back child support, an inheritance, or gambling winnings; and (13) income for the sale of property as follows: (a) if a consumer sold the property before application, DSHS considers the proceeds an asset and does not count as income; (b) if a consumer sold the property in the month the consumer applies or during the consumer's eligibility period, DCYF counts it as a lump sum payment as described in WAC 110-15-0065(2); (c) property does not include small personal items such as furniture, clothes, and jewelry.

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

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	4410	3749	2646	60
2	5767	4902	3460	60
3	7124	6055	4274	60
4	8481	7209	5088	60
5	9838	8362	5903	60

c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the

jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)).

Income eligibility limits are statewide.

d. SMI source and year. ACF at

[https://www.acf.hhs.gov/sites/default/files/documents/ocs/comm\\_liheap\\_im2002smiattachment\\_fy2021.pdf](https://www.acf.hhs.gov/sites/default/files/documents/ocs/comm_liheap_im2002smiattachment_fy2021.pdf) for 2021

*Reminder:* Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at:

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

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

King County

f. What is the effective date for these eligibility limits reported in 3.1.3 b? 10/1/2021

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

[https://www.dcyf.wa.gov/sites/default/files/pdf/copay\\_calculation\\_table.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/copay_calculation_table.pdf)

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

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

Consumers must acknowledge verbally or in writing that their assets do not exceed \$1,000,000 at application or re-application.

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

No.

Yes.

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

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

a. eligibility determination.

N/A

b. eligibility redetermination.

N/A

**3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Lead Agencies are reminded that authorized child care services are not required to be strictly based on the work, training, or education schedule of the parent (98.21 (g)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.**

- a. Coordinating with Head Start, Prekindergarten, other early learning programs, or school-age programs to create a package of arrangements that accommodates parents' work schedules
- b. Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. Establishing minimum eligibility periods greater than 12 months
- d. Using cross-enrollment or referrals to other public benefits
- e. Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. Working with entities that may provide other child support services.

- g. Providing more intensive case management for families with children with multiple risk factors;
  - h. Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
  - i. Other.
- Describe:

### 3.1.7 Fluctuation in earnings.

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

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

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

- Applicant identity.
- Required at Initial Determination

Required at Redetermination

Describe:

Eligibility staff accept verbal attestation of an applicants identification at the initial determination unless questionable. If questionable, eligibility staff verifies applicant identity by first using information available in the electronic case record or systems available to the department. If this is not available, then eligibility staff request proof of identification from the family directly such as a driver's license, birth certificate or social security card.

Applicant's relationship to the child.

Required at Initial Determination

Required at Redetermination

Describe:

DCYF requires relationship verification at application. Eligibility staff verifies relationship by first using information available in the electronic case record or systems available to the department. If this is not available, then eligibility staff will request proof of identification form the family directly.

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

Required at Initial Determination

Required at Redetermination

Describe:

Eligibility staff accept a verbal attestation of a child's identity, age, and citizenship and then confirm this information by first using information available in the electronic case record or systems available to the department. These other internal systems allow for verification with either a birth certificate verified at WA department of Health, a cross match with the social security administration or with the federal database for confirming non-citizen eligibility for federal benefits (SAVE). If this is not available, then eligibility staff request proof of identification, age, and citizenship form the family directly.

Work.

Required at Initial Determination

Required at Redetermination

Describe:

Eligibility staff first use information in the electronic case record or systems available to the department. This would include the employer, wage amount, and pay frequency. If this information is not available in our systems, then eligibility staff attempt to contact the employer via phone, but if not available request proof of approved activity from the family directly such as wage stubs or employment verification form signed by the employer. Applicants with new employment (less than 90 days) are allowed to provide self-attestation of employment and given 60 days to provide verification.

Job training or educational program.

Required at Initial Determination

Required at Redetermination

Describe:

Eligibility staff first use information in the electronic case record or systems available to the department. TANF or SNAP E&T families will have case manager notes detailing the activity (job search or education) and the amount of hour of the approved activity. Families attending an education program, not TANF or SNAP E&T, must provide verification of enrollment such as a class schedule or statement from the school.

Family income.

Required at Initial Determination

Required at Redetermination

Describe:

Eligibility staff accept verbal attestation and then first use information in the electronic case record or systems available to the department. If this information is not available internally or via phone by employer or non-custodial parent, then eligibility staff request proof of income from the family directly. Verification includes wage stubs, employment verification forms signed by the employer, or a verbal/written statement of direct child support by the non-custodial parent or statement from the client as to why they were unable to obtain a statement from the non-custodial parent.

Household composition.

Required at Initial Determination

Required at Redetermination

Describe:

Self attestation is typically accepted for household composition unless questionable. However, based on state statute, single parent families must provide the name and address of the other parent or indicate under penalty of perjury that the other parent's identity and address are unknown or that providing this information will likely result in serious physical or emotional harm to the applicant or anyone residing with them. In addition, the consumer must indicate under penalty of perjury whether the other parent is present or absent in the household. ESB 6032 and WAC 110-15-0012. The non-custodial parent's (NCP) information is cross-matched within the available systems in an attempt to confirm single parent status by placing the NCP at an address other than the clients. When the information is not consistent or is questionable the client may be required to provide a landlord statement to confirm single parent status.

Applicant residence.

Required at Initial Determination

Required at Redetermination

Describe:

DCYF accepts clients self-attestation of residency and only obtains verification if questionable. Verification could be obtained by using information available in the electronic case record or systems available to the department. If this is not available, then eligibility staff request proof of identification form the family directly such as a rental agreement or landlord statement.

Other.

Required at Initial Determination

Required at Redetermination

Describe:

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

Time limit for making eligibility determinations

Describe length of time:

Within 30 days of application

Track and monitor the eligibility determination process

Other.

Describe:

None

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

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

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

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

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

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

public record.

a. Identify the TANF agency that established these criteria or definitions: Department of Social and Health Services (DSHS)

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

i. "Appropriate child care":

"Appropriate child care" means child care licensed, certified, or approved under federal, state, or Tribal law and regulations for the type of care you use and were able to choose within locally available options.

ii. "Reasonable distance":

"Reasonable distance" means within range without traveling farther than is expected in the community.

iii. "Unsuitability of informal child care":

"Unsuitability of informal child care" means care that does not meet the definition of "appropriate child care".

iv. "Affordable child care arrangements":

"Affordable child care arrangements" means care arrangements that do not cost more than the copayment would under the relevant CCSP.

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

i. In writing

ii. Verbally

iii. Other.

Describe:

DSHS adds text to every individual responsibility plan (IRP) informing the parent about the exception to the individual penalties associated with the TANF work requirements.

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

The policy and procedure are available in the DSHS EA-Z Manual

(<https://www.dshs.wa.gov/esa/manuals/eaz>) and also in WAC 388-310-1600(3)(c) and

RCW 74.08A.270(1)(a).

## 3.2 Family Contribution to Payments

### 3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
<b>Family Size</b>	<b>Lowest initial or First Tier Income Level where family is first charged co-pay</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (a)?</b>	<b>What percentage of income is this co-payment in (b)?</b>	<b>Highest initial or First Tier Income Level before a family is no longer eligible.</b>	<b>What is the monthly co-payment for a family of this size based on the income level in (d)?</b>	<b>What percentage of income is this co-payment in (d)?</b>

	(a)	(b)	(c)	(d)	(e)	(f)
	(greater than \$0)					
1	883	65	7	2646	\$115	4
2	1154	65	6	3460	\$115	3
3	1426	65	5	4274	\$115	3
4	1697	65	4	5088	\$115	2
5	1969	65	3	5903	\$115	2

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

i. N/A. Sliding fee scale is statewide

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

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

0

c. What is the effective date of the sliding-fee scale(s)? 10/01/2021

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

[https://www.dcyf.wa.gov/sites/default/files/pdf/copay\\_calculation\\_table.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/copay_calculation_table.pdf)

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

Check all that apply under a. or b.

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

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

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

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

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

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

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

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

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

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

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

v. The fee is per family.

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

Describe:

vii. Other.

Describe:

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

No.

Yes, check and describe those additional factors below.

a. Number of hours the child is in care.

Describe:

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

Describe:

c. Other.

Describe:

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

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

Describe the policy and provide the policy citation.

Families under 20% of the state median income, which is below 100% of the FPL, will have a waived copay. [WAC 110-15-0075](#) (This WAC is currently in use with a different standard but will change effective 10/1/2021)

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

Describe the policy and provide the policy citation.

Children that have received child protective services, child welfare services or had a family assessment, as identified in section 3.1.2(c)(i) are considered for a waived co-pay for 12 months as outlined in WAC [110-15-0024](#). Eligible families experiencing homelessness are eligible for 12 months of child care with a waived copay as outlined in WAC [110-15-0023](#).

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

Students attending high school or completing a high school equivalency certificate and under the age of 21 do not have a copayment as provided by state statute RCW 43.216.145.

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

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

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

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

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

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment

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

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

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

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

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

A. Describe the policies and procedures.

B. Provide the citation for this policy or procedure.

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

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

Up to 65% of the state median income

B. Describe how the second eligibility threshold:

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

Families have an increase in income threshold at redetermination from 60 percent of the state median income (SMI) to 65 percent of SMI.

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

The second tier eligibility allows families earn at least an additional 5% SMI in income and remain eligible for child care subsidy.

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

Families are eligible for an additional twelve months under the second tier of eligibility. Families can continue to receive benefits under the second tier at each redetermination when they meet eligibility requirements and annual income remains under 65% SMI.

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

[WAC 110-15-0109](#)

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

No

Yes

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

Tier 2 copay amount is \$215 per month.

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

No.

Yes.

Describe:

## 3.3 Increasing Access for Vulnerable Children and Families

### 3.3 Increasing Access for Vulnerable Children and Families

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

Note:

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

#### **3.3.1 Describe how the Lead Agency defines:**

##### a) "Children with special needs":

"Children with special needs" means persons age birth to less than nineteen years, or thirteen to nineteen years and under court supervision; and (a) having a verified physical, mental, emotional, or behavioral condition that requires a higher level of care while in the care of a licensed or certified facility, a DCYF contracted seasonal day camp or an in-home/relative provider; and (b) having a condition and need for higher level of care verified by an individual who is not employed by the child care facility and is either a health, mental health, education or social service professional. WAC 110-15-0220.

Families that have children with special needs (birth to less than nineteen years) are served without being placed on a waitlist.

##### b) "Families with very low incomes":

"Families with very low incomes" means families that are applying for or income eligible for TANF.

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

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4. Paying higher rates for accessing higher quality care is addressed in 4.3.3 and using grants or contracts to reserve spots is addressed in 4.1.6.

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

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

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

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

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

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

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

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

Check all that apply:

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

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

A wait list goes into effect when the caseload exceeds allocated funding. The wait list priority groups are established by statute and members of these groups, if otherwise eligible and to the extent that program resources allow are not placed on the wait list. These priority groups include (a) Families applying for or receiving TANF; (b) Families working to cure a sanction; (c) Foster children; and (d) Families that include a child with special needs as highlighted above.

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

A wait list goes into effect when the caseload exceeds allocated funding. In addition to the groups with highest priority listed in 3.3.2, DCYF prioritizes in order: Families with teen parents (under age twenty-two) who are not living with a parent or guardian, and who are attending a high school full-time that has an on-site child care center, Families with a child residing with a biological parent or guardian who have received child protective services, child welfare services, or a family assessment response in the past six months and has received a referral for child care as part of the family's case management; and re-applicants who received subsidies within the last thirty days and: Have reapplied for subsidies; and (ii) Have household income of two hundred percent federal poverty level or below, and then all other families.

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

In the event of a wait list, DCYF prioritizes families in the order outlined in 3.3.2 and then in 3.3.3. Every attempt is made to prevent groups in 3.3.2 from being placed on the waitlist.

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

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

CCSP does not require families to produce immunization records to qualify for child care subsidies. Children whose families are dealing with homelessness do have the ability to enroll in care while their parent/guardian works to obtain copies of their immunization records. Those same children would be excluded from care if an outbreak of a vaccine - preventable disease occurred in the child care prior to their records being obtained according to [WAC 110-300-0210](#). DCYF contracts with CCA to provide outreach to these families and assist with obtaining immunization records. DCYF does not have a time frame requirement for this rule.

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

- i. Lead Agency accepts applications at local community-based locations
- ii. Partnerships with community-based organizations

- iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care

- iv. Other

DCYF contracts with Child Care Aware (CCA) to provide outreach to families experiencing homelessness. CCA created a separate menu choice on its Family Center telephone hotline for families who are experiencing homelessness. CCA provides families experiencing homelessness with case management which includes assistance in identifying resources for child care, early learning, housing assistance, financial assistance, nutrition assistance, medical and other needs identified.

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

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

Note:

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

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

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

CCSP does not require families to produce immunization records to qualify for child care subsidies. Immunizations records are required for children to attend licensed child care but families have an indefinite amount of time to either obtain the child's

immunization, re-start immunizations, or provide documentation according to [WAC 110-300-0210](#) . Child care subsidies may be used while families work through the process of obtaining immunizations or records.DCYF consulted with Department of Health in developing all health and safety standards, including provisions related to immunization

[Provide the citation for this policy and procedure.](#)

[WAC 110-300-0210](#)

[ii. Children who are in foster care.](#)

CCSP does not require families to produce immunization records to qualify for child care subsidies. Immunizations records are required for children to attend licensed child care but families have time to either obtain the child's immunization, re-start immunizations, or provide documentation according to [WAC 110-300-0210](#). DCYF consulted with Department of Health in developing all health and safety standards, including provisions related to immunization

[Provide the citation for this policy and procedure.](#)

[WAC 110-300-0210](#)

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

DCYF is the lead agency for both child care subsidy and the licensing agency for child care providers and coordinates through Coordination Immunization, health and safety requirements are discussed cross-divisional planning and collaboration. DCYF's ongoing goals for this coordination are to expand capacity to assist families in crisis and to expand access to quality full-day, full-year programs with comprehensive services under WCCC, SCC, ECEAP, and Head Start. DCYF prioritizes homeless families for services under all these programs and continues to explore layered funding strategies through ECEAP expansion and Early Head Start - Child Care Partnerships to improve access to quality comprehensive services for this vulnerable population. In addition, DCYF contracts with CCA, who assists families experiencing homelessness to navigate the DCYF eligibility determination under the rules described above. CCA, using a separate

statewide phone line, provides these families expert guidance on eligibility rules affecting them. CCA works with DCYF and DCYF when it identifies eligibility barriers for these families in policy or service delivery. As a result, families experiencing homelessness are given tools to provide DCYF the information needed to determine eligibility based on their true circumstances.

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

No.

Yes.

Describe:

## 3.4 Continuity for Working Families

### **3.4.1 Minimum 12-month eligibility.**

#### 3.4.1 Minimum 12-month eligibility.

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

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

any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illnessany interruption in work for a seasonal worker who is not workingany student holiday or break for a parent participating in a training or educational programany reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational programany other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time

established by the Lead Agency a child turning 13 years old during the minimum 12-month eligibility period (except as described in 3.1.1) any changes in residency within the state, territory, or tribal service area

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

All eligible families receive a twelve-month eligibility period. Newly eligible families have their eligibility period extended to ensure they receive twelve months of authorization when they do not receive a provider authorization in their first month of eligibility. See WAC [110-15-0082](#) and WAC [110-15-0095](#).

All eligible families that are re-applying also receive a twelve-month eligibility period. See [WAC 110-15-0109](#).

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

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

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

Describe or define your Lead Agency's policy:

DCYF does not act upon temporary changes

Citation:

[WAC 110-15-0031](#)

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

Describe or define your Lead Agency's policy:

DCYF does not act upon temporary changes

Citation:

[WAC 110-15-0031](#)

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

Describe or define your Lead Agency's policy:

DCYF does not act upon temporary changes

Citation:

[WAC 110-15-0031](#)

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

Describe or define your Lead Agency's policy:

DCYF does not act upon these changes unless requested by the family.

Citation:

[WAC 110-15-0031](#)

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

Describe or define your Lead Agency's policy:

DCYF does not act upon these changes.

Citation:

[WAC 110-15-0031](#)

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

Describe or define your Lead Agency's policy:

DCYF does not act upon this change.

Citation:

[WAC 110-15-0031](#)

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

Describe or define your Lead Agency's policy:

Families are required to notify DCYF within 10 days of any change of address.

Citation:

[WAC 110-15-0031](#)

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

NA

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

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

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

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

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

terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

No.

Yes.

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

DCYF allows job search as an approved activity at determination or redetermination only for families eligible for SNAP E&T (BFET) and TANF when approved by the families case manager. DCYF does not limit the timeframe allowed for job search under TANF or BFET.

b. Does the Lead Agency discontinue assistance during the minimum 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

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

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

iv. Provide the citation for this policy or procedure.

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

next minimum 12-month redetermination. Check all that apply.

- i. Not applicable.
- ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

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

B. Provide the citation for this policy or procedure:

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

Provide the citation for this policy or procedure:

[WAC 110-15-0031](#)

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

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

When consumers provide incorrect information leading to an incorrect eligibility determination their child care case may be terminated if the consumer was not eligible at application or redetermination. Consumers convicted of fraud are disqualified from receiving child care subsidy benefits for 5 years. WAC [110-15-0110](#), [110-15-0278](#).

Consumers that fail to pay their copay to their provider will have their child care subsidy case closed and they are not eligible for benefits until the copay is paid or have an agreed upon payment plan with the provider. WAC [110-15-0030](#).

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

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

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the

continuity of care for children and stability for families receiving CCDF services (98.21 (e)).

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

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

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

No

Yes

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

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

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

Describe:

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

Describe:

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

Describe:

Families must report changes in providers within 5 days. WAC 110-15-0031

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

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

Describe:

DSHS drop boxes located at local DSHS/Community Service Offices

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

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

Families may report an increase in their approved activity hours. Once verified the family may receive additional units of care for the approved activity.

ii. Provide the citation for this policy or procedure.

[WAC 110-15-0031, 110-15-0085](#)

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

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

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

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

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

- i. Advance notice to parents of pending redetermination
- ii. Advance notice to providers of pending redetermination
- iii. Pre-populated subsidy renewal form
- iv. Online documentation submission
- v. Cross-program redeterminations
- vi. Extended office hours (evenings and/or weekends)
- vii. Consultation available via phone
- viii. Other.

Describe:

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

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

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

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

### 4.1 Maximize Parental Choice and Implement Supply Building Mechanisms

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the

option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

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

DCYF provides families the child care award letter directly after they are determined eligible for child care subsidy programs. It describes the program they are approved for (Working Connections or Seasonal Child Care), their eligibility period, the activity they are participating in at the time of application that is the basis of their approval, their monthly copayment amount, how their income was determined (for eligibility and copayment determination purposes), a list of their rights and responsibilities, and contact information if they have any questions, concerns, or need to submit further information. It also includes the following:

-A link to Child Care Check [www.findchildcarewa.org](http://www.findchildcarewa.org) Washington State's licensed child care status and record data base. Parents can view detailed information about a program's licensing history, including licensing status, dates of inspections, monitoring reports, and licensing violations, plus basic staffing information, program philosophy, and level in Early Achievers, Washington's QRIS. Families may also choose license-exempt Family, Friends, and Neighbors (FFN) care for their child. It also provides information on how to submit a provider complaint and directs parents to CCA for resource and referral.

-A link to CCA, <http://www.wa.childcareaware.org>, Washington State's child care referral resource. Parents can search for providers in their area based on hours' care is available, type of care they seek, subsidy programs the provider participates in, and days and hours care is needed (including nonstandard hours). Search results indicate the provider's Early Achievers rating, and program model.

-A link to ParentHelp123, <http://www.parenthelp123.org/child-development/help-me-grow-washington>, providing information on child development screening.

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

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

Describe:

DCYF's website provides information about state child care assistance and subsidy information at <https://www.dcyf.wa.gov/services/earlylearning-childcare/getting-help>.

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

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

CCSP allows approved parents the ability to choose any provider who accepts child care subsidy within the state of Washington and the bordering states of Oregon and Idaho. CCSP makes subsidy payments to the full-range of providers, including licensed centers, family homes, and school-age programs, license exempt Family, Friends, and Neighbors, and programs that are certified for payment such as military, Tribal, or school district-operated.

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

Approximately 80% of providers report that they accept CCDF funded subsidy. Based on provider self-attestation in our child care check system. The child care check is a website that helps families search for quality child care. This includes provider health and safety information, background check information and much more. It is located at <http://www.findchildcarewa.org/>

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

FFN providers site rates, administrative burden for keeping attendance and claiming payment, and training requirements.

Early Achievers requires providers to meet level 3 quality to maintain eligibility. Meeting level 3 quality requires increased costs.

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

CCSP's administrative rules require that parents have access to their children at all times while they are in child care. See WAC 110-15-0025. CCSP's parent brochure and parent applications also communicate this information. Additionally, licensing rules require that providers inform parents that they have unlimited access to their child(ren) in care at all times.

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

No.

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

a. Restricted based on the minimum number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

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

Describe:

FFN providers must be 18 years of age.

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

Describe:

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

Describe:

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

Describe:

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

Describe:

g. Other.

Describe:

FFN providers are not allowed for Seasonal Child Care under WAC 110-15-3560, families experiencing homelessness approved under WAC 110-15-0023, or families approved under protective services WAC [110-15-0024](#).

#### 4.1.6 Child care services available through grants or contracts.

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

No. If no, skip to 4.1.7.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

Yes, statewide. If yes, describe:

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

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

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

#### 4.1.6 Child care services available through grants or contracts.

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

No

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

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

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

To increase the supply of care

To increase the quality of care

vii. Grants or Contracts are used in Child Care Programs that serve Children in underserved areas:

To increase the supply of care

To increase the quality of care

viii. Grants or Contracts are used in Child Care Programs that serve Children in urban areas:

- To increase the supply of care
- To increase the quality of care

ix. Grants or Contracts are used in Child Care Programs that serve Children in rural areas:

- To increase the supply of care
- To increase the quality of care

x. Grants or Contracts are used in Child Care Programs that serve Other populations, please specify :

- To increase the supply of care
- To increase the quality of care

Describe

**4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers that meet parents' needs and preferences. List the data sources used to identify any shortages and declines in the supply of care types that meet parents' needs. Also describe the method of tracking progress to support equal access and parental choice (98.16(x)).**

a. In child care centers.

DCYF applies an equity lens to developing programs, services and system building, including methods of identifying supply issues. See DCYF's recent report "Using Data in DCYF to Advance Racial Equity" at <https://www.dcyf.wa.gov/sites/default/files/pdf/reports/OIAAEquityData2021.pdf> and <https://www.dcyf.wa.gov/practice/racial-equity-diversity-inclusion>. The collection and analysis of data provides the basis for identifying, and prioritizing access to, high quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment. Recognizing that current data indicates disparate outcomes for children along economic and racial lines, DCYF also uses the Washington Racial Equity Theory of Change as a frame for this work.

DCYF uses available population data including census data to determine parent demand and uses agency data including identified provider type, quality rating, and location to

determine supply. Parent preference is based on market forces and informal feedback from families.

DCYF uses the Massachusetts methodology, as discussed in this [report](#), to identify extreme access deserts. The Early Learning Data Store (ELDS) provides DCYF information on such extreme access deserts in Washington. ELDS calculates extreme access deserts in Washington State that include county boundaries by comparing counts of children under age 5 who are eligible for subsidized services (ECEAP, Head Start, Early Head Start, and Subsidy) to counts of children under 5 who are actually served by these services by providers rated at quality (level 3) in Early Achievers. Provider quality is estimated for unrated providers based on the percentage of rated providers in the same county who are rated at quality.

DCYF considers an extreme desert to be a zip code that is part of a cluster of extreme unmet need zip codes that also have a highly constrained supply compared to other zip codes in the state. Using this methodology, DCYF has identified access deserts in 35 zip codes in Benton, Franklin, King, Pierce, Snohomish, and Spokane counties.

While the criteria and definitions for a desert are neutral as to provider type, DCYF does track center, school age only, and family home provider numbers, as well as total child capacity by provider type, statewide. During the COVID-19 pandemic, all three types experienced significant decline from March through April 2020, then began rebounding significantly in May 2020, then gradually continued to do so until the present day. Capacity tracked these developments.

**b. In child care homes.**

See a. above.

**c. Other.**

NA

**4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.**

a) Children in underserved areas. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Targeted Family Child Care Support such as Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

DCYF provides extensive technical assistance support through its Early Achievers and licensing programs. Early Achievers coaches assist providers in preparation for Early Achievers rating, and in instances where the provider operates in an underserved area, can tailor their support to the provider's specific needs. Participants in Early Achievers are also able to access professional development through the annual Early Achievers Institutes that focus on best teaching practices and supports aligned with Early Achievers standards. DCYF licensors provide further technical assistance toward compliance with health, safety, and child development requirements that may be particularly challenging for providers serving underserved populations such as LEP families or families experiencing homelessness or with children with disabilities.

- v. Recruitment of providers.

Describe:

- vi. Tiered payment rates (as in 4.3.3).

Describe:

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

The Early Achievers standards offer optional points toward a quality level rating for programs that have earned an accreditation.

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

Through the CBA with SEIU 925, DCYF contracts with the nonprofit Imagine Institute to increase the number of family home child care providers through its mentorship program. The reach of the program is limited by the funds allocated for it in the CBA and its impact has not kept pace with provider losses due to COVID-19. Further, the program does not function to recruit other provider types. However, the mentorship program is successful in that it focuses on cultural responsiveness, honoring the agency of individual providers, and centering their work as mentors and mentees in the field.

#### 4.1.8 Lead Agencies are required to develop and implement strategies to increase the

supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

b. Infants and toddlers. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6).

Describe:

- ii. Family Child Care Networks.

Describe:

- iii. Start-up funding.

Describe:

- iv. Technical assistance support.

Describe:

DCYF provides extensive technical assistance support through its Early Achievers program. DCYF funds CCA and Educational Service Districts to coach providers on developmentally appropriate environments to include welcoming spaces, child sized furnishings, displays at the child's level that represent families and culture, personal care routines, interactions during mealtime, and outdoor play.

- v. Recruitment of providers.

Describe:

- vi. Tiered payment rates (as in 4.3.3).

Describe:

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

In partnership with the network of infant/toddler specialists and DOH Project LAUNCH (Linking Actions to Unmet Needs in Children's Health), three communities implemented a training and mentoring project related to developmental screening through the infant-toddler resource network.

x. Mental Health Consultation.

Describe:

DCYF funds a statewide network of infant mental health consultants that provide on-site consultation or training within the state QRIS to include the following focus areas: child development, developmental screening, behavior challenges, preventing expulsion, connecting families with referral resources, and strategies for inclusion. Under the Fair Start for Kids Act, DCYF is required to have a coordinator and contract with an organization providing coaching services to hire at least 12 consultants.

xi. Other.

Describe:

Through the CBA with SEIU 925, DCYF contracts with the nonprofit Imagine Institute to increase the number of family home child care providers through its mentorship program. The reach of the program is limited by the funds allocated for it in the CBA and its impact has not kept pace with provider losses due to COVID-19. Further, the program does not function to recruit other provider types. However, the mentorship program is successful in that it focuses on cultural responsiveness, honoring the agency of individual providers, and centering their work as mentors and mentees in the field.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with

disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

c. Children with disabilities. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

DCYF provides extensive technical assistance support through its Early Achievers program. DCYF contracts with the University of Washington to offer Inclusion internships for ECE teaching staff and coaches at the Haring Center. Specialized coaching and TA is also available to ECE providers on the benefits of developmental screening and how to partner with families to promote universal developmental screening for children birth to five. Providers are given information about activities to enhance development for children who may need additional exposure for skill development and referral for community services when further intervention is necessary. Further, ECEAP contractors funded by DCYF provide regular coaching and resources for providers working with children with special needs, as special needs can be one of the eligibility criteria for ECEAP enrollment. DCYF also sponsors the annual Infant and Early Childhood Conference each year which is a learning opportunity for early learning providers who work with children birth to five with special needs.

v. Recruitment of providers.

Describe:

- vi. Tiered payment rates (as in 4.3.3).

Describe:

- vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- viii. Accreditation supports.

Describe:

- ix. Child Care Health Consultation.

Describe:

- x. Mental Health Consultation.

Describe:

- xi. Other.

Describe:

A provider caring for a child with special needs is eligible for increased subsidy payment to support the child's unique needs. All provider types are eligible for increased special needs payments.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

d. Children who receive care during non-traditional hours. Check and describe all that apply.

- i. Grants and contracts (as discussed in 4.1.6).

Describe:

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

Describe:

v. Recruitment of providers.

Describe:

vi. Tiered payment rates (as in 4.3.3).

Describe:

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

viii. Accreditation supports.

Describe:

ix. Child Care Health Consultation.

Describe:

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

If a licensed provider cares for a child at least 30 hours per month between 6:00 p.m. and 6:00 a.m. the following day, and/or on weekends and holidays, the provider is eligible to receive an additional payment per child per month. See WAC

110-15- 0249.

Further, through the CBA with SEIU 925, DCYF contracts with the nonprofit Imagine Institute to increase the number of family home child care providers through its mentorship program. The reach of the program is limited by the funds allocated for it in the CBA and its impact has not kept pace with provider losses due to COVID-19. Further, the program does not function to recruit other provider types. However, the mentorship program is successful in that it focuses on cultural responsiveness, honoring the agency of individual providers, and centering their work as mentors and mentees in the field.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services (98.16 (x)). These strategies should address children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Identify what method(s) is (are) used to increase supply and/or to improve quality for the following populations and indicate in the description if a strategy is focused more on building supply or on improving quality.

e. Other. Check and describe all that apply.

i. Grants and contracts (as discussed in 4.1.6).

Describe:

ARPA Stabilization Subgrant -

**Child Care Stabilization Grant Process**

**Who is eligible**

- The Stabilization Grant will primarily focus on building supply (increased compensation and recruitment and retention activities)

ii. Family Child Care Networks.

Describe:

iii. Start-up funding.

Describe:

iv. Technical assistance support.

**Describe:**

DCYF provides extensive technical assistance support through its Early Achievers program. Early Achievers coaches assist providers in preparation for Early Achievers rating, and in instances where the provider operates in an underserved area, can tailor their support to the provider's specific needs. DCYF licensors provide further technical assistance toward compliance with health and safety requirements.

v. Recruitment of providers.

**Describe:**

vi. Tiered payment rates (as in 4.3.3).

**Describe:**

Licensed providers may participate in the state's QRIS, Early Achievers. A provider's additional rate depends on their level rating (on a scale of 1 through 5) and is a percentage bonus calculated on the base rate. For licensed centers, that additional rate is as follows: Level 2=2%, Level 3=8%, Level 4=15%, and Level 5=20%. For licensed family homes, the addition rate is as follows: Level 2=2%, level 3=12%, Level 3+=15%, level 4=17%, and level 5=20%. These additional payment rates can assist providers to overcome financial barriers to operating a business in underserved areas.

vii. Support for improving business practices, such as management training, paid sick leave, and shared services.

**Describe:**

viii. Accreditation supports.

**Describe:**

ix. Child Care Health Consultation.

**Describe:**

x. Mental Health Consultation.

Describe:

xi. Other.

Describe:

SB5092, which directs DCYF to prioritize providers in child care deserts; providers serving or located in marginalized, low-income communities or communities of color; and providers that help support racial equity across the state.

Average total grants will amount to an average of approximately \$1,400 for FFN, \$52,000 for licensed family homes, \$59,000 for small child care centers (less than 50 capacity) and \$90,000 for larger child care centers.

**4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).**

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

RCW 43.216.010(16) defines "Low-income neighborhood" to mean a district or community where more than twenty percent of households are below the federal poverty level.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs. DCYF differentiates rates based on region/sub-region and child age including infants, toddlers, preschool, and school age, with a goal of achieving subsidy rates at the 85th percentile. Washington also allows twelve-month authorization periods for families, even when an approved activity ends. This allows for the continued use of care for families who are experiencing unemployment. Further, the Early Achievers program provides coaching, professional development, and resources for providers who serve low-income families. We supplement our base subsidy rates with Tiered Reimbursement for

providers participating in Early Achievers. This provides higher rates to support quality to areas with increased poverty and unemployment.

Finally, DCYF applies an equity lens to developing programs, services and system building. See <https://www.dcyf.wa.gov/practice/racial-equity-diversity-inclusion>. The collection and analysis of data provides the basis for identifying, and prioritizing access to, high quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment. Recognizing that current data indicates disparate outcomes for children along economic and racial lines, DCYF also uses the Washington Racial Equity Theory of Change as a frame for this work: <https://thrivewa.org/work/racial-equity-2/>

## 4.2 Assess Market Rates and Analyze the Cost of Child Care

### 4.2 Assess Market Rates and Analyze the Cost of Child Care

Key principles of the CCDF are to: (1) provide equal access to childcare for children receiving childcare assistance; and (2) ensure parental choice by offering a full range of childcare services. Payment rates that are too low to support equal access undermine these principles. To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of childcare services by geographic area, type of provider, and age of child or (2) an ACF pre-approved alternative methodology, such as a cost estimation model (CEM) (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by childcare providers and parents under different scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver childcare services (CCDF-ACF-PI-2018-01).

Regardless of whether Lead Agencies conduct a MRS or an alternative methodology, they are required to analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health/safety/quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead

Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

Note: Any Lead Agency considering using an alternative methodology, instead of a MRS rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08> ). Advance approval is not required if the Lead Agency plans to implement both a MRS and an alternative methodology.

A MRS or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c)). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

#### 4.2.1 Completion of the MRS or ACF pre-approved alternative methodology.

Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?

Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.

a. MRS.

When was your data gathered (provide a date range, for instance, September - December, 2019)?

DCYF conducted a Market Rate Survey from February 8 through May 31, 2021.

The MRS is pending finalization.

b. ACF pre-approved alternative methodology.

Identify the date of the ACF approval and describe the methodology:

No, a waiver is being requested in Appendix A.

a. Please identify the Lead Agency's planned methodology(ies) to assess child care prices and/or costs.

i. MRS.

If checked, describe the status of the Lead Agency's implementation of the MRS.

ii. ACF pre-approved alternative methodology.

If checked, describe the status of the Lead Agency's implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:

b. If a waiver is requested, Lead Agencies will need to respond to questions 4.2.2- 4.5.2 based on data collected for the FY 2019-2021 CCDF Plan or any data collected since then. Identify the date of the Lead Agencies' most recent and complete Market Rate Survey or ACF pre-approved alternative methodology that will provide data to inform responses to questions 4.2.2 - 4.5.2. 07/26/2018

**4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses.**

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

DCYF consulted with ELAC prior to developing the MRS methodology and solicited feedback on the survey instrument prior to deployment of the survey. The ELAC meetings were conducted virtually.

b) Local child care program administrators:

DCYF consulted with program administrators through the Provider Supports

Subcommittee of ELAC prior to developing the MRS methodology and solicited feedback on the survey instrument prior to deployment of the survey.

**c) Local child care resource and referral agencies:**

DCYF consulted with resource and referral agencies through ELAC prior to developing the MRS methodology and solicited feedback on the survey instrument prior to deployment of the survey.

**d) Organizations representing caregivers, teachers, and directors:**

DCYF consulted with organizations representing caregivers through ELAC and SEIU 925 representing family child care providers prior to developing the MRS methodology and solicited feedback on the survey instrument prior to deployment of the survey.

**e) Other. Describe:**

NA

**4.2.3 ACF has established a set of benchmarks, largely based on research, to identify the components of a valid and reliable market rate survey (81 FR, p. 67509). To be considered valid and reliable a Market Rate Survey or preapproved alternative methodology meets the following:**

- represents the child care market
- provides complete and current data
- uses rigorous data collection procedures
- reflects geographic variations
- analyzes data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

**a. Describe how each of the benchmarks are met in either the MRS or ACF pre-approved alternative methodology.**

**i. Represent the child care market: [Click or tap here to enter text.](#)**

DCYF's MRS represents the child care market in that it was directed to all licensed

providers across the state, not just a sample. The sample includes providers from all regions and all provider types.

**ii. Provide complete and current data:**

DCYF's market rate survey includes complete data on private pay rates current as of Spring 2021. The data is complete and current by sampling all regions and geographic variations including urban, suburban, and rural areas throughout the state.

**iii. Use rigorous data collection procedures:**

DCYF's Market Rate Survey used rigorous data collection procedures as required in its contract with Western Washington University School of Business and Economics, the contractor tasked with developing, deploying, and analyzing the study. Data was collected via email and telephony survey.

**iv. Reflect geographic variations:**

DCYF's MRS was deployed to all licensed providers across the state and analysis reflects geographic variation in accordance with the seven state subsidy regions.

**v. Analyze data in a manner that captures other relevant differences:**

DCYF's Market Rate Survey captures differences in private pay rates based on child age and provider type, and further required participants to provide information on staffing costs across the state cross referenced to provider quality rating, child age, and geographic region.

**b. Given the impact of COVID-19 on the child care market, do you think that the data you gathered (as indicated in 4.2.1) on the prices or costs of child care adequately reflect the child care market as you submit this plan?**

No

Yes.

**If yes, why do you think the data represents the child care market?**

Provider responses to the survey were cross referenced with other provider responses by provider type, child age, region, data available to DCYF, and other characteristics to appropriately gauge accuracy of response. The survey instrument itself was streamlined to the greatest degree possible to focus providers on

questions pertaining to the market and increase their likelihood of completing them.

**4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:**

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

MRS report market rate percentile analysis is differentiated by the seven different subsidy payment regions. Data collected can be disaggregated for more granular geographic analysis. The regions are separated into geographic areas of the state based mostly around the large population centers in each of the areas. Each region includes urban, suburban, and rural areas.

b) Type of provider. Describe:

MRS report percentile analysis is differentiated by Center and Family Home provider types. DCYF requests the rate from licensed, tribally certified, and military providers.

c) Age of child. Describe:

MRS report percentile analysis is differentiated by child age in the following categories- infant (birth-11 months), enhanced toddler(12-17 months), toddler (18-29 months), preschool (30 months-6 yrs not attending kindergarten or school), and school age. WAC [110-15-0205](#)

d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level.

The MRS is in process but does have quality level considerations.

**4.2.5 Has the Narrow Cost Analysis been completed for the FY 2022 - 2024 CCDF Plan?**

- No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 - 2024 CCDF Plan,

including:

a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).

DCYF's MRS included questions regarding staffing costs, which make up the majority of provider costs. These questions were mandatory. The Child Care Collaborative Task Force has also produced a preliminary cost model that analyses cost by provider type, Early Achievers quality level, region, age of children served, etc.

b. How the methodology addresses the cost of child care providers' implementation of health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

The cost model described above examines staff costs at the foundational level of quality, which is licensed status - costs at this quality level come from implementation of health and safety requirements and the staffing necessary to maintain healthy and safe group sizes and ratios. The model further examines cost at quality (considered level 3 in Early Achievers) and at an aspirational level of quality (considered levels 4 and 5 in Early Achievers).

c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).

DCYF's cost model examines cost at quality (considered level 3 in Early Achievers) and at an aspirational level of quality (considered levels 4 and 5 in Early Achievers).

d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

DCYF's cost model indicates that "in no part of the state does the infant or toddler subsidy rate cover the estimated cost of care, even at the initial tier of Early Achievers and using current salaries. The subsidy rate covers the cost for preschools in Region 4, and for school age children in all areas apart from in

Region 4. The disparities in age and region shown by this data could indicate that even though infant subsidy rates are on average nearly 30% higher than preschool subsidy rates, this is insufficient to cover the additional cost of providing infant child care, which is estimated at nearly 95% higher for an infant than a preschooler. The effect of this mismatch could lead to a lack of subsidized child care for the youngest children, with providers facing a disincentive to provide care to infants and toddlers."

**4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS or for a state with a QRIS system that is currently limited to only certain providers, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, school-age quality standards, or state defined quality measures.)**

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

a. Date the report containing results was made widely available - no later than 30 days after the completion of the report. 10/01/2018

b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

DCYF made its detailed report widely available by posting it to the DCYF website here: [https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018\\_Washington\\_State\\_Market\\_Rate\\_Survey.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Washington_State_Market_Rate_Survey.pdf). DCYF further posted the report on its Facebook and Twitter pages.

c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

DCYF developed survey questions in partnership with a group of stakeholders and providers prior to contracting with Western Washington University to conduct the survey. Further, ELAC received a draft copy of the survey and provided edits that were incorporated before deployment. Finally, several providers test the survey, allowing DCYF to incorporate their feedback as well.

### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or ACF pre-approved alternative methodology, as identified in 4.2.1, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF assistance. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

#### **4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.**

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS as identified in 4.2.1) for the following categories below.

Lead Agencies are required to provide a summary of data and facts in their Plan to demonstrate how its payment rates ensure equal access. The preamble to the final rule (81 FR, p. 67512), indicates that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile is the number separating the lowest 75 percent of rates from the

highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible children have access to three out of four child care slots.

The 75th percentile benchmark applies to the base rates. Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes). Further, base rates must be sufficient to ensure that minimum health and safety and staffing requirements are covered.

Percentiles are not required if the Lead Agency conducted an ACF pre-approved alternative methodology, but must be reported if the Lead Agency conducted a MRS. For states that conduct an ACF pre-approved alternative methodology, report the base payment rates based on a full-time weekly rate.

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below.

a. Provide the base payment rates and percentiles based on either the statewide rates or the most populous area of the state (area serving highest number of children accessing CCDF). To facilitate compiling state by state payment rates, provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Age of child in what type of licensed child care setting (All rates are full-time) - Infant (6 months) Center care:

Base payment rate:\$95.73

Full-time weekly base payment rate: \$478.65

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

ii. Age of child in what type of licensed child care setting (All rates are full-time) -

Toddler (18 months) Center care:

Base payment rate:\$79.55

Full-time weekly base payment rate: \$397.75

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iii. Age of child in what type of licensed child care setting (All rates are full-time) -  
Preschooler (4 years) Center care:

Base payment rate:\$71.82

Full-time weekly base payment rate: \$359.10

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

iv. Age of child in what type of licensed child care setting (All rates are full-time) -  
School-age child (6 years) Center care (Based on full-day, full-year rates that would  
be paid during the summer):

Base payment rate:\$45.00

Full-time weekly base payment rate: \$225

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

v. Age of child in what type of licensed child care setting (All rates are full-time) - Infant  
(6 months) Family Child Care:

Base payment rate:\$68.18

Full-time weekly base payment rate: \$340.90

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vi. Age of child in what type of licensed child care setting (All rates are full-time) - Toddler (18 months) Family Child Care:

Base payment rate:\$63.64

Full-time weekly base payment rate: \$318.20

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

vii. Age of child in what type of licensed child care setting (All rates are full-time) - Preschooler (4 years) Family Child Care:

Base payment rate:\$59.08

Full-time weekly base payment rate: \$295.40

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

viii. Age of child in what type of licensed child care setting (All rates are full-time) - School-age child (6 years) Family Child Care (Based on full-day, full-year rates that would be paid during the summer):

Base payment rate:\$40

Full-time weekly base payment rate: \$200

If the Lead Agency conducted an MRS, what is the percentile of the base payment rate? 85th

If the Lead Agency used an alternative methodology what percent of the estimated cost of care is the base rate? NA

b. If the Lead Agency does not publish weekly rates then how were these rates calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)?

Daily rates multiplied by 5

c. Describe how the Lead Agency defines and calculates part-time and full-time care.

DCYF defines full-time care as more than five hours care per day, 23 days per month and 30 half day units per month in the case of school-age care. DCYF defines part-time care as any lesser amount. Rates and percentiles described in this section are calculated based on an assumed provider Early Achievers rating of level two with tiered reimbursement at 2 percent above the subsidy base rate. Note that licensed family home providers have an additional child age rate category not reflected above for children ages 12 through 17 months -- rates for these children are the same as for infants birth through age 11 months.

d. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). July 1, 2021

e. If applicable, identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above.

King County, identified as Region 4

f. Provide the citation, or link, if available, to the payment rates

<https://www.dcyf.wa.gov/sites/default/files/pdf/subsidy-LFH.pdf> and

<https://www.dcyf.wa.gov/sites/default/files/pdf/subsidy-LC.pdf>

g. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

NA

### 4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates.

Check all that apply.

a. Geographic area.

Describe:

Subsidy rates are differentiated by seven geographic regions across the state. The regions are separated into geographic areas of the state based mostly around the large population centers in each of the areas. Each region includes urban, suburban, and rural areas. Due to economic factors Clark county is assigned to region 3 rates, Whitman county is assigned to region 6, Benton and Walla Walla counties are also assigned to region 6 for licensed centers only, and Spokane County is its own region.

b. Type of provider.

Describe:

Subsidy rates are differentiated by provider type: Center, Family Home, and Family, Friend & Neighbor (FFN).

c. Age of child.

Describe:

Rates are differentiated by child age: Infant (birth-11 months), Toddler (12-29 months), Preschool (30-83 months), and School Age (60-155 months). Also, Licensed Family Homes have an enhanced toddler rate for 12-18 months.

d. Quality level.

Describe:

Providers are required to participate in Washington's QRIS, Early Achievers, in order to be eligible to receive subsidy payment. Providers receive increasing Tiered Reimbursement at each of Early Achievers levels 2 through 5.

e. Other.

Describe:

**4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care (81 FR, p. 67514).**

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

No.

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

a. This option should not be selected if the answer above is "Yes" -- Tiered or differential rates are not implemented.

Describe:

b. Differential rate for non-traditional hours.

Describe:

For CCSP, the add-on is \$75 dollars for centers and \$90 for family homes per child per month additional payment if the provider is licensed or certified and provides at least 30 hours of non-standard hours care during one month. This payment is subject to availability based on the fixed amount appropriated annually for this purpose by the state Legislature, and in recent years the appropriation has been exhausted in less than 12 months.

c. Differential rate for children with special needs, as defined by the state/territory.

Describe:

Licensed centers, licensed family homes, and FFN providers are all eligible to receive an

additional special needs rate. This rate varies based on the level of care required for the individual child and the type of provider providing the child care. There are two levels of Special Needs authorization that can occur for each given provider type. Level 1 is approved based on eligibility worker determination while Level 2 is determined by a special needs review panel.

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

Describe:

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

Describe:

f. Differential rate for higher quality, as defined by the state/territory.

Describe:

Licensed providers must participate in the state's QRIS, Early Achievers, to receive child care subsidy. DCYF pays tiered reimbursement based on the provider's QRIS level rating (on a scale of 2 through 5), a percentage calculated on the base rate. For licensed centers, that additional rate is as follows: Level 2=2%, Level 3=8%, Level 4=15%, and Level 5=20%. For licensed family homes, the additional rate is as follows: Level 2=2%, level 3=12%, level 3+=15%, level 4=17%, and level 5=20%.

g. Other differential rates or tiered rates.

Describe:

CCSP pays registration fees for all licensed providers of up to \$50 per child per calendar year and field trip fees to licensed family home and Family, Friend, and Neighbor providers of up to \$30 per child per month as agreed upon in the collective bargaining agreement.

#### 4.3.4 Establishment of adequate payment rates.

a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF, and how they were established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis, as reported in 4.2.1 and 4.2.5.. In determining compliance with the Act for the equal access provisions in the FY2019-2021 CCDF Plan, the OCC reviewed all the states with payment rates below the 75th percentile benchmark. Of those states, the half with the lowest payment rates were considered non-compliant and placed on a corrective action plan (CAP). These states all had rates below the 25th percentile for either some or all categories of care. The 25th percentile is not to be viewed as a benchmark or a long-term solution to gauge equal access. It is also not to be viewed as sufficient for compliance in future plan cycles. OCC expects to continue to take action against states with the lowest rates in future plan cycles in an effort to keep payment rates moving upward toward ensuring equal access. Note: Per the preamble (81 FR p. 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Licensed providers set their private market rate to meet required health, safety, quality, and staffing requirements. The subsidy reimbursement rates are set by legislation. This is currently set at the 85th percentile for Early Achievers level 2 based on the Market Rate Survey (MRS) as outlined in 4.2.1. This sets payment rates to cover the required costs for 85% of all child care slots. All licensed child care providers that accept subsidy must reach Early Achievers level 2 within 30 days of receiving their first authorization. Providers must reach Early Achievers level 3 within 30 months. In-home and relative providers are paid by the hour at a rate agreed to upon under a collective bargaining agreement (CBA).

b) Describe how payment rates are adequate and have been established based on the most recent MRS or alternative methodology . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

As outlined in 4.3.4 (a) DCYF sets rates at the 85th percentile of the market rate for

providers base rate. DCYF uses a Market Rate Survey to determine current market rates and funding is allocated to DCYF through the legislative process to support rates at the desired level. For licensed family homes and FFN providers rates are determined based on the CBA which is also ratified by the legislature. This process remained unchanged during the COVID-19 pandemic. DCYF supported providers during the COVID-19 pandemic with grants and other supports.

**4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures).**

DCYF contracted for a cost-of-quality study in 2013 which provided the foundation of the tiered reimbursement rates by level. Tiered reimbursement rates for licensed family homes are determined by collective bargaining agreement, ratified by the legislative process.

**4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting.**

NA

## 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

### 4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

**4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.**

a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

i. Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

DCYF processes payment within one business day if provider claim occurs before 4:30 p.m. Payment is processed within two business days if billing occurs after 4:30 p.m. Providers who sign up for Electronic Funds Transfer receive their payment within 5-7 days day of being processed. Otherwise, DSHS issues a warrant for payment via physicalmail and sends warrants twice per month ensuring a provider receives payment within 21 days of claim.

b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

i. Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

ii. Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

iii. Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

- iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

DCYF recognizes that providing more stability in subsidy payments facilitates provider participation and parental choice, so we model our licensed child care payment structure to align with the private pay market as closely as possible. Licensed center providers are eligible to claim payment for any absent days in a month as long as the child attends at least one day within that month and the child is authorized care. Licensed family home providers are authorized a monthly unit which providers may claim when the child attends care during the month. All licensed providers may claim payment for absent days during the ten-day advanced notice period when the period extends into a new month. The child does not have to attend one day in the new month in this case.

Certified and CFPO centers follow the same payment practices.

Payment practices for non-relative, in-home and relative care (FFN) are by hour. No absent days or hours are allowed for FFN care. Payment practices for FFN providers is bargained with SEIU 925. Also, FFN providers are typically relatives and do not collect payment when care is not provided.

c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

DCYF authorizes child care payment based on family eligibility and provider usage. Eligible families with more than 110 hours of approved activities are authorized full-time care. Families with less than 110 approved activities are authorized part-time

care. Authorizations are then based on the child's need based on 5 hour increments. Children eligible for full-time care who need 5 or more hours of care daily are authorized up to 23 full-day units (up to 10 hours) for licensed centers and a monthly rate equivalent to 22-full-days for licensed family homes. Children eligible for full-time care needing less than 5 hours of care are authorized 30 half-day units. Half-day units are for up to 5 hours of care per day. Two half-day units may be combined to make one full-day unit. Children eligible for less than full-time care are authorized care in half-day increments to support their need. Children attending licensed family homes less than full-time are authorized a monthly rate based on the amount of care eligible which is based on half-days or partial days as agreed upon in collective bargaining.

ii. [Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.](#)

[Describe the policy or procedure.](#)

CCSP pays registration fees for all licensed providers of up to \$50 per child per calendar year WAC 110-15-0245.

d. [The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process. Describe:](#)

When DCYF authorizes payment, it sends written notice to the provider including the type of payment (base rate or registration fee, for example), the rate, number of units, and authorization time period. The authorization letter includes some basic billing instruction and instructs the providers to contact the provider line if they have questions about their invoice which includes the phone number and [providerhelp@dcyf.wa.gov](mailto:providerhelp@dcyf.wa.gov) email. The authorization letter additionally provides information on how providers can access the billing guide for their provider types, Center, Family home, or FFN, which would provide thorough billing instructions, contact information to the provider team for rate or authorization issues, and instructions on filing an administrative hearing.

e. [The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later](#)

than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

When a family's eligibility status changes, the associated authorization for payment closes with a 10-day notice. This generates immediate notice to the provider of the change via e-mail if available, or physical mail. DCYF sends notice the same day of the change.

f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Payment inaccuracies and disputes can be reviewed by any worker, or, if escalated, a supervisor. DCYF review is immediately available during business hours. If the DCYF worker or supervisor is unable to resolve a dispute, it can be addressed through the administrative hearing process. Consumers may request an administrative hearing up to 90 days after the date of decision. Payment inaccuracies resulting in provider overpayments are addressed by DCYF with thorough review and provider repayments on a timely basis.

g. Other. Describe:

NA

#### 4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

#### 4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers.

DCYF's CCSP payment practices support equal access to a range of providers by ensuring quick turnaround of payment (within one day of services in some cases), by paying on full- and part-time bases in full-day and half-day units, by allowing licensed providers to bill for

any days a child is absent in a month so long as the child attends at least one day, by paying registration and field trip fees and bonuses for care during nonstandard hours. All these policies and processes incentivize providers to care for children receiving subsidy, thereby ensuring equal access.

#### 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to minimum 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF services (98.16 (k))? Check all that apply

- a. Limit the maximum co-payment per family.

Describe: .

CCSP's copay structure provides for a \$0 per month copay for families below 20% of the state median income. Families above 20 percent and at, or below, 36 percent of the state median income have a \$65 copay. Families above 36 percent and at or below 50 percent of the state median income have a \$90 copay. Above 50 percent to 60 percent state median income has a copay at \$115. At reapplication and after 12 months of eligibility, a family may be eligible for a 12-month phase out (hereafter called Tier 2 eligibility) period if the household income changed and is equal to or greater than 60% of the state median income but less than 65% of the state median income. Families eligible under Tier 2 have a copay of \$215. There is no break between the initial 12-month eligibility and the Tier 2 eligibility period. See [WAC 110-15-0109](#) effective 10/1/2021.

Copays are per family and not per child.

- b. Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and
- c. Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.2.5.

At reapplication a family may be eligible for a 12-month Tier 2 eligibility period if the household income changed and is equal to or greater than 60% of the state median income but less than 65% of the state median income. There is no break between the initial 12-month eligibility and the Tier 2 eligibility period. Copays for families in the Tier 2 period are \$215 which is no more than 8.1% of a family's gross income. See [WAC 110-15-0109](#).

The second tier eligibility allows families to have an increase in income while still keeping their copay at 8.1% or less of the family's gross monthly income. DCYF has a second tier eligibility that allows for an 5% increase in income over the 60% SMI initial eligibility limit. This increase allows families to cover the full cost of care without experiencing a decrease in discretionary income.

- d. Other.

Describe:

**4.5.2. Does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?**

- No

- Yes. If yes:

- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

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

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

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

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

**5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check, identify, and describe all that apply, and provide a citation to the licensing rule.**

a. Center-based child care.

i. Identify the providers subject to licensing:

Center early learning programs, school age programs, and outdoor, nature-based

programs. For certified providers certification is approval of a person, home, or facility that is exempt from licensing but requests evidence that the program meets foundational licensing standards.

ii. Describe the licensing requirements:

[WAC 110-300-0010](#) requires an individual or entity that provides child care and early learning services for a group of children, birth through twelve years of age, to be licensed by DCYF, unless specifically exempt under RCW 43.216.010 (2).

iii. Provide the citation:

[WAC 110-300-0010](#) and [RCW 43.216.010 \(2\)](#)

b. Family child care. Describe and provide the citation:

i. Identify the providers subject to licensing:

Family home early learning programs.

ii. Describe the licensing requirements:

WAC 110-300-0010 requires that an individual or entity that provides child care and early learning services for a group of children, birth through twelve years of age, must be licensed by the department, unless specifically exempt under RCW 43.216.010 (2)

iii. Provide the citation:

WAC 110-300-0010

c. In-home care (care in the child's own) (if applicable):

i. Identify the providers subject to licensing:

ii. Describe the licensing requirements:

iii. Provide the citation:

**5.1.2 Identify the CCDF-eligible providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.**

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

i. Identify the CCDF-eligible center-based child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Exempt federally recognized Tribal providers can request to become Certified or to be certified for Payment Only from DCYF. To become Certified, the Tribal program must meet the same minimum standards as a licensed program in the State of Washington on their Tribal land, but because DCYF lacks jurisdiction to license programs on Tribal land, the program receives certification instead of a license. To become certified for Payment only, the Tribe must establish its own rules and standards that meet CCDF requirements, and must provide DCYF documentation of those standards and a letter from their Tribal chair requesting certification for Payment Only. After review, DCYF issues a Payment Only certification. Military providers follow the rules of the Department of Defense. Once DCYF receives documentation from the identified military provider, DCYF issues a Payment Only certification for each provider.

ii. Provide the citation to this policy:

[Policy](#) and [Procedure](#) 10.1.9.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Certification of these programs does not endanger the health, safety, and development of children. In the case of certified tribal programs, DCYF verifies these

programs meet the same standards as licensed providers. In the case of programs certified for payment only, Tribal programs are subject to health and safety oversight as approved by ACF under the Tribe's CCDF Plan, and in the case of military programs, these are subject to stringent health and safe standards of the Department of Defense.

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

i. Identify the CCDF-eligible family child care providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption:

Family Home child care programs on Tribal land are exempt from licensing but may be Certified or certified for Payment Only in the same manner as their Center counterparts. FFN providers who are relatives of the child receiving care may care for the child in the provider's home or the child's. Subsidy rules limit payment for this form of care to no more than 6 children at one time per care location.

ii. Provide the citation to this policy:

[Policy](#) and [Procedure](#) 10.1.9.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Certification of these programs does not endanger the health, safety, and development of children. In the case of certified tribal programs, DCYF verifies these programs meet the same standards as licensed providers. In the case of programs certified for payment only, Tribal programs are subject to health and safety oversight as approved by ACF under the Tribe's CCDF Plan. While relative FFN providers are not subject to health and safety training and monitoring requirements, DCYF elected to make them subject to background check in order to support health, safety, and development of children.

c. In-home care (care in the child's own home by a non-relative): Describe and provide

the citation by answering the questions below.

i. Identify the CCDF-eligible in-home child care (care in the child's own home by a non-relative) providers who are exempt from licensing requirements. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.

FFN providers who are not relatives of the children in care are also license exempt and may care for the child in the child's home. License exempt FFN rules limit payment for this form of care to no more than 6 children at one time per care location. If the provider is not a relative of the subsidized child, care must be provided in the child's home and the provider must complete a background check, complete health and safety training provided by DCYF, and receive health and safety monitoring visits at least once annually.

ii. Provide the citation to this policy:

[Policy](#) and [Procedure](#) 10.1.9.

Chapter 110-16 WAC

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children.

Nonrelative FFN providers are subject to health and safety standards consistent with CCDF requirements under Chapter 110-16 WAC including background check, health and safety training, and health and safety monitoring requirements, so exemption does not endanger the health, safety, and development of children.

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

**5.2.1 Describe how the state/territory defines the following age classifications. For instance, Infant: 0-18 months.**

**a. Infant. Describe:**

DCYF defines "infant" as a child age one month through 11 months.

**b. Toddler. Describe:**

DCYF defines "toddler" as a child age 12 months through 29 months.

**c. Preschool. Describe:**

DCYF defines "preschool" age as 30 months through 6 years of age and not attending kindergarten or elementary school.

**d. School-Age. Describe:**

DCYF defines "school-age" as not less than age 5 years through 12 years and attending kindergarten or elementary school.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

**a) Licensed CCDF center-based care**

**i. Infant**

**A. Ratio:**

DCYF limits the provider to infant ratio at 1:4.

**B. Group size:**

DCYF limits infant group size to 8 children.

**ii. Toddler**

A. Ratio:

DCYF limits the provider to toddlers ratio at 1:7.

B. Group size:

DCYF limits toddler group size to 14.

iii. Preschool

A. Ratio:

DCYF limits the provider to preschool age child ratio at 1:10.

B. Group size:

DCYF limits groups size for preschool age children to 20.

iv. School-age

A. Ratio:

DCYF limits the provider to school-age child ratio at 1:15.

B. Group size:

DCYF limits group size for school-age children at 30.

v. Mixed-Age Groups (if applicable)

A. Ratio:

Mixed Age group Birth to 36 months

Ratio: DCYF limits the provider to child ratio 1:4 or 1:3 depending on group size. A larger group size requires a lower ratio.

Mixed Age group 12 - 36 months

Ratio: DCYF limits the provider to child ratio 1:7 or 1:5 depending on group size. A larger group size requires a lower ratio.

Mixed Age group 36 months thru Kindergarten

Ratio: DCYF limits the provider to child ratio 1:10

Mixed Age group 4.5 years through 9 years

Ratio: DCYF limits the provider to child ratio 1:10

The ratio applies based on the age of the youngest child in the group.

**B. Group size:**

Mixed Age group Birth to 36 months

Group Size: DCYF limits the provider group size to 8 or 9 depending on ratio.

Decreasing the ratio allows for a larger group size.

Mixed Age group 12 - 36 months

Group Size: DCYF limits group size to 14 OR 15 depending on ratio. Decreasing the ratio allows for a larger group size.

Mixed Age group 36 months thru Kindergarten

Group Size: DCYF limits group size to 20 OR 26

Mixed Age group 4.5 years through 9 years

Group Size: DCYF limits the provider to groups size of 20 OR 26

The group size is determined based on the age of the youngest child.

vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.

Programs on Tribal land that are Certified for Payment Only are not subject to group size or ratio requirements and instead follow their processes documented in their CCDF Plans. Programs within Military jurisdictions follow requirements as specified by the Department of Defense.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

b. Licensed CCDF family child care home providers:

i. Mixed Groups

A. Ratio:

1:4 for birth to 24 months

1:10 for preschool

1:12 for school age

B. Group size:

Group size up to 12 birth through 12 years. A second staff is required whenever:

- More than 2 children do not walk independently
- More than 6 children in care and any child is under 2 years of age
- More than 8 children are in care and any child is under 3 years of age
- More than 10 children are in care and any child is under school age.

ii. Infant

A. Ratio:

1:2 if the provider is alone and up to 1:4 with a qualified assistant

B. Group size:

Group size varies depending on the ages of children in care. Group size 6 if there are two children under the age of two. Maximum group size of 12 with four children under the age of 2 with a qualified assistant.

iii. Toddler

A. Ratio:

1:4 if provider is alone and up to 1:8 with a qualified assistant

B. Group size:

Mixed group size of various ages over 12 months. If provider is alone, there can be 8 toddlers, with a qualified assistant there can be 12.

iv. Preschool

A. Ratio:

1:10 if the provider is alone and 1:12 with a qualified assistant

B. Group size:

10 if the provider is alone and 12 with a qualified assistant

v. School-age

A. Ratio:

1:10 if provider is alone and 12 with a qualified assistant 1:12 for SA only - not assistant needed if all are school age.

B. Group size:

10 if provider is alone and 12 with a qualified assistant

vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.

Programs on Tribal land that are Certified for Payment Only are not subject to DCYF group size or ratio requirements and instead follow their processes documented in their CCDF Plans. Programs within Military jurisdictions follow requirements as specified by the Department of Defense.

**5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.**

c. Licensed in-home care (care in the child's own home):

i. Mixed Groups (if applicable)

A. Ratio:

NA

B. Group size:

NA

ii. Infant (if applicable)

A. Ratio:

NA

B. Group size:

NA

iii. Toddler (if applicable)

A. Ratio:

NA

B. Group size:

NA

iv. Preschool (if applicable)

A. Ratio:

NA

B. Group size:

NA

v. School-age (if applicable)

A. Ratio:

NA

B. Group size:

NA

vi. Describe the ratio and group size requirements for license-exempt in-home care.

NA

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

#### a. Licensed Center-Based Care

i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care:

Lead teachers must be 18 years of age, have a high school diploma or equivalent, take preservice child care basics training, and have or make progress towards an ECE initial certificate or equivalent. All staff must have background clearance; negative tuberculosis test; blood borne pathogens training; first aid/CPR training; training recognizing and reporting suspected child abuse, neglect, and exploitation; emergency preparedness training; shaken baby syndrome training (if licensed for infants); training on serving children experiencing homelessness; safe sleep training (if licensed for infants); medication management training; and food handlers training if preparing or serving food.

ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

Directors must be 18 years of age, complete all preservice requirements and trainings, and have an ECE state certificate or equivalent (or meet the minimum for hire below while meeting the requirements). Directors, assistant directors, and program supervisors must have completed a number of college credits in early childhood education core competencies based on the number of children for which the site is licensed:

- 12 or fewer children: 10 credits
- 13 to 24 children: 25 credits
- 25 or more children: 45 credits

iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:

Programs on Tribal land that are Certified for Payment Only are not subject to these requirements and instead follow their processes documented in their CCDF Plans. Programs within Military jurisdictions follow requirements as specified by the Department of Defense.

iv. If applicable, provide the website link detailing the center-based teacher and director qualifications.

<https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#110-300-0100>

#### b. Licensed Family Child Care

i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care:

Providers must be 18 years of age, have a high school diploma or equivalent, complete preservice requirements and training including child care basics prior to licensing, and have an ECE initial certificate within 5 years.

ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:

Programs on Tribal land that are Certified for Payment Only are not subject to the above requirements and instead follow their processes documented in their CCDF Plans. Programs within Military jurisdictions follow requirements as specified by the Department of Defense.

iii. If applicable, provide the website link detailing the family child care home provider qualifications:

<https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#110-300-0100>

#### c. Regulated or registered In-home Care (care in the child's own home by a non-relative)

i. Describe the qualifications for licensed in-home child care providers (care in the child's own home) including any variations based on the ages of children in care: the individual must:

- (a) Be eighteen years of age or older;
- (b) Complete the approval process that will include, but not be limited to, providing:
  - (i) Legal name, current street address, telephone number, and email address;
  - (ii) Documents required to establish that the individual meets legal employment eligibility requirements that may include, but are not limited to:
    - (A) A legible copy of the individual's valid Social Security card; and
    - (B) A legible copy of the individual's nonexpired government issued photo identification, such as a driver's license, Washington state identification, or passport

An individual will not be approved to receive CCDF payment if the individual is;

- (a) The child's biological or adoptive parent, step-parent, or the parent's live-in partner;
- (b) The child's legal guardian or the guardian's spouse or live-in partner;
- (c) An adult acting in loco parentis or that adult's spouse or live-in partner;
- (d) An adult sibling who lives in the same household as the children needing care;
- (e) Living outside of Washington state and wants to provide care in his or her home;
- (f) Disqualified based on the requirements contained in chapter **110-06** WAC; or
- (g) Receiving temporary assistance for needy families (TANF) benefits on behalf of the eligible child.

ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

NA

### 5.3 Health and Safety Standards and Training for CCDF Providers

#### 5.3 Health and Safety Standards and Training for CCDF Providers

The state/territory must describe its requirements for pre-service or orientation training and ongoing training. Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(l)(i) and the content area of child development. Lead Agencies have flexibility in determining the number of training hours to require, and they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Lead Agencies must also have ongoing training requirements for caregivers, teachers, and

directors who are caring for children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are to report the total number of ongoing training hours that are required each year, but they do not have to report these hours out by topic (658E(c)(2)(G)(iii)). Ongoing training requirements will be addressed in 5.3.13.

Both preservice/orientation and ongoing trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory.

States and territories must have health and safety standards

for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined in 98.2. Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' standards and training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(l)) identified in questions 5.3.1 - 5.3.12. Note: Monitoring and enforcement will be addressed in subsection 5.4.

### **5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF requires both staff and enrolled children to be immunized against contagious diseases. Immunization forms (Certificate of Immunization Status) are required for all enrolled children in licensed facilities. Specifically, DCYF requires providers in both center and family home child care to be tested for tuberculosis (TB) and undergo treatment if needed. Providers are required to show proof of such testing and

treatment. licensed centers and family homes are also required to have a plan in place to safely manage blood borne pathogens. Center providers are required to comply with the applicable Washington Industrial Safety and Health Act as well as the state department of Labor and Industry's safety and health regulations. Licensed centers and family homes must have procedures for protecting staff and children from, and cleaning up, bodily fluids that includes the use of gloves, disinfection, and proper disposal. DCYF requires handwashing procedures to eliminate the contraction or spread of germs and parasites. DCYF also requires child care providers to provide individual storage space for children's belongings to prevent the spread of disease, germs, or parasites through comingling. Additionally, all child care facilities must have a health plan approved by a medical professional that addresses what infectious and contagious diseases are and that details processes to prevent infectious and contagious diseases. These plans also required providers to communicate with the parents or guardians of enrolled children and the local health department. Licensed centers and family homes are required to have immunization records for pets or animals that have contact with children enrolled in care. Licensed centers and family homes must, at their annual inspection, show proof of vaccination or acquired immunity to vaccine-preventable diseases for all children in care.

Outdoor preschool programs are considered " licensed centers with aligned rules and standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

When FFN care is provided in the child's home by an adult unrelated to the children and there are no other unrelated children on the premises, there is no requirement for proof of child immunizations. If, however, the unrelated provider has his or her own children on the premises, then the provider must show proof of current immunizations.

"License exempt non-relative FFN providers must comply with handwashing processes described in WAC and encourage and assist children to follow these same procedures. Providers must, at their annual inspection, show proof of vaccination or acquired immunity to vaccine-preventable diseases for all children in care."License

exempt non-relative FFN providers must comply with handwashing processes described in WAC and encourage and assist children to follow these same procedures. Providers must, at their annual inspection, show proof of vaccination or acquired immunity to vaccine-preventable diseases for all children in care.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. [WAC 110-300-0105; 0110; 0140; 0200; 0205; 0210; 0225; 0235; 0240; 0300](#). For license exempt FFN providers, see [WAC 110-16-0030](#).

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

[WAC 110-300-0105](#) requires that family home licensees, center directors, assistant directors, and program supervisors complete aDCYF provided orientation. The orientation is required prior to being in charge of the program fifty percent of the time or more.

[WAC 110-300-0106](#) requires that family home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides complete child care basics training, training recognizing and reporting suspected child abuse, training on neglect and exploitation, emergency preparedness training, training on shaken baby syndrome (if licensed for infants), training on serving children experiencing homelessness, safe sleep training (if licensed for infants), medication management training prior to giving a child medication, blood borne pathogen training, first aid and CPR training, and food handlers training if preparing or servicing food. The requirement is prior to being granted a license or prior to working unsupervised with children or within 3 months if already employed and being promoted to a new role.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. WAC 110-16-0025.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.



Pre-Service



Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?



Yes



No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through MERIT and through listserv communications from DCYF.

### **5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF requires both licensed center and family home providers to keep records on file of staff and volunteers who completed infant safe sleep training. Center providers are required to have health policies in place that detail how the provider ensures its staff follows safe sleep practices. DCYF requires family home providers to include information about safe sleep practices in the parent/guardian handbook of all providers who care for infants.

The standards require that the current standard of American Academy of Pediatrics be

followed including: actively supervising ; placing an infant to sleep on their back (including returning them to their back if they roll over while sleeping until they can independently roll in both directions; not using sleep positioning devices; sufficient lighting to observe skin color; monitoring breathing patterns; not allowing blankets, toys, pillows, crib bumpers etc inside the sleeping equipment while an infant is occupying the piece of equipment; not allowing blankets or other items to cover or drape over an occupied sleep equipment; not allowing bedding or clothing to cover any portion of an infant's head or face while sleeping; preventing child from getting too warm.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For license exempt FFN providers, the standard requires providers to follow American Academy of Pediatrics standards concerning safe sleep, including, but not limited to, talking with parents about use of appropriate safe sleep equipment, actively supervising infants or toddlers when they sleep or are waking up, placing infants or toddlers on their backs for sleep, not using sleep positioning devices, using sufficient lighting while infants or toddlers sleep to observe skin color, monitoring breathing patterns, allowing infants or toddlers to follow their own sleep patterns, not allowing blankets and other items in occupied cribs, not allowing blankets or other items to drape over an occupied crib, not allowing bedding or clothing to cover an infant or toddler's head while they sleep, etc.

DCYF Outdoor Preschool program does not require infant safe sleep or shaken baby training as this program does not enroll infants, only preschool age.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

For licensed providers, see [WAC 110-300-0106; 0110; 0290; 0291](#). For license exempt FFN providers, see [WAC 110-16-0030](#).

WAC 110-300-0106 is mostly training requirements but also is part of the standard required to be counted in capacity.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

[WAC 110-300-0106](#) requires licensed center directors, program supervisors and lead teachers to receive the 30 hours Child Care Basics training within six months of employment or of being granted a child care license, or to have a Child-development Associates degree in the alternative. [WAC 110-300-0106](#) further requires center directors to orient all staff to all center licensing requirements. WAC requires licensed family child care home providers to receive Child Care Basics training prior to receiving a license. Child Care Basics includes training on all CCDF required health and safety topics with the exception of pediatric first aid/CPR which is addressed in separate training (see below). All licensed providers receive preservice orientation referencing all licensing requirements, which address all CCDF health and safety requirements. See also [WAC 110-0105, 110-300-0106, and 110-300-0107](#) for rules on pre-service requirements, training requirements and in-service training.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. Regarding non-relative FFN providers, [WAC 110-16-0025](#) requires them to receive all trainings described in this subsection within 90 days of beginning service.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through MERIT and through listserv communications from DCYF.

### 5.3.3 Administration of medication, consistent with standards for parental consent.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF has requirements around medication storage, labeling, administration, and permissions for both licensed center and family home providers. These include getting written consent from a child's health care provider and parent or guardian before administering prescription or over-the-counter medicines, directions on storing medicine in places that are not accessible to children and at appropriate temperatures, only allowing specific staff members to administer medication to children, rules regarding when a child may be in charge of taking their own medicine, guidelines for administering medicine to children and how to record when medicine was given, rules on informing parents when and what medicines were given to their children, rules on how medicines are to be labeled, and rules on how to respond in case of emergency, i.e. if a child is incorrectly not given medicine, is given the wrong medicine, or is given the wrong amount of medicine. Providers must administer medication according to the medication label using cleaned and sanitized medication measuring devices.

Providers must give prescription medication only to the child named on the prescription. If a child is authorized by the parent, the provider may allow children to take their own medication, but the provider must observe and document. Providers are required to keep and maintain medication notes, and must store medication as directed on medication labels and inaccessible to children.

Outdoor preschool programs are considered " licensed centers with aligned rules and standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

For license exempt non-relative FFN providers, the provider must receive training from the parent or appointed designee for special medical procedures, and havewritten and signed consent from the parent to administer medication. At the FFN annual visit the provider must show written permission from the parent to administer medication and for treatment of illnesses and allergies of the children in care. The parent must ensure the provider has the necessary medication, training, and equipment to properly manage a child's illness and prevent and respond to emergencies due to food and allergic reactions.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

For licensed providers, see [WAC 110-300-0215](#). For license exempt FFN providers see [WAC 110-16-0035](#).

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

[WAC 110-300-0106](#) requires child care basics training prior to being granted a license, or prior to working unsupervised with children, or within 3 months if promoted to a new role. This WAC further requires that family home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides complete recognizing and reporting suspected child abuse, neglect and exploitation training; emergency preparedness training; shaken baby syndrome training (if licensed for infants); serving children experiencing homelessness training; safe sleep training (if licensed for infants); medication management training prior to giving a child

medication; blood borne pathogen training; first aid and CPR training; and food handlers training if preparing or servicing food. Child care basics includes training on all CCDF required health and safety topics with the exception of pediatric first aid/CPR which is addressed in separate training (see below). All licensed providers receive preservice orientation referencing all licensing requirements, which address all CCDF health and safety requirements.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. Regarding non-relative FFN providers, [WAC 110-16-0025](#) requires them to receive all trainings described in this subsection within 90 days of beginning service.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through DCYF listserv messages.

### 5.3.4 Prevention of and response to emergencies due to food and allergic reactions.

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF requires both center and family home providers to develop and communicate plans to prepare for and respond to emergencies due to food and allergic reactions. Providers are required to get written directions from a child's health care provider and parent or guardian if that child has a food allergy or special dietary requirements. These directions must be in the child's Individual Care Plan. Additionally, providers are required to receive instructions on proper nutrition in a child's individual health plan, post the food allergies of enrolled children where food is prepared and served, and notify staff of each child's food allergy and the potential reaction. Providers must keep special equipment, plans, and instructions on hand in case of a food allergy, either in the child's file or in an easily accessible location at the time of emergency. Providers are also required to carry each child's emergency medicine and a list of each child's allergies when traveling off-site.

Outdoor preschool programs are considered " licensed centers with aligned rules and standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License exempt FFN providers must have discussion with, and written guidance from, the parent on the topic of knowledge and treatment of child illnesses and allergies. This guidance must include how to administer medication for allergies and an attestation from the parent or guardian that the provider has all necessary medication, training, and equipment to respond to emergencies caused by food allergies.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

WAC 110-300-0186; 0190; 0480. WAC110-16-0025 for license exempt FFN providers.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

[WAC 110-300-0106](#) requires child care basics training prior to being granted a license or working unsupervised with children, or within 3 months if promoted to a new role. It further requires that family home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides complete recognizing and reporting suspected child abuse, neglect and exploitation training; emergency preparedness training; shaken baby syndrome training (if licensed for infants); serving children experiencing homelessness training; safe sleep training (if licensed for infants); medication management training prior to giving a child medication; Blood Borne Pathogen training; first aid and CPR training; and food handlers training if preparing or serving food.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. Regarding non-relative FFN providers, [WAC 110-16-0025](#) requires them to receive all trainings described in this subsection within 90 days of beginning service.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through listserv communications from DCYF.

### **5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF requires both center and licensed family home providers to maintain the safety of child care buildings and premises through proper construction or remodeling and regular inspections. DCYF requires center providers to have a certificate of occupancy from the local building department, to be inspected by the state fire marshal's office, to notify other local and state offices of their intent to operate a child care center, and to comply with local ordinances. Additionally, Providers must maintain a safe environment by identifying areas or objects that present dangers such as burns, drowning, choking, cuts, entrapment, falls, firearms, hearing loss, falling objects, pinching, poisons, punctures, crushing, electric shock, and tripping. Providers are required to eliminate or make inaccessible such hazards.

DCYF rules outline the different types of bodies of water that must be made inaccessible by using a physical barrier and in some cases, a lock. Fencing requirements for outdoor play space and/or plans for off site play spaces to be accessed. The fencing or barrier is intended to prevent child from exiting and discourages climbing. This would address vehicle traffic or other environmental

hazards outside the licensed outdoor space as listed in WAC 115-300-0145.

When an early learning provider supplies the vehicle to transport children in care, the program and provider must, Follow chapter [46.61 RCW](#), Rules of the road, and other applicable laws regarding child restraints and car seats, Assure that the number of passengers does not exceed the seating capacity of the vehicle, Maintain the vehicle in good repair and safe operating condition, Maintain the vehicle temperature at a comfortable level to children, Assure the vehicle has a current license and registration as required by Washington state transportation laws,

Assure the vehicle has emergency reflective triangles or other devices to alert other drivers of an emergency, Assure the driver has a valid driver's license for the type of vehicle being driven and a safe driving record for at least the last five years, Prevent any driver with a known condition that would compromise driving, supervision, or evacuation capabilities from operating program vehicles; and Have a current insurance policy that covers the driver, the vehicle, and all occupants.

Outdoor preschool programs are considered " licensed centers" with aligned rules and standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License exempt FFN providers must follow a list of rules to promote building and physical premises safety. [WAC 110-16-0035](#) This includes proper handling and storage of hazardous materials, and identifying and protecting children from potential hazards including bodies of water and vehicle traffic. These providers must visually inspect all child care areas for potentially hazardous items and circumstances. When a hazard is identified, providers are required to either correct it or make the potentially hazardous item or area inaccessible to children. Additionally, providers are required to actively supervise children to prevent harm. Supervision is particularly critical if the child care area has tobacco products and their storage containers; any sort of weaponry; any equipment, material, or object that poses a risk of choking or strangulation; poisons, toxins, or chemicals; personal grooming products; alcohol; plastic bags; items or equipment that reaches a high heat; equipment and appliances that pose a threat of entrapment; walking areas that present a tripping hazard; large objects that pose a threat of tipping or falling over that could injure children; indoor temperature ranges; windows or openings that pose a risk of falling out of; and

electrical components that pose a risk of shock or electrocution.

At the FFN annual visit, the provider must demonstrate that they visually scan indoor and outdoor areas to identify potential child safety hazards and discuss, with the parent, removal or easing of that hazard. When it is not possible for the provider to immediately correct or make a hazard completely inaccessible to a child, the provider must take action and actively supervise the child to avoid injury.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

WAC [110-300-0130](#), [-0135](#), [-0145](#), [-0146](#), [-0165](#), [-0170](#), [-0175](#), [-0260](#), [-0410](#), [-0415](#), and [-0420](#). WAC [110-16-0035](#) for license exempt FFN providers.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

WAC [110-300-0106](#) requires child care basics training prior to being granted a license, or prior to working unsupervised with children, or within 3 months if promoted to a new role. This WAC further requires that family home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides complete recognizing and reporting suspected child abuse, neglect and exploitation training; emergency preparedness training; shaken baby syndrome training (if licensed for infants); serving children experiencing homelessness training; safe sleep training (if licensed for infants); medication management training prior to giving a child medication; blood borne Pathogen training; first aid and CPR training; and food handlers training if preparing or servicing food. Child care basics also covers safe environments, and DCYF-provided orientation also addresses these expectations.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. Regarding non-relative FFN

providers, [WAC 110-16-0025](#) requires them to receive all trainings described in this subsection within 90 days of beginning service.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through listserv communications from DCYF.

### **5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF requires center and licensed family home providers to prohibit anyone from shaking or abusing children in care. DCYF also requires providers to report alleged or suspected child abuse to both DCYF and local authorities. Further, these providers are required to use their knowledge of each child's development and behavior to anticipate what may occur to prevent unsafe or unhealthy events or conduct, or to intervene in such circumstances as soon as possible. In addition to statements in current plan re: shaken baby - DCYF requires providers to take steps to prevent and

once aware, not tolerate child maltreatment in any form - most of which are identified in [WAC 110-300-0331](#)

Outdoor preschool programs are considered " licensed centers" with aligned rules and standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License exempt FFN providers are required to engage in health and safety activity practices including recognition and reporting of child abuse and neglect and to comply with mandatory reporting requirements. Further, these providers are required to use their knowledge of each child's development and behavior to anticipate what may occur to prevent unsafe or unhealthy events or conduct, or to intervene in such circumstances as soon as possible.

Staff members of outdoor, nature-based programs are required to protect children by reporting to law enforcement or DCYF anytime they have reasonable cause to believe a child has suffered abuse or neglect.

iii. The Lead Agency must certify that the identified health and safety standard(s) is (are) in effect. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

WACs [110-300-0106](#) and [110-300-0331](#). WAC [110-16-0025](#) and [110-16-0035](#) for license exempt FFN providers.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

WAC [110-300-0106](#) requires child care basics training prior to being granted a license, or prior to working unsupervised with children, or within 3 months if promoted to a new role. This WAC further requires that Family Home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides complete recognizing and reporting suspected child abuse, neglect and exploitation

training; emergency preparedness training; shaken baby syndrome training (if licensed for infants); serving children experiencing homelessness training; safe sleep training (if licensed for infants); medication management training prior to giving a child medication; blood borne pathogen training; first aid and CPR training; and food handlers if preparing or servicing food.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. WAC [110-16-0025](#) requires FFN provider to receive all trainings described in this subsection within 90 days of beginning service.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through MERIT and through listserv communications from DCYF.

**5.3.7 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF has a State Emergency Preparedness plan for natural disasters. Additionally, DCYF requires licensed center and licensed family home providers to have emergency preparedness plans and supplies in the event of fire, natural disasters, or other emergency situations. Also includes emergency preparedness and response planning for emergencies resulting from a human-caused event (such as violence at a child care facility), procedures for evacuation, relocation, shelter in place and lockdown, continuity of operations, accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. These plans require providers to contact services for emergency help, have adequate staffing in case of emergency as well as food and supplies on hand at the child care facility and in vehicles in case of emergency. Providers are also required to practice and record emergency drills. Lastly, providers are required to have critical information in each child's file in case of emergency.

Outdoor preschool programs are considered " licensed centers" with aligned rules and standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in

care.

For License exempt FFNs the provider must practice emergency and home evacuation drills with the children as follows: earthquake and home evacuation drills once every three calendar months, and lockdown/shelter-in-place drills once annually. FFN providers have an annual visit with DCYF License Exempt Services staff. At the visit, the provider must show to written instructions for disaster preparedness and evacuation of the home. Providers must also comply with several emergency preparedness and response planning requirements including visually scanning all child care areas to identify potential fire hazards; discussing with the children's parent or guardian how to eliminate fire hazards; actively supervising children to prevent harm from fire; drafting a home evacuation plan that is agreed to by the children's parent or guardian; having supplies available in case of emergency such as a first aid kit, a working flashlight with extra batteries, a working telephone, and three day supply of food, water, and medications for children. Lastly, providers are required to practice home evacuation drills with children.

Regarding the outdoor, nature-based program, DCYF requires all providers to have emergency preparedness plans and supplies in the event of fire, natural disasters, or other emergency situations. Additionally, these programs are required to have emergency preparedness plans for extreme weather events. Emergency preparedness plans require providers to contact services for emergency help, have adequate staffing in case of emergency as well as food and supplies on hand at the child care facility and in vehicles in case of emergency. These programs must have emergency supplies in the vehicles of staff members or at an emergency shelter location. Providers must have critical information in each child's file in case of emergency. These programs are required to have each child's emergency contact and health information either on their person or in the staff person's vehicle during the day. All child care providers are required to practice and record emergency drills.

iii. [The Lead Agency must certify that the identified health and safety standard\(s\) is\(are\) in effect and enforced through monitoring. Provide the citation\(s\) for the standard\(s\), including citations for both licensed and license-exempt providers.](#)

WACs [110-300-0470](#); [0460](#). WAC [110-16-0030](#) for license exempt FFN providers.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

WAC [110-300-0106](#) requires Child Care Basics training prior to being granted a license, or prior to working unsupervised with children, or within 3 months if promoted to a new role. This WAC further requires that Family Home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides complete recognizing and reporting suspected child abuse, neglect and exploitation training; emergency preparedness training; shaken baby syndrome training (if licensed for infants); serving children experiencing homelessness training; safe sleep training (if licensed for infants); medication management training prior to giving a child medication; blood borne pathogen training; first aid and CPR training; and food handlers if preparing or servicing food. WAC [110-300-0470](#) requires providers to practice and record emergency drills with staff and children.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics and must the training within 90 days. [WAC 110-16-0025](#)

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through MERIT, through listserv communications from DCYF, and through technical assistance during monitoring visits or when policies are being reviewed.

### **5.3.8 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.**

#### **a. Standard(s)**

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF requires safe labeling, handling, use, storage, and disposal of all hazardous or potentially hazardous materials, including biocontaminants for centers and licensed family homes. In addition, these programs are required to manage children's exposure to toxic or infectious agents such as animal waste, bee or other insect stings or bites, and toxic plants or fungi. These programs must also notify parents and guardians if pesticides are applied to areas used by the program. In addition to details on how to store, licensed center and family home providers are required to have storage areas and/or rooms that are inaccessible to children and have locking doors. Floors in these spaces must be moisture resistant and easily cleanable and centers must have ventilation while family home providers must assure storage is done in a manner to avoid buildup of fumes, odors or other hazards.

Outdoor preschool programs are considered " licensed centers" with aligned rules and standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License exempt FFN providers are required to make hazardous materials inaccessible to children, or, if it is not possible to do so, supervise the child to avoid injury from the

hazard. Outdoor, nature-based programs are required to follow all of the same rules as center licensed child care providers.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

WAC [110-300-0260 and-0170](#). WAC [110-16-0035](#) for license exempt FFN providers.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

[WAC 110-300-0106](#) requires Child Care Basics training prior to being granted a license, or prior to working unsupervised with children, or within 3 months if promoted to a new role. This WAC further requires that Family Home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides complete recognizing and reporting suspected child abuse, neglect and exploitation training; emergency preparedness training; shaken baby syndrome training (if licensed for infants); serving children experiencing homelessness training; safe sleep training (if licensed for infants); medication management training prior to giving a child medication; blood borne pathogen training; first aid and CPR training; and food handlers if preparing or servicing food. Child care basics and orientation both address the concerns.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. Regarding non-relative FFN providers, [WAC 110-16-0025](#) requires them to receive all trainings described in this subsection within 90 days of beginning service.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through listserv communications from DCYF, and through technical assistance during monitoring visits or when policies are being reviewed.

### 5.3.9 Precautions in transporting children (if applicable).

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF requires licensed centers and licensed family homes to have appropriate licensing, registration, and current maintenance to operate a vehicle to transport children. Providers must carry proper identification, first aid and CPR supplies, and must maintain staff-to-child ratios. Providers are not allowed to smoke, vape, or engage in similar activities in a vehicle used to transport children. Additionally, providers are also required to have first aid supplies and emergency medicine and supplies in vehicles when transporting children off site. Providers are also required to have written permission from an enrolled child's parent or guardian to "provide transportation for care, activities, and school when applicable." This written permission

must be inspected by the department at least annually. Lastly, providers are required to be in close proximity and maintain continuous visual observation when the children ride on public transportation.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License exempt FFN providers are required to comply with transportation requirements if transporting children such as complying with all laws concerning child restraint and car seats, possessing a driver's license and car insurance, counting each child when entering and exiting the vehicle, and never leaving children unattended in the vehicle.

Outdoor, nature based programs are required to follow all of the same requirements as licensed center child care providers.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

WAC [110-300-0480](#). WAC [110-16-0035](#) for license exempt FFN providers.

#### b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

WAC 110-300-0106 requires Child Care Basics training prior to being granted a license, or prior to working unsupervised with children, or within 3 months if promoted to a new role. This WAC further requires that Family Home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides complete recognizing and reporting suspected child abuse, neglect and exploitation

training; emergency preparedness training; shaken baby syndrome training (if licensed for infants); serving children experiencing homelessness training; safe sleep training (if licensed for infants); medication management training prior to giving a child medication; blood borne pathogen training; first aid and CPR training; and food handlers if preparing or servicing food. Child care basics and orientation both address the concerns.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. Regarding non-relative FFN providers, [WAC 110-16-0025](#) requires them to receive all trainings described in this subsection within 90 days of beginning service.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through MERIT and through listserv communications from DCYF.

### 5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR).

#### a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

Center and licensed family home providers responsible for a group of children are required to have current pediatric CPR/first aid training as to infants, children, and adults certified by the American Red Cross, American Safety and Health Institute, or another nationally recognized organization. These certifications must be kept in the record of each staff member and reviewed and approved by DCYF. Providers are also required to have a one-way CPR barrier or mask in a first aid kit at all times. A license exempt FFN provider is required to show proof of current first aid and CPR certification (or letter from the instructor) at each annual scheduled inspection of the child care facilities. Providers are also required to carry a first aid kit, and these kits must contain a "CPR barrier with a one-way valve or a pediatric and adult CPR mask with a one-way valve." Outdoor, nature based programs are required to follow all of the same requirements as licensed center child care providers. In addition, Outdoor, nature based programs that operate more than 30 minutes from emergency medical care must have at least one staff person certified in wilderness first aid.

Outdoor preschool programs are considered " licensed centers" with aligned rules and standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

In the case of non-relative FFN providers in the child's home, the provider must show proof of the CPR/first aid card at the annual monitoring visit.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers.

WAC 110-300-0106.WAC 110-16-0030 for license exempt FFN providers.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

WAC [110-300-0106](#) requires Child Care Basics training prior to being granted a license, or prior to working unsupervised with children, or within 3 months if promoted to a new role. This WAC further requires that Family Home licensees, center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and aides complete recognizing and reporting suspected child abuse, neglect and exploitation training; emergency preparedness training; shaken baby syndrome training (if licensed for infants); serving children experiencing homelessness training; safe sleep training (if licensed for infants); medication management training prior to giving a child medication; blood borne pathogen training; first aid and CPR training; and food handlers if preparing or servicing food.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. WAC [110-16-0025](#)

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service  
 Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes  
 No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are

able to maintain and update the health and safety practices as described in the standards above.

Providers receive updated information through MERIT and through technical assistance during monitoring visits.

**5.3.11 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).**

a. Standard(s)

i. Provide a brief description of the standard(s). This description should identify the practices which must be implemented by child care programs.

DCYF requires center and licensed family home providers to prohibit anyone from shaking or abusing children in care. DCYF also requires providers to report alleged or suspected child abuse to both DCYF and local authorities. All licensed childcare providers are considered mandatory reporters for child abuse and neglect. Licensed providers must also have program operations or policies about reporting abuse and neglect, and must supply policies regarding abuse and neglect to parents in the parent handbook.

This complies 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)) and RCW 26.44.030.

Outdoor preschool programs are considered " licensed centers with aligned rules and standards.

ii. Describe any variations in the standard(s) by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.

License exempt FFN providers are required to engage in health and safety activity practices including recognition and reporting of child abuse and neglect.

iii. The Lead Agency must certify that the identified health and safety standard(s) is(are) in effect and enforced through monitoring. Provide the citation(s) for the standard(s), including citations for both licensed and license-exempt providers. WAC [110-300-0-0475](#). and WAC [110-16-0035](#) for license exempt FFN providers.

b. Pre-Service and Ongoing Training

i. Provide the citation(s) for these training requirements, including citations for both licensed and license-exempt providers.

[110-300-0106](#), and WAC [110-16-0025](#) for non-relative FFN providers.

ii. Describe any variations in training requirements for the standard(s). Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. Regarding non-relative FFN providers, [WAC 110-16-0025](#) requires them to receive all trainings described in this subsection within 90 days of beginning service.

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

Pre-Service

Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

Yes

No

v. How do providers receive updated information and/or training regarding the standard(s)? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the

standards above.

Providers receive updated information through listserv communications from DCYF, and through technical assistance during monitoring visits or when policies are being reviewed.

### **5.3.12 PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b**

a. PLEASE ENTER 'NA' IN THE TEXT BOXES 'i', 'ii', AND 'iii' BELOW, AND COMPLETE QUESTION 5.3.12b

i. Please enter 'NA' below

NA

ii. Please enter 'NA' below

NA

iii. Please enter 'NA' below

NA

5.3.12 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

b. Pre-Service and Ongoing Training

i. Describe the training content and provide the citation(s) for the training requirement(s). Include citations for both licensed and license-exempt providers WAC 110-300-0106 requires that all providers complete the child care basics prior to being alone with children. Child Care Basics addresses the major domains of child development. WAC 110-300-0107 (1)(a) requires that all providers complete the EQEL training within thirty six months of being hired in a licensed facility. EQEL is "enhancing Quality of Early Learning" which expands on knowledge from Child Care Basic and then WAC 110-300-0107 (1)(b) requires 10 hours of annual in-service

training with at least 10 hours every 3 years falling into the Child Development competency which is outlined in subsection (i) of this WAC. This WAC also requires that all Lead teachers, FH licensee, Center Directors, Assistant Directors and Program Supervisors have a minimum of 10 hours every thirty six months of leadership practices as outline in subsection (ii) of this WAC. WAC [110-300-0100](#) requires all Family Home Licensees, Center Directors, Assistant Directors, Program Supervisors and Lead Teachers to have or acheive ECE credits as part of their qualifications.

ii. Describe any variations in training requirements for this topic. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?

Training for FFN providers is abbreviated compared to training for licensed providers, but still covers all required health and safety topics. FFN's must complete a minimum of two hours of health and safety training annually. WAC [110-16-0025](#).

iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

- Pre-Service
- Orientation within three (3) months of hire

iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

- Yes
- No

v. How do providers receive updated information and/or training regarding this topic? This description should include methods to ensure that providers are able to maintain and update their understanding of child development principles as described in the topic above.

Providers receive updated information through MERIT and through listserv communications from DCYF.

**5.3.13 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):**

**a. Licensed child care centers:**

10, and at least one hour must be in a health and safety topic relevant to the ages of children served

**b. License-exempt child care centers:**

10, and at least one hour must be in a health and safety topic relevant to the ages of children served

**c. Licensed family child care homes:**

10, and at least one hour must be in a health and safety topic relevant to the ages of children served

**d. License-exempt family child care homes:**

10, and at least one hour must be in a health and safety topic relevant to the ages of children served

**e. Regulated or registered In-home child care:**

Nonrelative FFN providers must receive 2 hours of ongoing training annually

**f. Non-regulated or registered in-home child care:**

NA

**5.3.14 In addition to the required standards, does the Lead Agency require providers to comply with the following optional standards? If checked, describe the standards, how often the training is required and include the citation. (Please check all that apply)**

a. Nutrition:

Describe:

- b. Access to physical activity:

Describe:

- c. Caring for children with special needs:

Describe:

- d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

## 5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

### 5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3.

Child care providers are a diverse group, and DCYF applies its commitment to racial equity, diversity, and inclusion to provider interactions supporting health and safety compliance. While discussion below regards enforcement, it is important to note that effective training and resources to providers in many cases best support providers to meet standards. DCYF provides online training modules in multiple languages, coaching through Early Achievers aligned with health and safety standards, and supported providers to maintain health and safety through COVID-19 by making funds available for personal protective equipment and other supplies. Finally, CCA provides effective

resource and referral services for providers with language support.

Regarding licensed providers, DCYF's approach to licensing emphasizes supporting them to meet standards, so licensors provide facilities coaching and technical assistance where enforcement is not required to achieve compliance. DCYF requires annual unannounced monitoring visits using checklists that address rule requirements. All violations of the licensing standards are documented on a Facility Licensing Compliance Agreement (FLCA) or Inspection Report(IR). Health and safety violations require a health and safety follow-up visit or specified method of confirmation that the violations have been corrected, e.g., pictures or signed documents, within 20 days of the initial visit. Part of the annual monitoring visit includes the licensor verifying whether the licensee is current with required ongoing training. If a licensee shows a history of noncompliance with the rules and has already received all support DCYF offers, the agency can impose civil penalties or suspend/revoke the license. DCYF also has the ability to offer the licensee a probationary license in order for the licensee to demonstrate compliance with rules.

Regarding license exempt non-relative FFN providers, DCYF's approach to monitoring again emphasizes support, coaching, and technical assistance. DCYF requires annual visits using checklists corresponding to Chapter 110-16 WAC. DCYF inspectors document compliance issues and, in the case of issues that do not represent an immediate threat to child health and safety, coordinate with providers and parents to address them. In the event that repeated attempts to achieve compliance through support, coaching, and technical assistance fail, and a threat to child health and safety results, DSHS terminates the authorization at DCYF's request per the Service Level Agreement between the two agencies. For both licensed providers and license exempt non-relative FFN providers, DCYF uses its MERIT system to track provider progress on training requirements. In the event a provider has not met training requirements, the MERIT system notifies DCYF, and staff take appropriate action.

**b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3.**

Providers are required to have their qualifications and training in the electronic registry system. Licensing staff are able to review the registry for all providers and can verify electronically that providers are compliant. If unable to verify, a records review during the

monitor visit will confirm compliance or result in an Inspection report and plan to meet the requirements. The electronic registry system does show the expiration date of trainings, e.g. first aid/CPR, Food Handlers etc. This allows both the provider and the licensing staff to see when an update may be coming due. During monitor visits, licensors check facility records to assure updates have been complied with as required. The rules provide some specific guidance including annual fire inspection, periodic water/septic testing etc.

c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards.

See a. above -- these same procedures also address applicable state and local health and safety and fire standards.

#### **5.4.2 Inspections for licensed CCDF providers.**

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

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

a. Licensed CCDF center-based child care

i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards.

Before licensing a child care center, DCYF requires a state fire marshal inspection in

addition to a health and safety inspection by the agency's licensing staff. Outdoor, nature-based programs are also required to receive a health and safety inspection by agency's licensing staff, and some of these programs may require a fire inspection if deemed necessary by the Fire Marshal. The provider must use a Washington State certified water laboratory accredited by the Department of Ecology to analyze program drinking water and test the water supply for lead and copper prior to licensing. If the provider facility uses a septic system, it must be approved by the local health department prior to licensure.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers.

DCYF policy and procedure directs licensors to conduct annual unannounced monitoring visits. DCYF defines "annual" to mean once per fiscal year in order to prevent a provider anticipating the date of an unannounced visit, so as a result visits may be more than 12 months apart. Monitoring visits can be conducted more than once a year if a facility's licensing history indicates a need or if the agency determines that the facility needs to be placed on a probationary license.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Licensors use a standardized full checklist for the first license and until the facility is moved to a non-expiring license. After attaining a full, non-expiring I license, an abbreviated checklist is used. All requirements in WAC are on a checklist at least once every 4 years. The items that are higher risk to children in care are on every checklist, those that are lower risk rotate through to assure all areas and WAC are considered at

least once every 4 years. In some situations, a WAC violation may cause additional WAC to be considered at this visit even though they would not usually be on this rotation. This is because the WAC may be an indicator of other risks.

v. [List the citation\(s\) for your state/territory's policies regarding inspections for licensed CCDF center providers](#)

Monitoring visit practice is per agency policy and procedure 10.1.8. Center rules require providers to follow other regulations or have other inspections as required by state, county, or city ordinances. See WACs 110-300-0415 and -0425.

### [5.4.2 Inspections for licensed CCDF providers.](#)

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

[Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety \(including, but not limited to, those requirements described in 98.41\) and fire standards.](#)

#### **[b. Licensed CCDF family child care home](#)**

i. [Describe your state/territory's requirements for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards](#)

[Before licensing a family care provider, DCYF requires licensure inspection of the home per WAC as to health and safety and fire requirements. DCYF also requires that the local health department inspect septic systems and test water quality pre-licensure. It](#)

is the provider's responsibility to arrange fire department inspection and this is not required pre-licensure.

ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers.

DCYF policy and procedure directs licensors to conduct annual unannounced monitoring visits. DCYF defines "annual" to mean once per fiscal year in order to prevent a provider anticipating the date of an unannounced visit, so as a result visits may be more than 12 months apart. Monitoring visits can be conducted more than once a year if a facility's licensing history indicates a need or if the agency determines that the facility needs to be placed on a probationary license.

iii. Identify the frequency of unannounced inspections:

- A. Once a year
- B. More than once a year

Describe:

iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

Licensors use a standardized full checklist for the first license and until the facility is moved to a non-expiring license. After attaining a full, non-expiring I license, an abbreviated checklist is used. All requirements in WAC are on a checklist at least once every 4 years. The items that are higher risk to children in care are on every checklist, those that are lower risk rotate through to assure all areas and WAC are considered at least once every 4 years. In some situations, a WAC violation may cause additional WAC to be considered at this visit even though they would not usually be on this rotation. This is because the WAC may be an indicator of other risks.

v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Monitoring visit practice is per agency policy and procedure 10.1.8. Licensed family home rules require providers to follow other regulations or have other inspections as required by state, county, or city ordinances. <https://www.dcyf.wa.gov/practice/policy->

#### 5.4.2 Inspections for licensed CCDF providers.

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

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

#### c) Licensed in-home CCDF child care

i. Does your state/territory license in-home child care (care in the child's own home)?

No (Skip to 5.4.3 (a)).

Yes. If yes, answer A-D below:

A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.

B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.

C. Identify the frequency of unannounced inspections:

1. Once a year

2. More than once a year

Describe:

D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.

E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.

#### 5.4.2 Inspections for licensed CCDF providers.

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

Certify by describing, in the questions below, your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

DCYF, local health departments and the Fire Marshal are responsible for pre-licensure inspections of child care centers, while DCFY is responsible for unannounced inspections. DCYF and local health departments are responsible for pre-licensure inspections of family child care programs, while DCYF is responsible for unannounced inspections.

### 5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

A certified license exempt center is held to all current DCYF licensing standards with regards to health, safety, fire, background check, and training. The site is monitored by a DCYF licensor; visits are annual and unannounced. A differential monitoring checklist may be utilized for annual visits. Certified centers include, for example, certified programs on Tribal land, or programs operated by OSPI. A certified for Payment Only license exempt Center is monitored by a separate entity to ensure it initially meets and maintains standards prescribed by its governing body: the federal military; a local, state or federal government; or the federally-recognized Tribe.

i. Provide the citation(s) for this policy or procedure

See [policy](#) and [procedure](#) 10.1.9.

b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.

A certified license exempt Family Home provider is held to all current DCYF licensing standards with regards to health, safety, fire, background check, and training. The site is monitored by a DCYF licensor; visits are annual and unannounced. A differential monitoring checklist may be utilized for annual visits. Certified Family Home providers

include, for example, certified programs on Tribal land. A certified for Payment Only license exempt Family Home provider is monitored by a separate entity to ensure it initially meets and maintains standards prescribed by its governing body: the federal military; a local, state or federal government; or the federally-recognized tribe.

i. Provide the citation(s) for this policy or procedure

See [policy](#) and [procedure](#) 10.1.9.

#### **5.4.4 Inspections for license-exempt in-home care (care in the child's own home).**

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.

Nonrelative FFN providers are required to receive announced monitoring annually on all health and safety and fire safety topics described in this Plan. DCYF License Exempt Specialists perform monitoring and provide coaching and technical assistance when they observe noncompliance with standards. Where compliance issues are noted and technical assistance is required, providers may receive follow up monitoring more frequently than the annual cycle. Relative FFN providers are exempt from monitoring requirements.

b. Provide the citation(s) for this policy or procedure.

WAC [110-16-0015](#)

c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:

DCYF Licensing Division inspects license exempt certified providers, and its License Exempt Specialist team inspects nonrelative FFN providers.

#### **5.4.5 Licensing Inspectors (or qualified inspectors designated by the Lead Agency).**

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers

Licensors candidates are required to have either of the following in order to become licensors:

- A master's degree or higher in social work, a health or social science, public administration or a related field, and two years of professional experience in planning, administering, developing, or delivering social, financial, health or chemical dependency treatment services programs; or
- A bachelor's degree in social work, a health or social science, public administration or a related field, and three years of professional experience in planning, administering, developing, or delivering social, financial, health or chemical dependency treatment services programs; or
- One year of experience as a Social and Health Program Consultant 1

b. To certify, describe how inspectors and monitors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

Licensors are required to complete health and safety training modules in the agency's Learning Management System. The training is required to be completed during staff probation and is included in staff expectations. Additionally, new licensors receive hands-on training from established licensors and work one on one with their supervisor on their individual progress.

**c. Provide the citation(s) for this policy or procedure.**

The qualification requirements for the licensor position are described in the DCYF Human Resources internal Position Description document (OFM 12-0002). No policy or procedure is available.

**5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).**

a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

Licensor ratios vary based on variables including travel time, travel distance, facility capacity, the provider types in a given licensing region, and language needs of providers. Licensors have a blended caseload of family child homes, centers, and school age programs with an average of 65 cases per licensor. In one licensing region, a not unusual licensor caseload might consist of 40 centers, 20 family homes, and 5 school age programs. DCYF licensing offices carefully assemble each licensor's caseload to achieve an equitable distribution of work, based on the above variables, that best assures child health and safety.

**b. Provide the policy citation and state/territory ratio of licensing inspectors.**

[Policy](#) and [Procedure](#) 10.1.18 Maintaining Equitable and Effective Child Care Licensing Caseloads

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For family child care homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

### a. Components of In-State Background Checks

#### i. Criminal registry or repository using fingerprints in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

WAC 110-06-0040

All other providers eligible to deliver CCDF Services

Citation:

WAC 110-06-0046

ii. Sex offender registry or repository check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

WAC 110-06-0040

All other providers eligible to deliver CCDF Services

Citation:

WAC 110-06-0046

iii. Child abuse and neglect registry and database check in the current state of residency

Licensed, regulated, or registered child care providers

Citation:

WAC 110-06-0040

All other providers eligible to deliver CCDF Services

Citation:

WAC 110-06-0046

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

b. Components of National Background Check

i. FBI Fingerprint Check

Licensed, regulated, or registered child care providers

Citation:

WAC 110-06-0040

All other providers eligible to deliver CCDF Services

Citation:

WAC 110-06-0046

ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search

Licensed, regulated, or registered child care providers

Citation:

WAC 110-06-0040

All other providers eligible to deliver CCDF Services

Citation:

WAC 110-06-0046

**5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies, and is conducting checks for the required background check components, ensuring that these requirements are in place for all licensed, regulated, or registered child care providers and for all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i), 98.43(a)(2) and 98.16(o).**

c. Components of Interstate Background Checks

i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Licensed, regulated, or registered child care providers

Citation:

WAC 110-06-0040

All other providers eligible to deliver CCDF Services

Citation:

WAC 110-06-0046

ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.

Licensed, regulated, or registered child care providers

Citation:

WAC 110-06-0040

All other providers eligible to deliver CCDF Services

Citation:

WAC 110-06-0046

iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years

Note: This is a name-based search

Licensed, regulated, or registered child care providers

Citation:

WAC 110-06-0040

All other providers eligible to deliver CCDF Services

Citation:

WAC 110-06-0046

### 5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. Family child care home providers must also submit background check requests for all household members over the age of 18. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per  $\text{Å}\text{§}$  98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in  $\text{Å}\text{§}$  98.43(g) and the web site of local lead agencies.

a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description.

Each provider has an account in the MERIT online application that has a link to the Portable Background Check Application. This application triggers all components of the background check application process. DCYF staff initiate the interstate components of the background check based on the information reported on the background check application.

Providers do not directly request a background check. When a provider has a prospective employee they advise the individual on how to submit a background check application which is done through the Managed Education and Registry Information Tool (MERIT). The individual is able to add if they are an employee or volunteer or if they are applying as an ECEAP or FFN provider.

b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)).

DCYF charges a \$12 application fee and the provider is charged \$43.50 for the fingerprint process. The \$12 fee covers only the cost for submission of the application, not the cost of processing the application. The fingerprint processing fee covers the cost set forth by the fingerprint vendor, Washington State Patrol (WSP) and FBI. Note that the background check is free for FFN providers and subject individuals in their households.

c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy: See WAC 110-06-0040(4). Providers must apply for the background check prior to beginning work. See WAC 110-06-0041.

DCYF will continue to allow prospective staff members to work supervised after submittal of their background application until their background check is complete through the duration of Washington State's State of Emergency.

d. Describe the procedure for providers to request background checks for staff members that resided in another state within the previous 5 years.

DCYF staff complete all interstate background check components based on information revealed in the individual's background check application. The provider does not initiate or complete this work.

Providers do not need to initiate out-of-state information. As the lead agency, DCYF will

identify any applicants who has lived out of state within the last 5-years, and initiate the required interstate CAN, criminal history check and SOR.

The non-NFF states are not required to report to the FBI. Therefore, an individual's criminal history may not be reported on an FBI (national) background check and we need to reach out directly to that other state for information.

Because another state agency is our background check repository and conduit with our state patrol and FBI. That agency conducts the Western Identification Network criminal history checks. There are two states, Nevada and Wyoming, that require DCYF to work with the applicant individually to submit the additional fingerprint check to those states.

e. Describe the procedure to ensure each staff member completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service.

Agency background checks are renewed every three years. Individuals are sent reminders to complete a new background check application 90, 60, and 30 days prior to expiration of current background check.

f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check.

Providers who separate from employment are required to complete a new background check regardless of time between separation and reapplication.

g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).

<https://www.dcyf.wa.gov/services/early-learning-providers/background-checks>

### 5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member or a family child care household member over the age of 18) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
- How the Lead Agency is informed of the results of each background check component
- Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.7.
- How the Lead Agency ensures that a background check request is carried out as quickly as possible and not more than 45 days after a request is submitted.

a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility.

First the background check applicant submits a background check application electronically through the lead agency's MERIT system. Lead agency staff then review and submit the background check application form electronically to the contracted background check repository, the Department of Social and Health Services' Background Check Central Unit (DSHS/BCCU). Then the applicant completes the fingerprint process through DCYF's contracted fingerprint vendor. Fingerprints are then electronically submitted to WSP and the FBI. WSP and FBI then return results electronically to DSHS/BCCU. DSHS/BCCU electronically transmits results to DCYF. DCYF background check staff then review results and make determinations to clear or disqualify the

applicant. Department of Children, Youth & Families (DCYF) Background Check Unit completes all the components of the required background check. The background check determinations are typically completed in 45 days, however this can be extended depending upon the responsiveness of the applicant in providing additional documentation/information. Information received after 45 days will be considered and a determination rendered.

b. [If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.](#)

The procedure for National Background checks is the same as described in a. above.

c. [Describe the procedures for conducting Interstate Background Check requests and making a determination of eligibility. \(Note this response should detail how a state conducts an interstate check for a provider who currently lives in their state or territory but has lived in another state\(s\) within the previous five years\).](#)

DCYF is the lead agency responsible for requesting, receiving, evaluating and rendering the final background check decision. This includes background information from other states the individual has lived in the five years preceding the background check application, in-state information and FBI results, then comparing this information to CCDBG disqualification criteria and other crimes or negative actions on the DCYF list of other crimes or substantiated findings that may relate directly to child safety, permanence or well-being.

Background check information that is not permanently disqualifying, but may relate directly to child safety, permanence or well-being is assessed to determine if the individual has the character, suitability and competence to be employed, licensed or have unsupervised access to children or youth. DCYF staff review the background check applicant's application to determine if the applicant lived in other states in the last five years preceding the application. Staff the work with the applicant, when required, to request the interstate background check components to those states. DCYF pays any interstate background check fees. DCYF staff add interstate background check results to all results received to consider when rendering a final decision to clear or disqualify the applicant.

d. Describe the procedure the Lead Agency has in place to make an eligibility determination in the event not all the components of the background check are completed within the required 45-day timeframe.

Background information that is not permanently disqualifying may need further review to determine if the individual has the character, suitability and competence to be employed, licensed or have unsupervised access to children or youth. The timeframe for this process is dependent upon the participation of the subject individual, but DCYF will render a decision with or without the individual's input in 45 days from when the application was submitted in most cases. DCYF staff review all required background check components when received, even if received after 45 days from date of application, and renders decision to clear or disqualify the applicant.

e. Describe procedures for conducting a check when the state of residence is different than the state in which the staff member works.

DCYF ensures the in-state, national and interstate background check components are completed for applicants whose residence is in a different state.

#### 5.5.4 State designation as a "Compact State" and participation in the National Fingerprint File program.

a. "Compact States" are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: <https://www.fbi.gov/services/cjis/compact-council>. The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory a Compact State?

- No  
 Yes

b. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate

check of another state's criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state's criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: <https://www.fbi.gov/services/cjis/compact-council/maps>. Is your state or territory an NFF State?

No

Yes

### 5.5.5 Procedures for a Lead Agency to Respond to Interstate Background Checks:

#### a. Interstate Criminal History Registry Check Procedures

Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

DCYF holds and would respond to interstate child abuse and neglect history checks, but interstate criminal history and sex offender registry (SOR) checks must go through the Washington State Patrol and a state SOR website.

Interstate criminal history checks are not performed by DCYF and must be made to the Washington State Patrol at <https://www.wsp.wa.gov/crime/criminal-history/>. 360-534-200, option 2. That background information is the result of a name-based search and the results are likely to include conviction history available to the public, but may be subject to state law disclosure rules. Other states request this information from the Washington State Patrol directly at <https://www.wsp.wa.gov/crime/criminal-history/>

#### b. Interstate Sex Offender Registry Check Procedures

Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

Interstate sex offender history checks are not performed by DCYF and are requested through

[https://sheriffalerts.com/cap\\_office\\_disclaimer.php?office=54528&fwd=aHR0cDovL3d](https://sheriffalerts.com/cap_office_disclaimer.php?office=54528&fwd=aHR0cDovL3d)

[3dy5pY3JpbWV3YXRjaC5uZXQvaW5kZXgucGhwP0FnZW5jeUIEPTU0NTI4](#). That background information is the result of a name-based search available to the public. The

Other states request this information directly at <https://www.waspc.org/sex-offender-information>

### c. Interstate Child Abuse and Neglect Registry Check Procedures

Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility).

DCYF responds to child abuse and neglect check requests via email. Responses only indicate the existence of a founded finding of child abuse or neglect that was subject to due process, or no findings found. Definition of "founded" (or substantiated) is in [RCW 26.44.020\(13\)](#) and "means the determination following an investigation by the department that, based on available information, it is more likely than not that child abuse or neglect did occur." If the other state requires additional information about the finding or the investigation that led to the finding they must submit a request through DCYF Public Disclosure at <https://www.dcyf.wa.gov/public-records>.

## 5.5.6 Consumer Education Website Links to Interstate Background Check Processes

Lead Agencies must have requirements, policies, and procedures in place to respond as expeditiously as possible to other States', Territories' and Tribes' requests for background checks in order to meet the 45-day timeframe (98.43(a)(1)(iii)). In addition, Lead Agencies are required to include on their consumer education website the process by which another Lead Agency may submit a background check request, along with all of the other background check policies and procedures (98.43 (g)).

State and Territory Lead Agencies are required to designate one page of their existing Consumer Education Website as a landing page for all interstate background check related processes and procedures pertaining to their own state. The purpose of having a dedicated interstate background check web page on the Lead Agency Consumer Education Website is to help state and territories implement the interstate background check requirements of the CCDBG Act (CCDF Consumer Education Website and Reports of Serious Injuries and Death (OMB #0970-0473)).

Check to certify that the required elements are included on the Lead Agency's consumer education website for each interstate background check component, and provide the direct URL/website link.

**Note: The links provided below should be a part of your consumer education website identified in 2.3.11.**

**a. Interstate Criminal Background Check:**

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii. Forms
- ix. Fees
- x. Is the state a National Fingerprint File (NFF) state?
- xi. Is the state a National Crime Prevention and Privacy Compact State?
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.wsp.wa.gov/crime/criminal-history/>

b. Interstate Sex Offender Registry (SOR) Check:

- i. Agency Name
- ii. Address
- iii. Phone Number
- iv. Email
- v. FAX
- vi. Website
- vii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification are needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- viii Forms
- ix. Fees
- Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.waspc.org/sex-offender-information>

c. Interstate Child Abuse and Neglect (CAN) Registry Check:

- i. Agency Name
- ii. Is the CAN check conducted through a County Administered Registry or Centralized Registry?
- iii. Address
- iv. Phone Number
- v. Email

- vi. FAX
- vii. Website
- viii. Instructions ((e.g. Does a portal/system account need to be created to make a request? What types of identification is needed? What types of payment is accepted? How can a provider appeal the results? How will forms will be accepted and FAQs?))
- ix. Forms
- x. Fees
- xi. Description of information that may be included in a response to a CAN registry check (including substantiated instances of child abuse and neglect accompanied by the State's definition of "substantiated" instances of child abuse and neglect.
- xii. Direct URL/website link to where this information is posted.

Enter direct URL/website link:

<https://www.dcyf.wa.gov/safety/can-founded-findings/history-checks>

**5.5.7 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option) - a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).**

a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

- No
- Yes.

If yes, describe other disqualifying crimes and provide the citation:

DCYF rules include a list of disqualifying crimes that either permanently disqualify an individual or disqualify the individual for 5 years from date of conviction. This list includes various crimes other than those specifically listed in 98.43(c)(i) and is codified in WAC 110-06-0120 as the DCYF Director's list of disqualifying crimes. Examples of other disqualifying crimes include homicide by abuse, robbery 1, reckless endangerment, stalking, etc.

b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)).

DCYF sends the applicant an email informing them of the outcome of their background check, whether cleared or disqualified. The background check system also reflects this decision, and is accessible by the child care provider. Only the decision is revealed to both the applicant and the provider. The applicant may request a copy of their background check results.

c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4).

DCYF has a review process and may approve an individual with a felony drug offense if an individualized character, suitability, and competence assessment under WAC 110-06-0070 is approved.

### **5.5.8 Appeals Processes for Background Checks**

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
- A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
- If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
- The appeals process is completed in a timely manner for any appealing child care staff member
- Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
- The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.

An applicant may contact the source reporting the crime or negative action and either submit verification of a change to their record or complete a new background check after the information is removed to show it no longer exists. DCYF provides the applicant the information needed to challenge the accuracy of the background check results at the onset of the background check process. The applicant may do the following to challenge the accuracy of information found on the FBI identification record: (1) Contact the state or federal agency or agencies that provided the information to the FBI; or (2) Send a written

challenge request to the FBI's Criminal Justice Information System Division.

b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

DCYF refers the applicant to the originating reporting agency to inquire about the process to challenge the accuracy of their information. DCYF then requests any updated information from the interstate agency.

c. **Interstate Child Abuse and Neglect (CAN) Registry Check:**

DCYF refers the applicant to the originating reporting agency to inquire about the process to challenge the accuracy of their information. DCYF then requests any updated information from the interstate agency.

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements. The description should include the health and safety requirements relatives are exempt from, if applicable, as well as which of the federally defined relatives the exemption applies to.

### 5.6.1 Licensing Requirements (as described in Section 5.1)

- a. Relative providers are exempt from all licensing requirements.
- b. Relative providers are exempt from a portion of licensing requirements.

Describe:

- c. Relative providers must fully comply with all licensing requirements.

### **5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)**

- a. Relative providers are exempt from all health and safety standard requirements
- b. Relative providers are exempt from a portion of health and safety standard requirements.

Describe:

- c. Relative providers must fully comply with all health and safety standard requirements.

### **5.6.3 Health and Safety Training (as described in Section 5.3)**

- a. Relative providers are exempt from all health and safety training requirements.
- b. Relative providers are exempt from a portion of all health and safety training requirements.

Describe:

- c. Relative providers must fully comply with all health and safety training requirements.

### **5.6.4 Monitoring and Enforcement (as described in Section 5.4)**

- a. Relative providers are exempt from all monitoring and enforcement requirements.
- b. Relative providers are exempt from a portion of monitoring and enforcement requirements.

Describe:

- c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- a. Relative providers are exempt from all background check requirements.
- b. Relative providers are exempt from a portion of background check requirements. If checked, identify the background check components that relatives must complete:
  - i. Criminal registry or repository using fingerprints in the current state of residency
  - ii. Sex offender registry or repository in the current state of residency
  - iii. Child abuse and neglect registry and database check in the current state of residency
  - iv. FBI fingerprint check
  - v. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name based search.
  - vi. Criminal registry or repository in any other state where the individual has resided in the past five years.
  - vii. Sex offender registry or repository in any other state where the individual has resided in the past five years.
  - viii. Child abuse and neglect registry or data base in any other state where the individual has resided in the past five years.
- c. Relative providers must fully comply with all background check requirements.

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the

support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

## 6.1 Professional Development Framework

**6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors in programs that serve children of all ages. This framework should be developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.**

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

Washington State has professional standards and competencies for those who work in the areas listed below. The competencies are embedded within DCYF's professional

development system and all Early Childhood Education (ECE) coursework, including state recognized training, higher education ECE certificates and degrees.

- Early care and education
- Children and youth
- Relationship based professional development
- Adult education and training
- Culturally responsive guidelines

#### ii. Career pathways. Describe:

The ECE workforce career pathway begins with a comprehensive 30 hour pre-service training called Child Care Basics that can be completed in the community with a state-approved trainer or as the first class in the college pathway to work towards an ECE state certificate. In Washington, early learning professionals follow a career pathway requiring a progression through education credentials. Providers begin with stackable certificates as required by licensing regulation and offered by colleges across the state. This includes common courses and student outcomes. All courses are aligned with the Washington State Core Competencies for Early Care and Education Professionals. The courses that students are required to take will build on one another in a sequential manner and deepen levels of applied learning along the way. Washington has developed equivalent pathways through relevant education, training, and experience to support workforce recruitment and retention. For more information about stackable certificates see here: [https://www.dcyf.wa.gov/sites/default/files/pdf/Stackable\\_Certificates.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/Stackable_Certificates.pdf)  
For more information about equivalents, see here:  
[https://dcyf.wa.gov/sites/default/files/pubs/EPS\\_0037.pdf](https://dcyf.wa.gov/sites/default/files/pubs/EPS_0037.pdf)

#### iii. Advisory structure. Describe:

In 2017, Washington updated the advisory structure by launching the Early Childhood Education Workforce Council (Workforce Council). The Workforce Council's mission is as follows: "The Early Childhood Education Workforce Council supports the development of Washington's qualified, diverse and competitively compensated educators across all early learning settings. The council focuses on ensuring that the degrees, certificates, and endorsements for early learning are progressive, valued, and transferable." The Workforce Council is a cross-sector advisory body with representatives from community organizations, provider representatives, colleges and universities as well as state and

federal agencies. In addition to the Workforce Council, Washington has a well-established college and university advisory body with the Early Childhood Teacher Preparation Council (ECTPC). This council focuses on the quality outcomes for educators, ensuring alignment and consistency across the state for ECE degrees and certificates with a focus on quality and articulation. Washington State is a part of this group as an active stakeholder. Since updated licensing rules in 2019, community engagement and recommendations has been a valuable part of the advisory structure. DCYF has engaged in other external stakeholder consultant groups, including an equivalents work group to identify the education equivalents accepted to meet licensing requirements. And beginning in November 2019, a workgroup was established to provide recommendations for a community-based model for meeting the education requirement.

#### [iv. Articulation. Describe:](#)

The state's stackable certificates serve as a critical beginning point of our state's success with articulation. Twenty-nine community and technical colleges offer the state's ECE Certificates that accumulate to a total of 47 credits. The state has articulation agreements for students who are completing Associate's degrees in ECE to continue on through their Bachelor's degree. The system is continually evolving to increase the number of articulation agreements from AAS degrees to Bachelor's degrees. Over the past few years, Washington has experienced an increase in Bachelors of Applied Science being offered through the Community and Technical Colleges, increasing the number of options students have to go from an associate's degree in ECE through a bachelor's. State and locally implemented policy allows for recognition of the CDA as ECE credits within the college system.

#### [v. Workforce information. Describe:](#)

Washington's workforce registry, MERIT, holds information about the ECE workforce. This includes a personal profile, education, employment history, professional development and more. Providers are required to use the workforce registry to apply for and complete background, and maintaining education and employment in MERIT is required for all providers as of Fall 2019. Providers are able to easily see their progress towards qualifications in MERIT and indicate the education pathway they wish to pursue.

#### [vi. Financing. Describe:](#)

The professional development system is financed by state and federal dollars. Example

services funded include support resources such as scholarships, training reimbursements, and education awards, and other expenses such as contracting for training delivery, maintaining the workforce registry, and hosting a learning management system. DCYF provided recommendations for addressing early childhood educator compensation in 2019 found here. This report continues to explore options for expanding the existing quality framework to ensure financing of the workforce. In 2019, the Washington Legislature passed the Child Care Access Now Act (HB 1344) which includes direction for compensation efforts.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- i. Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Washington has a fully operationalized system for encouraging and recognizing credit-bearing courses as continuing education. This includes Early Achievers points for education based in ECE and education awards based on ECE. In addition, DCYF recognizes other degrees and credit-bearing courses that relate to ECE education.

- ii. Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Washington has a history and current practice of engaging higher education and others in developing, defining, and aligning training and educational opportunities. The curriculum design process applied within DCYF includes intentional steps for stakeholder feedback. Ongoing partnerships with providers including higher education focus on aligning opportunities with the Core Competencies as an organizing framework. DCYF will work with stakeholders to develop a community-based model for meeting the education requirements and then partner with the state college board to establish a plan for this model to qualify for college credit.

- iii. Other

Describe:

**6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.**

The development of professional development requirements has evolved over the years. The original structure that created the early care and education competencies as well as the framework for the stackable certificates was a legislatively mandated group. Although that group has come to an end, the same partners sit at the table in both the Workforce Council and the Early Childhood Teacher Preparation Council. Although these two groups are different than the state's Advisory Council, representation that also sits on the state's advisory council is part of these groups and coordination for feedback occurs. In addition, DCYF brings other groups together for related work when it is needed.

**6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).**

The framework improves quality, diversity, stability and retention of caregivers, teachers, and directors in the following ways:

- Scholarships are available to support professionals to complete credentials and degrees.
- Education awards are available and earned for certificates and degrees.
- The state's QRIS program provides quality improvement awards and tiered subsidy reimbursement that can be applied to compensation improvements.
- Washington law requires employers to provide paid sick leave.
- DCYF administers a state-funded substitute pool to provide coverage while the employee is taking paid sick leave to ensure paid coverage for the program and care for children.
- To support diversity of our workforce, DCYF provides training in Spanish and Somali, the two most common languages for the workforce after English. DCYF works with the State Board and local colleges to be responsive to language needs and offer courses in other

languages.

- When education requirements were increased in WAC, DCYF provided a timeline to meet education and established equivalents with community partners in order to ensure access and success.
- DCYF established mental health consultants to support providers who work with children who experience different abilities, potential trauma, and challenges.

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

### **6.2.1 Describe how the state/territory incorporates into training and professional development opportunities:**

-- the knowledge and application of its early learning and developmental guidelines (where applicable);

-- its health and safety standards (as described in section 5);

-- and social-emotional/behavioral and mental health intervention models for young children, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Health and safety standards are included in the 30-hour required pre-service training, Child Care Basics as well as ongoing training offered by state-approved trainers. Providers can search for training on health and safety by the core competency area. In addition, required

renewal training includes safe sleep, food handlers, first aid, CPR, and blood borne pathogens. Additional training is available that covers social emotional and mental health, such as trauma informed care, executive function and child development. In 2020, this initial training was expanded on by adding the required 'Enhancing Quality Early Learning, or, EQEL'. This 20-hour training includes brain development and executive function as well as responsive caregiving and positive behavior supports.

**6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).**

Washington's professional development system is accessible to all providers supported through Indian tribes or tribal organizations receiving CCDF funds. All training and higher education coursework aligns back to the state's competencies, allowing providers to develop professional development plans grounded in a progressive set of knowledge and skills while personalizing to meet the unique needs for each provider. Higher education partners serving Tribal communities have provided outreach to Tribal Head Start programs and Northwest Indian College has taken the initiative to modify the Stackable Certificates to embed content focused on native culture and traditions. DCYF has the Indian Policy for Early Learning Council and is able to consult with this group to learn of needs, barriers, and opportunities to continue to partner more strongly with Tribes.

**6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers in the subsidy system:**

**a) with limited English proficiency**

DCYF facilitates participation for providers with limited English proficiency. The required orientation for child care licensing is available in English, Spanish, and Somali and can be

provided in other languages upon request. Licensing staff include staff who speak Spanish and Somali and an interpreter can be made available upon request. Additionally, some DCYF contractors offer adapted trainings specific to the language and cultural needs of communities. In addition, Washington State has a provider recruiting program for licensed family homes that supports prospective licensees with mentorship and training.

b) who have disabilities

Providers with disabilities are supported with training delivery that meets ADA requirements, allowing them to enter into the field meeting the required training. Trainings provided through DCYF contracts are held in locations that offer access for persons with disabilities, such as at colleges, libraries and other community organizations.

**6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians as defined in Section 4 of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians (98.44(b)(2)(iv)).**

Professional development requirements align with both best practice for children and best practice for educators of children, youth and their families. State early learning guidelines and professional competencies are embedded to guide the development of content and delivery of learning opportunities for professionals working with a variety of age groups. The state adopted anti-racist practices in the Relationship-Based Professional Development (RBPD) competences in 2019 and applies these to the development of content and delivery. Training opportunities have been developed by the state and in partnership with other agencies to offer a menu of training topics. The goal is to provide reliable content that is culturally responsive, inclusive, and intentional about connecting the professional development offerings with community populations. Following are examples of curriculum Washington has designed and delivers focused on leveraging the knowledge and wisdom of

communities:

1) Since Time Immemorial Tribal Sovereignty Early Learning Curriculum: Focuses on embedding and honoring Native American culture and traditions in the early childhood learning environment, with lessons on Tribal sovereignty, local Tribal history, and contemporary issues as related to Tribes of Washington State;

2) Dual Language Learners Curriculum and Communities of Practice: Six hours of training content plus a community of practice model to engage educators and coaches in preserving home language while preparing children to become bilingual and honoring native languages for language retention;

3) Enhancing Quality Early Learning (EQEL): this 20-hour training includes content on inclusive practices for children with development delays and disabilities, and culturally responsive practices;

4) Washington's ECE Stackable Certificates offer a series of three certificates that serve as a starting point for an early childhood educator's career. In addition, the stackable certificates include content for inclusive practices, screening, assessment, and communicating with families about developmental delays or different abilities.

-Initial Certificate (1st certificate): Students can earn this certificate as the starting point of their career or to continue their professional development. The courses in this certificate provide a foundation of information and include a 5-credit Introduction to Early Childhood Education; a 5-credit Health, Safety and Nutrition course, and a 2-credit practicum to apply learning.

-Short Certificate of Specialization (2nd certificate): This certificate builds on the Initial Certificate (for a total of 20 credits). At this point, professionals can choose one of five specializations: ECE general, infant-toddler care, school-age care, family child care, and ECE administration. For each specialization, students must take a 5-credit Child Development course, plus a course aligned with the specific specialization.

-ECE State Certificate (3rd certificate): This final "stackable certificate" includes Language and Literacy Development; Observation and Assessment; Child, Family and Community; Guiding Behavior; Environments for Young Children; and Curriculum Development. It also

requires college-level math and English to prepare students for the next step: an associate degree in ECE. With all three certificates, the total number of credits earned by the student is 47.

**6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).**

a. Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

Through DCYF's coaching framework, providers serving children receiving subsidy have access to an Early Achievers coach. The state's pre-service requirement Child Care Basics incorporates an intro to serving homeless children and their families and the content is also available in an online stand-alone module for all to access. This allows for providers and coaches to both be trained on serving children experiencing homelessness and for that learning and implementation of practice to happen within the coaching framework of the state's QRIS system.

b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6).

The training opportunities for providers are also open to staff. We have an established Learning Management System that hosts trainings for agency staff to learn about the same practices and content that providers learn about for serving children and families experiencing homelessness. DCYF eligibility workers also have access to this training module.

**6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's**

**business practices, which can include training and/or TA efforts.**

a. Describe the strategies that the state/territory is developing and implementing for strengthening child care providers' business practices.

The state's updated licensing regulations include business practice training for directors, lead teachers and family home licensees. An initial licensing orientation includes information about basic business practice such as program operation and policies. The state contracts with a community college to offer subsidy billing and electronic attendance training to licensed family homes and FFN providers. The state collaborated with PD Contractors and local organizations to develop business practice training that includes policy development, business and fiscal management, recruitment, retention, leadership and creating a healthy work environment.

b. Check the topics addressed in the state/territory's strategies for strengthening child care providers' business practices. Check all that apply.

- i. Fiscal management
- ii. Budgeting
- iii. Recordkeeping
- iv. Hiring, developing, and retaining qualified staff
- v. Risk management
- vi. Community relationships
- vii. Marketing and public relations
- viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
- ix. Other

Describe:

Creating a healthy work environment, including self-reflection, reflective supervision and developing resilience

## 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest CCDF quality funds in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

### 6.3.1 Training and professional development of the child care workforce.

a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(1)(i)(A)).

Describe the content and funding:

The initial 30-hour training and continuing 20-hour training includes content on development, developmentally-appropriate practice, and content related to healthy brain-building including physical activity and nutrition. The required training for in-home exempt providers has a condensed version of the above content listed. The initial training is also available for exempt family, friend, and neighbor providers with an incentive for completing it. CCDF funded.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home

In-home care (care in the child's own home)

ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and the mental health of young children and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(1)(iii)).

Describe the content and funding:

The initial 30-hour training and continuing 20-hour training includes content on responsive caregiving and positive behavior support. the 20-hour training expands on what is covered in the initial 30-hour training. The required training for in-home exempt providers has a condensed version of the above content listed. The initial training is also available for exempt family, friend, and neighbor providers with an incentive for completing it. DCYF contracts with Cultivate Learning at the University of Washington to host trainings on the Pyramid Model and Positive Behavior Support at Early Achievers Institutes and through coach supported trainings across the state. CCDF funded.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(1)(iv)).

Describe the content and funding:

The initial 30-hour training and continuing 20-hour training includes content on culturally responsive caregiving and family engagement including talking to families about their child's development. the 20-hour training expands on what is covered in the initial 30-hour training. The required training for in-home exempt providers has a condensed version of the above content listed. The initial training is also available for exempt family, friend, and neighbor providers with an incentive for completing it.

CCDF funded.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)).

Describe the content and funding:

The initial 30-hour training and continuing 20-hour training includes content on culturally responsive caregiving, positive interactions and learning environments, and developmentally appropriate learning activities based on play. the 20-hour training expands on what is covered in the initial 30-hour training. The required training for in-home exempt providers has a condensed version of the above content listed. The initial training is also available for exempt family, friend, and neighbor providers with an incentive for completing it. CCDF funded.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development.

Describe the content and funding:

The initial 30-hour training and continuing 20-hour training includes content on supporting families in their child's development and talking to families when there is a concern about a child's development which includes accessing services. The required training for in-home exempt providers has a condensed version of the above content listed. The initial training is also available for exempt family, friend, and neighbor providers with an incentive for completing it. CCDF funded.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(1)(ii).

Describe the content and funding:

Content for program evaluation is included in the business practices training and licensed directors, assistant directors, program supervisors, and family home owners are all required to select training on business practices. CCDF funded. Training is provided statewide, including areas of significant concentrations of poverty and unemployment.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe the content and funding:

Content on families experiencing homelessness is included in the initial 30-hour training and a stand-alone module that covers content about this topic. In addition, Enhancing Quality Early Learning (EQEL) includes content on trauma-informed care which has family, community, and generational trauma. Funded by CCDF. Training is provided statewide including areas of significant concentration of poverty and unemployment.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(1)(i)(B).

Describe the content and funding:

The initial 30-hour training and continuing 20-hour training includes content on inclusive care. The required training for in-home exempt providers has a condensed version of the above content listed. The initial training is also available for exempt family, friend, and neighbor providers with an incentive for completing it. Funded by CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

ix. Supporting the positive development of school-age children (98.53(a)(1)(iii)).

Describe the content and funding:

School-age providers have a specialized initial training requirement. And the 30-hour initial training includes practices for school-age children. Additionally, 20-hour self-paced school age and youth development modules are available that focus on supporting social and emotional development and youth driven spaces. Funded by CCDF.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

x. Other

Describe:

State-approved trainers offer a variety of training based on the early care and learning competencies. For example, one area of priority for DCYF is also executive function skills, and the Enhancing Quality Early Learning (EQEL) required after the initial training includes content on this. CCDF funded.

Which type of providers are included in these training and professional development activities?

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.**

- i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)
- iv. Other.
  - Licensed center-based
  - License exempt center-based
  - Licensed family child care home
  - License- exempt family child care home
  - In-home care (care in the child's own home)

**Describe:**

Scholarships are available for ECE Stackable certificates to those participating in the state's QRIS. In addition, quality improvement awards and tiered subsidy reimbursement can be applied to compensation improvements.

**6.3.2 Describe the measurable indicators of progress relevant to subsection 6.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

DCYF tracks scholarship data, completion rates, and waitlists for those receiving scholarships. DCYF requires all licensed early learning professionals in centers and family homes to submit their completed education in the workforce registry and DCYF tracks the education improvements from year to year through the registry.

**6.4 Early Learning and Developmental Guidelines**

**6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.**

a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:

i. Are research-based.

The guidelines were aligned with other states as well as national frameworks such as the National Association for the Education of Young Children to ensure alignment with research. They are cross-walked with early learning domains and the Head Start Framework for development.

ii. Developmentally appropriate.

DCYF developed the revised ELGs to be appropriate for children birth through third grade, consulting current research and recognized standards by child age group.

iii. Culturally and linguistically appropriate.

DCYF (then DEL) revised the ELGs in 2012 with a deliberate equity and cultural relevance lens. Families were part of this revision team to be more responsive to their needs. Further, DCYF (then DEL) consulted with an equity team that guided the workgroup and its revision process, producing an ELG with an inclusive, strengths-based approach. They are available in English or Spanish, and they were written with simplified language evaluated and reviewed by families, for families.

iv. Aligned with kindergarten entry.

A DCYF team revised and updated these guidelines with thorough review from participants from higher education, community based organizations, and state agencies - including the state Office of the Superintendent of Public Instruction, the K-12 governing agency.

v. Appropriate for all children from birth to kindergarten entry.

The ELGs range from birth through Grade 3.

vi. Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The ELGs were completed in partnership with community and provider representation including the state Office of the Superintendent of Public Instruction, the K-12 governing agency.

b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.

i. Cognition, including language arts and mathematics.

This section is included as 'Learning about My World' and includes the Head Start framework of logic and reasoning, mathematics knowledge and skills, science knowledge and skills, social studies knowledge and skills, and creative expression.

ii. Social development.

This section is included as 'About Me and My Family' and 'Building Relationships', which includes social emotional development and approaches to learning from the Head Start framework.

iii. Emotional development.

This section is included as 'About Me and My Family and Culture' and 'Building Relationships', which includes social emotional development and approaches to learning from the Head Start Framework.

iv. Physical development.

This section is included as 'Growing up Healthy' and includes health and motor development from the Head Start Framework.

v. Approaches toward learning.

This section is included as 'About Me and My Family and Culture' and includes approaches toward learning from the Head Start Framework.

vi. Describe how other optional domains are included, if any:

'Communicating' includes language development, English language development, and literacy and knowledge skills from the Head Start Framework. The ELG's are embedded in our early learning and professional development system and quality improvement framework. We have advisory groups that serve all programs, and weigh in on the implementation of those programs.

c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

The ELGs were established in 2005 and updated in 2012.

d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.

The Washington State Quality Standards for Afterschool and Youth Development Programs were developed through a nine-month process involving key stakeholders with a vested interest in the afterschool and youth development field in Washington. In March of 2012, School's Out Washington hosted a statewide gathering that brought together stakeholders to develop overarching goals and key domains for the Standards. Participants from the stakeholders' gathering formed a smaller advisory committee and were charged with developing the individual standards based on the stakeholders' input, nationally recognized best practices, and feedback from youth. The advisory committee included DCYF (then DEL), Schools Out Washington, Boys and Girls Clubs, YMCA, and other school-age stakeholders. A draft of the Standards was completed in June of 2012, publicly posted, and distributed to the afterschool and youth development field for comment. School's Out Washington then conducted in-person focus groups with community organizations, youth, and families from across the state to ensure the Standards were realistic and comprehensive. School's Out Washington also contracted with the Forum for Youth Investment to perform a research review on the draft document to ensure standards aligned with known best practice. A final version of the Standards document was completed in April 2013.

e. Provide the Web link to the state/territory's early learning and developmental guidelines and if available, the school-age guidelines.

<http://dcyf.wa.gov/node/2422>

<http://dcyf.wa.gov/sites/default/files/pdf/CoreComptenciesSchool.pdf>

#### **6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:**

-- Will be the primary or sole basis to determine a child care provider ineligible to participate in

the CCDF,

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

**Describe how the state/territory's early learning and developmental guidelines are used.**

The ELGs are used throughout the professional development system, serving our QRIS, training and trainer quality assurance, and curriculum development, and informing the common coursework in the ECE certificates offered at community colleges around the state. In addition to the system integration, providers use the ELGs to communicate with families about various milestones and child development. Included in the ELGs are age ranges, guidance on determining a child's stage of development, and ideas for scaffolding child learning and interest. The ELGs clearly call out that they should not be used as a child development checklist, program eligibility criteria, or to assess children.

**6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).**

CCDF funds are used to implement through training and coaching. DCYF implements the ELGs within existing structures, so the current expense to maintain them is minimal. There are no current measures tied directly to the ELGs alone since those measures tie to the programs that embed the ELGs. Program measures for improving quality of care and services are tied to program quality measures within our QRIS.

## 7 Support Continuous Quality Improvement

Lead Agencies are required to use a portion of their CCDF program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the CCDF Plan, the ACF 118, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a Quality Progress Report, the ACF 218, that will include a description of activities funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system or other systems of quality improvement for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring,

training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations, and all categories of care. It is important that while Lead Agencies have the flexibility to define "high quality" and develop strategies and standards to support their definition, Lead Agencies should consider how that definition and those strategies for different provider types reflect and acknowledge their unique differences and how quality varies in different settings, including family child care and small care settings as well as child care centers.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

## 7.1 Quality Activities Needs Assessment for Child Care Services

**7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).**

DCYF currently assesses the needs of early learning providers using a comprehensive selection of reports, resources, and stakeholder engagement strategies. Partners meet monthly to discuss progress and challenges within the Early Achievers system. This information informs policy and practice changes. The Early Achievers Review Subcommittee meets quarterly. This group addresses barriers, reviews proposals to improve Early Achievers, and provides recommendations to DCYF. DCYF is currently developing a continuous quality improvement framework for the QRIS system so that changes occur on a more defined cycle. This framework will include the timeline that defines when analysis or system reflection will occur, when planning for system changes will happen, the minimum selection of data sources to consider, and the steps DCYF will take to engage stakeholders. The reports and resources DCYF uses include the following:

- Early Achievers Participant Monitoring Report—this includes all providers that have a mandated timeline related to Early Achievers. A version of this report – the Early Achievers Participant Monitoring and Private Pay Report— includes all licensed and certified providers that may serve children birth to five (school-age only sites do not display on this report). This report includes private pay providers that can choose to participate in Early Achievers as well as the sites that are mandated to participate. All pertinent data points are presented in both versions of the report including but not limited to the provider ID, Early Achievers Registration deadlines and the actual date of registration, contact information, rating outcome, language, and race/ethnicity data. The data in these reports are updated daily, which ensures the ability to track incremental progress, on demand. Both versions of the participant monitoring reports are available in the agency’s MERIT data system. All DCYF staff, CCA of WA QRIS staff, and Cultivate Learning at the UW QRIS staff have access to the two versions of the monitoring report. These tools inform many elements of Early Achievers including coaching, professional development, and data collection cohort planning.

- The Early Achievers Data Dashboard—this document provides a high-level overview of the entire landscape of eligible providers and helps us track participation and rating data. This

document is accessible on the DCYF website, here:

<https://www.dcyf.wa.gov/sites/default/files/pdf/ea/EA-Dashboard.pdf>.

- The Early Start Act Annual Report—the Early Achievers Review Subcommittee and DCYF staff review key Early Achievers data each year as directed by RCW 43.215.102. The 2018 Annual Report is linked here:

[https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018\\_Early\\_Start\\_Act\\_Report.pdf](https://www.dcyf.wa.gov/sites/default/files/pdf/reports/2018_Early_Start_Act_Report.pdf).

In addition to the birth to five QRIS, DCYF, Cultivate Learning at the University of Washington, and the Office of the Superintendent of Public Instruction and community partners recently engaged in a school-age and youth QRIS pilot called the Expanded Learning Opportunities Quality Initiative (ELOQI). The intention of the pilot was to connect systems of quality from early learning through school age and youth development. This pilot included 50 sites in four counties across the state. Participants included Licensed Family Home Child Care sites, Licensed Child Care Centers, Youth Development Programs, Licensed School-Age Child Care and 21st Century Community Learning Centers. Cultivate Learning at the University of Washington conducted an evaluation of the pilot that demonstrated that quality supports aligned with the birth to five QRIS, Early Achievers, significantly improved the quality of afterschool programs as well. Based on these results, CCA, Cultivate Learning and School's Out Washington submitted a report with recommendations for next steps to DCYF. The report recommended that DCYF should convene an ongoing workgroup to discuss integration, capacity building and coordination of child care for families; build capacity to support provider capacity to serve Black, Indigenous and Children of Color equitably; build coach and data collection infrastructure; and add supports for school age providers. As a result of the pilot, DCYF has also expanded Early Achievers to a birth to 12 framework that includes attention to school age learning environments and professional development supports to staff focused on that age group.

**7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a direct URL/website link for any available evaluation or research related to the findings.**

Based on feedback from partners, participants, the Early Achievers Review Subcommittee,

and participation data, DCYF has noted several areas for improvement for Early Achievers:

- Standards alignment: DCYF worked for almost three years on standards alignment in order to make sure that Licensing, Early Achievers and state-funded preschool standards create a progression of quality for providers. That progression should be clear and unify our field. We have updated all of our current Early Achievers standards including culling them so that we hold on to those that make the biggest impact on outcomes for children. These standards were released summer 2018 and were to be implemented in 2019. Due to the pandemic, this process has been delayed due to a state of emergency declared by the governor. This has resulted in a temporary suspension of on-site coaching and data collection which has impacted the implementation of the updated standards. DCYF intends to resume coaching and data collection using a virtual platform in 2021.

-Streamlining Early Achievers: DCYF is working with CCA to create efficiencies in coaching without sacrificing efficacy. The goal is to increase the use of virtual coaching using the University of Washington's Coaching Companion platform, increase group coaching and move from on demand coaching to coaching that is part of a cycle of development. This means that providers engage in professional development and a professional learning community that is then supplemented with 1:1 coaching when providers need additional support implementing practices. Coaches support program improvement using review of video practices and complete learning cycles and reflections to promote best practices in the learning environment. Some of these practices are happening in some of the CCA regions. The goal is to increase use of these practices in all regions.

-Equity: Early Achievers is committed to promoting racial equity, supporting cultural and linguistically diverse providers and working to ensure access to quality care for all children, regardless of race, income or ability. There are three specific equity activities related to Early Achievers—the Early Achievers Review Subcommittee, the QRIS Team Equity Workgroup focused on developing a theory of change to ensure ongoing stakeholder engagement and feedback loops for issues of equity within Early Achievers.

-Outdoor, nature-based Programs: To support participation in Early Achievers, DCYF has implemented trial observations to learn how quality rating tools, including ECERS-3, work in the outdoor environment. Outdoor, nature-based programs have also begun to implement the Since Time Immemorial early learning and school age curriculum, incorporating tribal

sovereignty curriculum into their nature-based programming. This year DCYF began the process of determining precise teacher competencies to meet the dual goals of health and safety in the outdoors, and nature-centered teaching and learning for preschool- and school-age children. DCYF invited experts and stakeholders from around the state to establish the core competencies for nature-based teachers.

## 7.2 Use of Quality Funds

### 7.2.1 Check the quality improvement activities in which the state/territory is investing

a. Supporting the training and professional development of the child care workforce as discussed in 6.2 (Related Section: 6.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

b. Developing, maintaining, or implementing early learning and developmental guidelines (Related Section: 6.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

c. Developing, implementing, or enhancing a tiered quality rating and improvement system (Related Section: 7.3). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

d. Improving the supply and quality of child care services for infants and toddlers (Related Section: 7.4). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7 (Related Section: 7.5). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

f. Facilitating Compliance with State Standards (Related Section: 7.6). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory (Related Section: 7.7). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

h. Accreditation Support (Related Section: 7.8). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical

development (Related Section: 7.9). Check all that apply.

i CCDF funds

ii. State general funds

Other funds. Describe:

j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible (Related Section: 7.10). Check all that apply

i CCDF funds

ii. State general funds

Other funds. Describe:

NA

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

### 7.3.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

- a. No, the state/territory has no plans for QRIS development. If no, skip to 7.4.1.
- b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.4.1.
- c. Yes, the state/territory has a QRIS operating statewide or territory-wide.

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.

DCYF administers Washington's QRIS, Early Achievers. Early Achievers focuses on children from birth through age five, though DCYF is engaged in a QRIS pilot for school-age children and youth, as discussed in section 7.1 above. CCA provides relationship based professional development such as coaching and training. A team from Cultivate Learning at the University of Washington conducts both virtual and onsite data collection and evaluation of teaching practices aligned with the Early Achievers Standards. More information about Early Achievers is found here: <https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers>.

- d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

- e. Yes, the state/territory has another system of quality improvement.  
Describe the other system of quality improvement and provide a link, if available.

### 7.3.2 Indicate how providers participate in the state or territory QRIS or another system of quality improvement.

a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.

- Participation is voluntary
- Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy, participation is mandatory for all licensed providers or participation is mandatory for programs serving children birth to age 5 receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

All providers that receive subsidy must enroll in Early Achievers within thirty days of receiving their first subsidy payment. These providers must rate at a Level 3 or higher within thirty months of registering for Early Achievers or they will lose their subsidy eligibility. Providers who participate in Early Achievers received tiered reimbursement. A provider's additional rate depends on their level rating (on a scale of 1 through 5) and is a percentage bonus calculated on the base rate. For licensed centers, that additional rate is as follows: Level 2=2%, Level 3 and 3+=8%, Level 4=15%, and Level 5=20%. For licensed family homes, the addition rate is as follows: Level 2=2%, level 3=12%, Level 3+=15%, level 4=17%, and level 5=20%.

- Participation is required for all providers.

b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory QRIS or another system of quality improvement? Check all that apply.

- i. Licensed child care centers
- ii. Licensed family child care homes
- iii. License-exempt providers
- iv. Early Head Start programs
- v. Head Start programs
- vi. State Prekindergarten or preschool programs
- vii. Local district-supported Prekindergarten programs
- viii. Programs serving infants and toddlers
- ix. Programs serving school-age children
- x. Faith-based settings
- xi. Tribally operated programs
- xii. Other

Describe:

c. Describe how the Lead Agency's QRIS, or other system for improving quality, considers how quality may look different in the different types of provider settings which participate in the QRIS or other system of quality improvement. For instance, does the system of quality improvement consider what quality looks like in a family child care home with mixed-age groups vs. child care centers with separate age groups? Or are standards related to quality environments flexible enough to define quality in home-based environments, as well as child care center environments?

DCYF has revised the process for Early Achievers quality rating to be more inclusive of provider strengths and allow flexibility for family homes and centers. Providers can demonstrate quality interactions and environments through a self-assessment involving staff and families, demonstration videos of quality practices in each classroom or in each family home environment, and a records review. Providers use the Washington State Early Learning and Development guidelines, the Washington Critical Competencies for Early Learning Professionals and the Early Achievers Standards to guide their work in demonstrating high quality early learning programs. More information about the Early Achievers continuous quality improvement process can be found here:

<https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers/cqi>.

### **7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.**

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33).

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system) .
  - b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - d. Programs that meet all or part of state/territory school-age quality standards.
  - e. Other.

Describe:

Through the licensing alignment process DCYF completed, QRIS standards and the ECEAP standards were reviewed together and modifications were made to the standards in many areas to eliminate duplication of effort related to standards. For example, the professional development standards in ECEAP and QRIS were aligned so that the requirements in state funded preschool would also meet the highest level of QRIS standards.

#### 7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- No
- Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
  - a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - b. Embeds licensing into the QRIS

c. State/territory license is a "rated" license

d. Other.

Describe:

NA

**7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.**

No

Yes. If yes, check all that apply

a. If yes, indicate in the table below which categories of care receive this support.

i. One-time grants, awards, or bonuses

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

ii. Ongoing or periodic quality stipends

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

iii. Higher subsidy payments

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home (care in the child's own home)

iv. Training or technical assistance related to QRIS

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

v. Coaching/mentoring

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vi. Scholarships, bonuses, or increased compensation for degrees/certificates

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

vii. Materials and supplies

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

viii. Priority access for other grants or programs

- Licensed center-based
- License exempt center-based
- Licensed family child care home

- License- exempt family child care home
- In-home (care in the child's own home)

ix. Tax credits for providers

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

x. Tax credits for parents

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

xi. Payment of fees (e.g. licensing, accreditation)

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home (care in the child's own home)

b. Other:

NA

**7.3.6 Describe the measurable indicators of progress relevant to subsection 7.3 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

DCYF measures CCA's progress in improving the quality of child care programs and services by provider volume in the QRIS system – both the number of programs rated and those that have requested onsite evaluation. Providers in the system receive relationship-

based professional development services such as coaching and training. Progress is further quantified by the quality rating level achieved by individual child care and early learning programs. DCYF uses its Data Dashboard to show that coaching and training is having an impact on participant volume as well as program quality improvement. Further, DCYF designed its quality assurance model to observe and monitor state-approved training for content quality and adherence to adult learning principles. DCYF uses MERIT, a state registered training system to record training content and completion for professionals, programs and trainers. Review of state approved training for all professionals is completed during the rating cycle as well as during licensing monitor visits. DCYF uses a variety of sources to measure progress. The Early Achievers data dashboard provides a month-by-month snapshot of participant data including rating outcomes. DCYF looks for increases in the conversion rate for providers with a quality rating—this means that more providers are rating at Level 3 or higher and fewer are rating at Level 2. DCYF reviews cohort data reports to see where providers scored on the subcomponents of the quality standards. DCYF looks for increases in scores in the standards. DCYF assembles this information in the Early Start Act Annual Report.

#### 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

**7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- a. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low- income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- b. Establishing or expanding the operation of community-based, neighborhood-based, or provider networks comprised of home-based providers, or small centers focused on expanding the supply of infant and toddler care.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- c. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Professional Development: DCYF coordinated with the higher education system to include infant mental health. Gaps were identified in the content areas of specialized coursework in general ECE classes related to infant and toddler development. In

addition, there is a gap in knowledge among the higher education community related to topics of infant toddler development that may affect the design and delivery of specialized coursework. This analysis resulted in recommendations which include: - Supporting 2 and 4-year higher education institutes in increasing breadth and depth of content focused on prenatal to three -Aligning content with critical competencies for the infant-toddler workforce -Infusing Washington Association for Infant Mental Health endorsement preparation in infant-toddler coursework.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- d. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists.

**Describe:**

DCYF provides interdisciplinary infant/toddler early learning coaching through regionally-based, statewide network of qualified infant-toddler specialists. Coaching is provided to licensed child care centers and family child care homes serving children on state subsidy within the state QRIS to improve the quality of care for infants and toddlers. DCYF funds a statewide network of infant mental health consultants that provide consultation or training within the state QRIS to include the following focus areas: child development, developmental screening, reducing expulsion, connecting families with referral resources, and strategies for inclusion. They also provide training and mentoring on developmental screening and include strategies for engaging families in screening, sharing results of screening and resources for further assessment or services if necessary. The infant/toddler specialist network also delivers training and mentoring to increase positive adult-child interactions and classroom quality through the intervention of Filming Interactions to Nurture Development (FIND). This video coaching program for parents and other caregivers employs video to reinforce naturally occurring, developmentally supportive interactions between caregivers and young children. This simple, practical approach emphasizes caregivers' strengths and capabilities. DCYF implements FIND statewide. Training to support implementation of universal

developmental screenings occurs statewide. Child care providers receive free training, are supported in implementing a family night to inform parents of the importance of screening and partner with them in obtaining developmental screening, and are provided with the ASQ-3 and ASQ-SE materials to promote sustainable, ongoing screening after initial training and coaching.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

#### 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

##### **7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- e. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- f. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments.

Describe:

The revised Early Achievers provides opportunities for the early learning program to conduct a self-assessment or Program Profile that is completed by the program management, teaching staff and parents/families. The Program Profile is used as a reflective tool for early learning programs to use internally with management and teaching staff and with external parents. The Profile includes content areas of Child Outcomes, Interactions and Curriculum, Learning Environment, Family Engagement and Professional Development. Parents and teachers are asked about the age group of children that they are responding about: infant, toddler, preschool. The ITERS and CLASS tools are still used for coaching purposes for programs that indicate they would like more support in content areas based on the Program Profile. Each classroom also participates in a Video Highlight-a short film that shows the teacher and children interacting in the classroom. This film is based on a demonstration of practice that aligns with the Washington State Early Learning and Development Guidelines, which are divided into specific age groups within the first two years of life for infants and toddlers.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- g. Developing infant and toddler components within the state/territory's child care licensing regulations.

Describe:

DCYF has aligned standards across licensing, the state preschool program Early

Childhood Education Assistance Program (ECEAP), and Early Achievers, including information from ITERS-R and Infant/Toddler CLASS. Caring for our Children is the guideline used in this review. Licensing standards include sections related to promoting infant and toddler development such as promoting social and emotional health, active physical play, promoting language development, continuity of care and promoting serve and return interactions. Other topic areas in the licensing regulations address bottle preparation, feeding and nutrition, safe sleep, program and activities and infant and toddler development.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- h. Developing infant and toddler components within the early learning and developmental guidelines.

Describe:

The Early Learning and Developmental Guidelines have three chapters focused on infants/toddler they are: Young Infants (Birth to 11 months), Older Infants (9-18 months), and Toddlers (16 to 36 months). Each chapter covers six topics from "About me and my family" to "Communicating" and "Learning about the World Around Me", DCYF also includes a section on "Differences in Development" in each chapter. DCYF also included a section on Early Intervention Services in the infant/toddler chapters.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

## 7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

### **7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.**

- i. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development.

#### **Describe:**

DCYF funds a statewide network of infant mental health consultants that provide consultation or training within the state QRIS to include the following focus areas: child development, developmental screening, reducing expulsion, connecting families with referral resources, and strategies for inclusion. They also provide training and mentoring on developmental screening and include strategies for engaging families in screening, sharing results of screening and resources for further assessment or services if necessary. Under the Fair Start for Kids Act, DCYF is required to have a coordinator and contract with an organization providing coaching services to hire at least 12 consultants.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- j. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- k. Coordinating with child care health consultants.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- l. Coordinating with mental health consultants.

Describe:

During this plan period DCYF developed and Infant and Early Childhood Mental Health Consultation (IECMHC) program at Child Care Aware of Washington (CCA of WA). The program is funded by DCYF with private support from the Perigee fund and the Preschool Development Grant. CCA of WA and its six regional member organizations are responsible for program development and implementation. The IECMH consultants work collaboratively with Early Achievers coaches, Birth to 3 IECMHC's, early learning providers and families. They provide supports for suspension prevention, assessment and referral for children within the IDEA

framework and stressors due to the COVID-19 pandemic for families and early learning professionals. The Athena Group, an independent organization provides ongoing evaluation of the program.

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- m. Establishing systems to collect real time data on available (vacant) slots in ECE settings, by age of child, quality level, and location of program.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)
- n. Other.

Describe:

- Licensed center-based
- License exempt center-based
- Licensed family child care home
- License- exempt family child care home
- In-home care (care in the child's own home)

**7.4.2 Describe the measurable indicators of progress relevant to subsection 7.4 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures.**

Because these tools are specific to each classroom, they will be specific to infants and toddlers where those children are receiving early care and education. Early adopters of the revised standards began in Summer of 2021 and data will begin to be collected in Fall 2021.

Additionally, we implement FIND across the state as a birth to three quality improvement strategy. The University of Washington conducted a quantitative evaluation study of FIND. In a randomized wait list control research evaluation study, classrooms received data collection both pre and post FIND on the CLASS. Significant results were recorded with increased CLASS scores as a result of FIND. Data collection was also done using the Language Environment Analysis (LENA) which resulted in a significant finding related to an increase in conversational turns pre and post FIND. The Serve and Return inventory was also used to measure the number of interactions between children and caregivers pre and post FIND. The results indicate a significant increase in serve and return interactions as a result of FIND. A qualitative case study on FIND was also funded with interviews with participants and coaches involved in FIND. In their own words, participants relate how FIND has improved their competence and confidence related to working with infants and toddler and helped them make changes to their practice with children and families. Quarterly case studies provide quantitative information related to the impact of coaching in the areas of mental health consultation, developmental screening initiatives and FIND coaching.

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

### 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies?

CCA of WA, through its contract with DCYF, provides various services central to implementation of Early Achievers. Examples include, but are not limited to

- Relationship based professional development
- Scholarships/incentives support

- Family referral to quality-rated providers
- Infant and early childhood mental health consultation

7.5.2 Describe the measurable indicators of progress relevant to subsection 7.5 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

DCYF measures CCA's progress in improving the quality of child care programs and services by provider volume in the QRIS system -the number of programs rated and those that have requested onsite evaluation. Progress for the workforce is indicated by volume of early learning professionals participating in scholarships and their progress towards graduation as well as academic level achieved. Progress is further quantified by the quality rating level achieved by individual child care and early learning programs. State funded preschool programs are mandated to participate in Early Achievers and track children's progress towards kindergarten readiness using Teaching Strategies Gold. DCYF further tracks the number of participating programs across historically excluded communities and their progress towards quality rating.

## 7.6 Facilitating Compliance With State Standards

7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.

Describe:

**7.6.1 What activities does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory health and safety requirements? These requirements may be related to inspections, monitoring, training, compliance with health and safety standards, and with state/territory licensing standards as outlined in Section 5.**

**Describe:**

Licensing standards and agency procedures ensure DCYF completes yearly monitoring visits. Yearly licensing monitoring visits check provider compliance with licensing rules including, but not limited to staff qualification, child to staff ratios, supervision, training requirements, safe food handling and preparation, safe storage of medicine, cleaning supplies and other toxins, and all required health and safety topics. Licensors document noncompliance issues, and DCYF promptly follows-up to confirm timely correction of deficiency has been achieved. These Licensing rules are the foundation of Early Achievers. Relationship based professional development and training are embedded within Early Achievers and aim to reinforce licensing standards and help providers reach higher levels of quality in order to improve outcomes for children. Further, professional development and training opportunities on Early Achievers standards including the ERS and CLASS are available at Early Achievers Institutes. Additionally, partners at CCA provide enhanced training through their Professional Development Academy. These trainings support best practice as outlined in the foundational quality standards of licensing and the Early Achievers Quality Standards. Both these licensing activities and Early Achievers professional development and training use CCDF quality funds

**7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?**

- No
- Yes. If yes, which types of providers can access this financial assistance?
  - Licensed CCDF providers
  - Licensed non-CCDF providers
  - License-exempt CCDF providers
  - Other

Describe:

**7.6.3 Describe the measurable indicators of progress relevant to subsection 7.6 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

DCYF monitors progress as to Early Achievers using the Early Achievers Data Dashboard. The dashboard includes data on QRIS enrollment, rating status, and rating level of programs by type, e.g., ECEAP, existing subsidy and non-subsidy providers, etc. It further tracks, by provider type, progress through Early Achievers over time, the number Early Achievers ratings completed by providers, and distribution of providers at quality regionally by county.

Further, DCYF measures progress as to programs that support providers in achieving quality. For example, DCYF funds Needs Based Grants for facilities to improve child care quality. Child care providers and coaches work together to apply for grant funds which can be used to enhance materials or facilities that improve quality and relate to “best practice” rather than minimum licensing standards. For example, adding an extra sink provides better opportunities for hand hygiene and health promotion which is a measured indicator in both licensing and the ERS, but could be cost prohibitive without a grant. Purchases with grant funds are tracked in the system and facility improvements noted in the licensing system notes.

**7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services**

**7.7.1 Does the state/territory measure the quality and effectiveness of child care programs and services in both child care centers and family child care homes?**

- No
- Yes.

If yes, describe any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children.

Early Achievers is a comprehensive QRIS that, prior to COVID-19, used the ERS-R and CLASS to assess the quality of the early learning environment and adult-child interactions. Early Achievers includes other quality standard areas such as child outcomes, curriculum and staff supports, professional development of staff, and family engagement and partnerships including the Strengthening Families framework. DCYF evaluates rating outcomes and data points such as the Early Achievers Participant Monitoring Report and Data Dashboard to evaluate and assess the quality and effectiveness of child care programs and services. Additional data DCYF reviews related to child outcomes include Teaching Strategies GOLD® (TSG) and Washington Kindergarten Inventory of Developing Skills (WaKIDS) results.

The COVID-19 pandemic presented the opportunity to update our process for measuring quality improvement. Our state's strong foundation allows us to move in a different direction to measure quality in Early Achievers by eliminating the Environment Rating Scale (ERS) and Classroom Assessment Scoring System (CLASS) in data collection. We are developing a new process with an updated system to measure quality based on the input from community, careful consideration of lessons learned from Early Achievers over the years, and the latest research about child care quality and targeted universalism. In the updated system, ERS and CLASS will continue to be useful tools for coaches to use to guide developmentally appropriate practice and continuous quality improvement, but they will not be used as part of quality recognition and rating. Learn more about the tools on the Early Achievers Continuous Quality Improvement website here:

<https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers/cqi>

The Quality Recognition team at Cultivate Learning supported the state's revisions of the QRIS, Early Achievers, by conducting a comprehensive literature review in 2020-2021 to assist with considerations for a virtual system. In addition to using lessons learned and stakeholder feedback over the years of implementation, relevant research was consulted to guide the revision process and ensure alignment with positive child outcomes. While a current, virtual QRIS using video feedback as the primary means of assessing quality is not available to study, we did find many points of support for the Early Achievers revisions process and components. The team began reviewing

studies on remote monitoring, use of video for data collection, use of Early Learning and Development Guidelines to support children's learning and efficacy of professional development and coaching using video as a primary intervention. In summary, studies show positive results from the use of video to provide insight into classroom practices and as a successful medium for educators to learn new practices. The Quality Recognition team next conducted a deep review of the literature supporting the various criteria used in the Video Highlights Scoring Rubric, the primary means of viewing and assessing quality in a virtual system, including: 1. Child Engagement 2. Early Learning Professional is Sensitive to Children's Needs 3. Behavior and Learning Environment Supports 4. Interactions Between Children Are Supported 5. Early Learning Professional-Child Interactions Are Positive 6. Scaffolding Children's Learning 7. Enhanced Language 8. Supporting Development A large base of research supports the specific criteria and sub-criteria in all eight areas of the Video Highlights Scoring Rubric. These studies were referenced in the development of the Scoring Rubric and the Video Highlights component of the virtual QRIS. As in other standardized assessments, all quality recognition staff who are coding video and assessing quality will be trained to reliability with frequent checks for maintaining reliability over time. Over the next two years, Cultivate Learning will be validating the tools in the revised Early Achievers .

**7.7.2 Describe the measurable indicators of progress relevant to subsection 7.7 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.**

Data collection for Early Achievers has been on hold since March 2020. During this period DCYF completed a revisions cycle of the QRIS. During this revision, DCYF made the decision to retire the ERS and CLASS tools and to implement a new approach that incorporates interviews of staff and families focused on current practices and desired practices/needed supports, videos featuring teacher practices and teacher-child interactions and records review. The revised system just started an early adopter phase focused solely on the Program Profile, which is the interview process. The phase started July 15, 2021 and is set to wrap up later this fall. Data and feedback collected during this early adopter phase

will help us understand any modifications we need to make to the system and we will have a picture of what practices programs have in place and where they need/want additional supports or resources. The early adopter phase for Video Highlights, the video component, is slated for January 2022. As noted in previous answers, our revised system has been built on the years of experience of implementing Early Achievers, extensive literature review and stakeholder input. We will continue to track the completion of the components of Early Achievers (Program Profile, Video Highlights, Records Review). We also track the completion of goals and action plans and increases in quality recognition scores (higher level attainment). We will know more about what additional data we can leverage as we implement, such as what is the threshold score needed for the video submissions.

## 7.8 Accreditation Support

### **7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?**

- a. Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Is accreditation available for programs serving infants, toddlers, preschoolers and school-age children?  
Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation
- b. Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.  
Describe:
- c. Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of

accreditation that the state/territory provides to family child care

Describe:

d. Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

i. Focused on child care centers

Describe:

ii. Focused on family child care homes

Describe:

e. No, but the state/territory is in the in the development phase of supporting accreditation.

i. Focused on child care centers

Describe:

ii. Focused on family child care homes

Describe:

f. No, the state/territory has no plans for supporting accreditation.

**7.8.2 Describe the measurable indicators of progress relevant to subsection 7.8 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

NA

## 7.9 Program Standards

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for:

#### a. Infants and toddlers

DCYF and implementing partners launched a robust stakeholder process to support short-term revisions and long-term continuous quality improvement of the system. Over 119 providers, coaches and other stakeholders participated in a robust workgroup process during the fall of 2020 and the first quarter of 2021. In order to ensure the unique needs of infants and toddlers were considered we made sure to include members from Family Child Care Home providers, Center based programs providing early care and education to infants and toddlers, Birth to Three Quality Initiatives coaches, and community representatives from Washington Communities for Children, Early Head Start and Early ECEAP. In addition to the workgroups hundreds of providers participated in surveys and webinar/Q&A sessions to inform the revisions work. The workgroups have since been consolidated. Now a group of roughly 50 stakeholders is the core group that is working to develop the long-term CQI strategy for Early Achievers.

#### b. Preschoolers

DCYF and implementing partners launched a robust stakeholder process to support short-term revisions and long-term continuous quality improvement of the system. Over 119 providers, coaches and other stakeholders participated in a robust workgroup process during the fall of 2020 and the first quarter of 2021. In order to ensure the unique needs of preschoolers were considered we made sure to include members from Family Child Care Home providers, Center based programs providing early care and education to preschoolers, and community representatives from Washington Communities for Children, Head Start and ECEAP. In addition to the workgroups hundreds of providers participated in surveys and webinar/Q&A sessions to inform the revisions work. The workgroups have since been consolidated. Now a group of roughly 50 stakeholders is the core group that is working to develop the long-term CQI strategy for Early Achievers.

#### c. and/or School-age children.

DCYF and implementing partners launched a robust stakeholder process to support short-term revisions and long-term continuous quality improvement of the system. Over 119 providers, coaches and other stakeholders participated in a robust workgroup process during the fall of 2020 and the first quarter of 2021. In order to ensure the unique needs of school-age children were considered we made sure to include members from Family Child Care Home providers, Center based programs providing early care and education to school-age children, Early Achievers coaches, School's Out WA (SOWA)

and SOWA coaches, and community representatives from Washington Communities for Children. In addition to the workgroups hundreds of providers participated in surveys and webinar/Q&A sessions to inform the revisions work. The workgroups have since been consolidated. Now a group of roughly 50 stakeholders is the core group that is working to develop the long-term CQI strategy for Early Achievers.

**7.9.2 Describe the measurable indicators of progress relevant to subsection 7.9 that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.**

Within the QRIS, DCYF will evaluate the number of programs that meet a Level 3 or higher using the revised Early Achievers process as well as the number of new programs that enroll in Early Achievers and their progress towards rating. The Early Achievers Equity Advisory Group will continue to review standards, practices, promising practices and the most recent literature on high quality early learning.

**7.10 Other Quality Improvement Activities**

**7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:**

Providers who care for infants can have a Child Care Health Consultant help provide improved care through monthly consults. There are several Local Health Jurisdictions that also provide specific consultation on topics in Health and Safety (infectious disease prevention, safe drinking water, environmental surveys, etc.). The impact of these services can be measured through improved Early Achievers ratings.

## 8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

### 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

**8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:**

a. Verifying and processing billing records to ensure timely payments to providers

Describe:

DCYF processes payments monthly based on invoices submitted by providers. The due date is typically the 20th of the month after the month care occurred. Payment is made through electronic funds transfer, usually the next business day after the provider submits their invoice which ensures timely payments. However, providers do have up to three months to claim payment for services. Providers are required to keep attendance records to support their claim and to submit records when audited.

Providers are required to use the department provided, or a department approved, electronic time and attendance system. This allows DCYF to perform data analysis and payment audits to identify improper payments, program violations, and potential fraud.

b. Fiscal oversight of grants and contracts

Describe:

DCYF has internal control policies in place to ensure separation of duties to safeguard its assets and check the accuracy and reliability of its accounting data. Washington State's Agency Financial Reporting System (AFRS) is the accounting system of record and has IT security built in to ensure separation of duties. Segregation of duties include, but are not limited to, a unit supervisor reviews and approves invoices prior to payment, separate staff input and release payments, and the tasks related to federal draw down of funds is separated between staff members in the Cost Allocation and Grants Management Unit and the Accounting Unit. DCYF has multiple approvals built in to the contracts, budgeting, and expenditure systems to ensure proper levels of approval.

DCYF uses the Contracts and Procurement System (CAPS) to track all contracts paid for with CCDF funds. The agency Contracts and Procurement Unit meets with agency contract managers quarterly to provide training on state and federal requirements or when new contract managers are hired and provides technical assistance when contracts are being developed. Staff that manage contracts are required to complete state mandated contract trainings, conduct a risk assessment for each contract, set deliverables for contracts, and monitor the contract according to the risk rating. All contracts that contain federal funds have Federal Certifications and Assurance

attached to the contract that contain grant requirements in accordance with the Code of Federal Regulations and the grant application.

The Cost Allocation and Grants Management Unit assists contract managers with determining if contracts are sub-recipient contracts and indicates this in the Contract and Procurement System. DCYF has sub-recipient monitoring plan examples provided by the Contracts and Procurement Unit based on the designated risk level. The sub-recipient monitoring worksheet contains standard administrative and fiscal requirements, while the programmatic section is tailored to capture specific monitoring elements based on the federal program grant requirements. All sub-recipient contracts contain language on roles and responsibilities and assurances of compliance with grant requirements. In addition, DCYF complies with federal sub-recipient requirements by submitting the Federal Funding Accountability and Transparency Act (FFATA) reports on a monthly basis.

All contracts and agreements go through a chain of reviews by the Program Manager, Contracts and Procurement Unit, Chief Financial Officer, Budget Director, and Assistant Director for approval prior to execution. Once the contract is fully executed, the services are monitored by the assigned contract manager and the Fiscal Review Team and may include the following control items determined by the contract risk assessment: periodic reporting, on-site reviews and observations, invoice and audit report reviews, customer surveys, and other periodic contact.

DCYF Accounting Unit compares all approved invoices to the contract budgets to ensure funds are available and payments are not duplicated prior to payment. After payments have been processed through AFRS the expenditure reports are reviewed by Budget, the Grants Manager and Program staff on a monthly basis. DCYF has a service level agreement with DSHS that sets out the requirements that are followed regarding CCDF grant funds and their interaction with TANF funds. In addition, the State Auditor's Office annually audits the CCDF grant in detail to ensure accuracy and accountability.

Errors and (intentional and unintentional) program violations result in overpayments to clients or providers. DSHS Office of Financial Recovery collects these amounts and reports to DCYF. DCYF works with DSHS to verify that funds are returned to DCYF

and recorded to the proper grant award. For closed award periods DCYF transmits the funds back to the granting agency.

c. Tracking systems to ensure reasonable and allowable costs

Describe:

Provider Payments: DCYF tracks fiscal data and conducts monthly provider audits to identify patterns of inappropriate payments. Improper payments are identified and documented using the department's eligibility system. Program violations and fraud identification are also tracked in department's eligibility system.

Proper grant expenditures: The Budget Unit prepares monthly reports based off the financial data in the Agency Financial Reporting System to ensure that all charges to the CCDF grant are properly accounted for in Mandatory, Matching, and Discretionary. In addition, the Cost Allocation and Grants Management Unit reviews expenditures to verify that the proper period of performance is charged for the funding source and the services are allowable. DCYF's Grants Manager also processes reports to verify that expenditures are properly reported to the grant and uploads all federal data to the designated systems by the deadlines outlined in the grant to ensure transparency and accountability to our grants reporting. In addition, DCYF monitors all contracted services through its Contracts and Procurement System (CAPS) to ensure reasonable and allowable costs. With the CAP system, all payments, including those made for quality are automated and payment files are checked for quality assurance to make sure payment are reasonable and allowable before payment is made.

d. Other

Describe:

**8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:**

a. Conduct a risk assessment of policies and procedures

Describe:

The DCYF Quality Assurance (QA) team analyzes data obtained from the electronic

attendance system to determine risk exposure and to develop rules and procedures to minimize risk. The DCYF Contracts and Procurement Unit and program staff conduct a risk assessments for each contract prior to execution and develop monitoring requirements based on the risk rating.

**b. Establish checks and balances to ensure program integrity**

**Describe:**

The DCYF QA team audits providers for program integrity compliance. DCYF typically audits 2% of the caseload on average, and combines random audits with targeted audits. Both of these audits are designed to increase program integrity by informing providers and workers of billing issues and correct billing procedures and by recouping funds. These audits are random, and any targeted approaches DCYF takes are first carefully analyzed for disparate impact as to protected classes outlined in state and federal anti-discrimination law.

The DCYF Fiscal Review Team reviews contracts based on the identified risk rating to include periodic reporting, on-site reviews and observations, invoice and audit report reviews, customer surveys, and other periodic contact.

**c. Use supervisory reviews to ensure accuracy in eligibility determination**

**Describe:**

DCYF eligibility supervisors and leads review eligibility determinations of all newly employed eligibility staff until the new staff demonstrate 95 percent accuracy in all their determinations. Thereafter supervisors and leads continue to randomly spot check staff determinations. Supervisors review all case actions, of their staff, when an overpayment is being submitted to the Office of Financial Recovery for collection, ensuring all rules were applied correctly.

**d. Other**

**Describe:**

In cases where a family's activity schedule requires authorization of care units in excess of full-time care, DCYF supervisors review eligibility worker authorization determinations to ensure their accuracy.

**8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.**

a. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.

i. Issue policy change notices.

Describe:

Policy change notices are sent to all providers via email listserv, blog post, and social media.

ii. Issue policy manual.

Describe:

DCYF maintains three policy manuals to support billing policy by provider type.

iii. Provide orientations.

Describe:

iv. Provide training.

Describe:

DCYF provides a mandatory training to licensed family homes and FFN providers as agreed upon in collective bargaining agreement.

v. Monitor and assess policy implementation on an ongoing basis.

Describe:

DCYF conducts monthly audits and uses information identified in audits to provide technical assistance to providers, update provider information, and payment policies.

- vi. Meet regularly regarding the implementation of policies.

Describe:

- vii. Other.

Describe:

b. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 (a)(3)). Check all that apply:

- i. Issue policy change notices.

Describe:

Policy and procedural changes are communicated based on a training needs assessment. Communication includes email, memo, and staff meetings. More complex changes are supported with training.

- ii. Train on policy change notices.

Describe:

Policy and procedural changes are trained based on a training needs assessment. Training can include email, memo, online training module, real-time classroom or virtual classroom training, or one on one training.

- iii. Issue policy manuals.

Describe:

DCYF maintains a policy and procedure handbook with changes tracked and identified. This is available to all staff electronically.

- iv. Train on policy manual.

Describe:

Eligibility staff complete a basic training that includes core training modules followed by one on one job coaching with an assigned lead worker. Staff work is monitored and provided technical assistance until they show proficiency.

- v. Monitor and assess policy implementation on an ongoing basis.

Describe:

Eligibility staff have cases audited each month to ensure continued proficiency. Staff are given technical assistance based on audit findings. Audit focus can include recent policy changes to determine the effectiveness of the policy, communication, and training.

- vi. Meet regularly regarding the implementation of policies.

Describe:

Program management staff meet weekly to address issues and plan for upcoming changes. Program staff host regular meetings with supervisors to discuss emerging issues, training, and policy and procedure implementation. Supervisors host monthly unit meetings to discuss emerging issues and policy and procedures.

- vii. Other.

Describe:

#### **8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe:**

DCYF maintains a program integrity plan and revisits this plan at least annually to address internal control activities. DCYF completes available self-assessment tools provided by the Office of Child Care and updates its program integrity plan accordingly. DCYF also uses the Improper Payments Information Act (IPIA) and the State Auditor's Office Statewide Single Audit (SWSA) findings to improve internal control activities

#### **8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can**

include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to **identify and prevent fraud or intentional program violations**. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.

- i. Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe the activities and the results of these activities:

The subsidy eligibility determination system has interfaces with TANF, SNAP, Medical Assistance, Public Assistance Reporting Information System (PARIS), Employment Security, and Department of Child Support so that information between the programs is shared to assist in the identification and prevention of fraud and intentional program violations. The agency is able to compare information contained within our system against the other programs to help identify discrepancies. If discrepancies are not able to be verified it is often sent to the Office of Fraud and Accountability (OFA) to be investigated. DCYF's emphasis on using these systems is to prevent the fraud or program violations from occurring. Staff are required to crossmatch these systems on every eligibility determination. When staff discover discrepancies within the systems and are not able to verify a clients alleged circumstance the case may be denied or pended for additional documentation.

- ii. Run system reports that flag errors (include types).

Describe the activities and the results of these activities:

DCYF produces a monthly report to identify any authorizations that exceed full-time care without receiving supervisory review and ensures all cases are reviewed by a supervisor. DCYF statewide leadworkers use various reports to identify high risk case actions and audit these cases to ensure accuracy. DCYF continues to

develop specific reports to identify potential errors and build system requirements to prevent errors, or identify potential errors to audit. Cases that contain errors are sent back to the worker for correction and/or an overpayment is written to the client or provider. For example the report showing an authorization exceeding full-time care without a supervisor review shows this occurred 6 times in State FY 2021. Another report is the "copay not attached to the youngest child" report, which is ran monthly to prevent potential overpayments. The latest report showed this scenario had occurred 37 times.

**iii. Review enrollment documents and attendance or billing records**

**Describe the activities and the results of these activities:**

DCYF reviews attendance and billing records for all provider types based on random assignment and when specific issues are identified. Providers identified as having payment errors are given technical assistance and assess overpayments. Providers with continued payment errors are identified and assigned Intentional Program Violations. Provider with repeated program violations are prevented from receiving child care subsidy payment. Providers suspected of committing fraud are referred to our contracted agency conduct an investigation and work with local law enforcement and prosecutors for any criminal charges. Staff wrote 1610 overpayments to providers for \$1,487,845 during State FY 2021.

**iv. Conduct supervisory staff reviews or quality assurance reviews.**

**Describe the activities and the results of these activities:**

DCYF conducts a variety of supervisor and quality assurance reviews as outlined in our program integrity plan. Eligibility staff receive at least four random audits per month. These provide feedback to the supervisor to ensure that staff continue to process eligibility cases correctly. These also provide necessary feedback to eligibility staff regarding their case processing. New eligibility workers are audited at 100% until they show proficiency in eligibility determination. Additionally, supervisors review every case when care beyond full-time is authorized. DCYF has an overpayment review workgroup that analyzes every overpayment written for the proper application of rules and any potential rule, policy, or system changes that could enhance the integrity of the child care program. Currently this team reviews about 95 cases per month.

The QA supervisor conducts a monthly audit calibration meeting where all the auditors audit the same case to ensure consistent application of rules, and policies. This meeting helps identify improvements needed for training, desk-aids, languages in policy or rule, or a creation of a policy.

v. Audit provider records.

Describe the activities and the results of these activities:

DCYF reviews attendance and billing records for all provider types based on random assignment and when specific issues are identified. Providers identified as having payment errors are given technical assistance and assessed an overpayment. Providers with continued payment errors are identified as assigned Intentional Program Violations. Providers with repeat program violations are prevented from receiving child care subsidy payment. Providers suspected of committing fraud are referred to our contracted agency to conduct an investigation and work with local law enforcement and prosecutors for any criminal charges. The quality assurance team audit about 250 providers per month. Staff wrote 1610 overpayments to providers for \$1,487,845 during State FY 2021.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Auditors provide direct feedback to staff with each audit and ensure cases are correct. Audit trends are identified and analyzed to improve systems, policies, procedures, or training. This is accomplished by the quality assurance audits and a lead worker calibration audit, both of which are reviewed monthly for program weakness. The training team develop training as a result of corrective action plans, and internal and external audit findings, such as "verification of household composition" and "Child support income".

The Policy team conducts a webex policy roll-out training three times a year to provide statewide training on any new or changed rule, or policies.

vii. Other

Describe the activities and the results of these activities:

Eligibility staff are trained and expected to make referrals to the Office of Fraud and Accountability(OFA)when they suspect fraud or intentional program violations.

During state fiscal year 2021 staff made 1,383 referrals to OFA which resulting in OFA writing 135 overpayments due their investigation for \$1,799.636.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

Describe the activities and the results of these activities:

The subsidy eligibility determination system has interfaces with TANF, SNAP, Medical Assistance, Public Assistance Reporting Information System (PARIS), Employment Security, and Department of Child Support so that information between the programs is shared to assist in the identification and prevention of fraud and intentional program violations. The agency is able to compare information contained within our system against the other programs to help identify discrepancies. If discrepancies are not able to be verified it is often sent to the Office of Fraud and Accountability (OFA) to be investigated. DCYF's emphasis on using these systems is to prevent the fraud or program violations from occurring. Staff are required to cross match these systems on every eligibility determination. When staff discover discrepancies within the systems and are not able to verify a clients alleged circumstance the case may be denied or pended for additional documentation.

- ii. Run system reports that flag errors (include types).

[Describe the activities and the results of these activities:](#)

The subsidy eligibility determination system has interfaces with TANF, SNAP, Medical Assistance, Public Assistance Reporting Information System (PARIS), Employment Security, and Department of Child Support so that information between the programs is shared to assist in the identification and prevention of fraud and intentional program violations. The agency is able to compare information contained within our system against the other programs to help identify discrepancies. If discrepancies are not able to be verified it is often sent to the Office of Fraud and Accountability (OFA) to be investigated. DCYF's emphasis on using these systems is to prevent the fraud or program violations from occurring. Staff are required to cross match these systems on every eligibility determination. When staff discover discrepancies within the systems and are not able to verify a clients alleged circumstance the case may be denied or pended for additional documentation.

[iii. Review enrollment documents and attendance or billing records](#)

[Describe the activities and the results of these activities:](#)

DCYF reviews attendance and billing records for all provider types based on random assignment and when specific issues are identified. Providers identified as having payment errors are given technical assistance and assess overpayments. Providers with continued payment errors are identified and assigned Intentional Program Violations. Provider with repeated program violations are prevented from receiving child care subsidy payment. Providers suspected of committing fraud are referred to our contracted agency conduct an investigation and work with local law enforcement and prosecutors for any criminal charges. Staff wrote 1610 overpayments to providers for \$1,487,845 during State FY 2021.

[iv. Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

DCYF conducts a variety of supervisor and quality assurance reviews as outlined in our program integrity plan. Eligibility staff receive at least four random audits per

month. These provide feedback to the supervisor to ensure that staff continue to process eligibility cases correctly. These also provide necessary feedback to eligibility staff regarding their case processing. New eligibility workers are audited at 100% until they show proficiency in eligibility determination. Additionally, supervisors review every case when care beyond full-time is authorized. DCYF has an overpayment review workgroup that analyzes every overpayment written for the proper application of rules and any potential rule, policy, or system changes that could enhance the integrity of the child care program. Currently this team reviews about 95 cases per month.

The QA supervisor conducts a monthly audit calibration meeting where all the auditors audit the same case to ensure consistent application of rules, and policies. This meeting helps identify improvements needed for training, desk-aids, languages in policy or rule, or a creation of a policy.

v. [Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

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vi. [Train staff on policy and/or audits.](#)

Describe the activities and the results of these activities:

Auditors provide direct feedback to staff with each audit and ensure cases are correct. Audit trends are identified and analyzed to improve systems, policies, procedures, or training. This is accomplished by the quality assurance audits and a lead worker calibration audit, both of which are reviewed monthly for program weakness. The training team develop training as a result of corrective action plans, and internal and external audit findings, such as "verification of household composition" and "Child support income".

The Policy team conducts a webex policy roll-out training three times a year to provide statewide training on any new or changed rule, or policies.

vii. Other

Describe the activities and the results of these activities:

Eligibility staff are trained and expected to make referrals to the Office of Fraud and Accountability(OFA)when they suspect fraud or intentional program violations.

During state fiscal year 2021 staff made 1,383 referrals to OFA which resulting in OFA writing 135 overpayments due their investigation for \$1,799.636.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

- i. Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration (PARIS)).

[Describe the activities and the results of these activities:](#)

The subsidy eligibility determination system has interfaces with TANF, SNAP, Medical Assistance, Public Assistance Reporting Information System (PARIS), Employment Security, and Department of Child Support so that information between the programs is shared to assist in the identification and prevention of fraud and intentional program violations. The agency is able to compare information contained within our system against the other programs to help identify discrepancies. If discrepancies are not able to be verified it is often sent to the Office of Fraud and Accountability (OFA) to be investigated. DCYF's emphasis on using these systems is to prevent the fraud or program violations from occurring. Staff are required to cross match these systems on every eligibility determination. When staff discover discrepancies within the systems and are not able to verify a clients alleged circumstance the case may be denied or pended for additional documentation.

[ii. Run system reports that flag errors \(include types\).](#)

[Describe the activities and the results of these activities:](#)

The subsidy eligibility determination system has interfaces with TANF, SNAP, Medical Assistance, Public Assistance Reporting Information System (PARIS), Employment Security, and Department of Child Support so that information between the programs is shared to assist in the identification and prevention of fraud and intentional program violations. The agency is able to compare information contained within our system against the other programs to help identify discrepancies. If discrepancies are not able to be verified it is often sent to the Office of Fraud and Accountability (OFA) to be investigated. DCYF's emphasis on using these systems is to prevent the fraud or program violations from occurring. Staff are required to cross match these systems on every eligibility determination. When staff discover discrepancies within the systems and are not able to verify a clients alleged circumstance the case may be denied or pended for additional documentation.

[iii. Review enrollment documents and attendance or billing records](#)

[Describe the activities and the results of these activities:](#)

DCYF reviews attendance and billing records for all provider types based on random assignment and when specific issues are identified. Providers identified as having payment errors are given technical assistance and assess overpayments. Providers with continued payment errors are identified and assigned Intentional Program Violations. Provider with repeated program violations are prevented from receiving child care subsidy payment. Providers suspected of committing fraud are referred to our contracted agency conduct an investigation and work with local law enforcement and prosecutors for any criminal charges. Staff wrote 1610 overpayments to providers for \$1,487,845 during State FY 2021.

[iv. Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe the activities and the results of these activities:](#)

DCYF conducts a variety of supervisor and quality assurance reviews as outlined in our program integrity plan. Eligibility staff receive at least four random audits per month. These provide feedback to the supervisor to ensure that staff continue to process eligibility cases correctly. These also provide necessary feedback to eligibility staff regarding their case processing. New eligibility workers are audited at 100% until they show proficiency in eligibility determination. Additionally, supervisors review every case when care beyond full-time is authorized. DCYF has an overpayment review workgroup that analyzes every overpayment written for the proper application of rules and any potential rule, policy, or system changes that could enhance the integrity of the child care program. Currently this team reviews about 95 cases per month.

The QA supervisor conducts a monthly audit calibration meeting where all the auditors audit the same case to ensure consistent application of rules, and policies. This meeting helps identify improvements needed for training, desk-aids, languages in policy or rule, or a creation of a policy.

[v. Audit provider records.](#)

[Describe the activities and the results of these activities:](#)

DCYF conducts a variety of supervisor and quality assurance reviews as outlined in our program integrity plan. Eligibility staff receive at least four random audits per month. These provide feedback to the supervisor to ensure that staff continue to process eligibility cases correctly. These also provide necessary feedback to eligibility staff regarding their case processing. New eligibility workers are audited at 100% until they show proficiency in eligibility determination. Additionally, supervisors review every case when care beyond full-time is authorized. DCYF has an overpayment review workgroup that analyzes every overpayment written for the proper application of rules and any potential rule, policy, or system changes that could enhance the integrity of the child care program. Currently this team reviews about 95 cases per month.

The QA supervisor conducts a monthly audit calibration meeting where all the auditors audit the same case to ensure consistent application of rules, and policies. This meeting helps identify improvements needed for training, desk-aids, languages in policy or rule, or a creation of a policy.

vi. Train staff on policy and/or audits.

Describe the activities and the results of these activities:

Auditors provide direct feedback to staff with each audit and ensure cases are correct. Audit trends are identified and analyzed to improve systems, policies, procedures, or training. This is accomplished by the quality assurance audits and a lead worker calibration audit, both of which are reviewed monthly for program weakness. The training team develop training as a result of corrective action plans, and internal and external audit findings, such as "verification of household composition" and "Child support income".

The Policy team conducts a webex policy roll-out training three times a year to provide statewide training on any new or changed rule, or policies.

vii. Other

Describe the activities and the results of these activities:

DCYF use a universal caseload model that supports several staff working the same

case to support peer review. DCYF also has a process for staff to provide feedback to supervisors to report administrative errors made by others. This is outside of the audit process to support rapid feedback and technical assistance.

Eligibility staff are trained and expected to make referrals to the Office of Fraud and Accountability(OFA) when they suspect fraud or intentional program violations.

During state fiscal year 2021 staff made 1,383 referrals to OFA which resulting in OFA writing 135 overpayments due their investigation for \$1,799.636.

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney).

DSHS Office of Fraud and Accountability (OFA) is responsible for pursuing fraud, while DSHS Office of Financial Recovery (OFR) pursues overpayments.

**8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.**

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

- i. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

OFR sends a collection notice for overpayments of any amount. If the overpayment amount exceeds \$250, OFR collection staff engage in formal debt collection. OFR collected \$3,284,319 for DCYF child care overpayments for State FY 2021.

- ii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

DCYF refers suspected client and provider criminal fraud to OFA, which investigates and refers for criminal prosecution. In cases where evidence of provider criminal fraud is insufficient but the provider has committed a program violation, they are subject to progressive penalties and possible disqualification from receiving CCSP funds. In cases of criminal fraud conviction the client or provider is subject to repayment of funds in question and disqualification from receiving CCSP funds. DCYF referred 1383 cases to OFA for investigation State FY 2021.

- iii. Recover through repayment plans.

Describe the activities and the results of these activities:

OFR establishes repayment plans with providers and clients, with the goal of ensuring repayment monthly amounts do not exceed 10 percent of income, where possible. OFR collected \$3,284,319 for DCYF child care overpayments for State FY 2021.

- iv. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

OFR has authority to reduce provider subsidy reimbursement in subsequent months in order to satisfy any overpayment debt established and exercises that authority as needed to ensure timely satisfaction of the debt.

- v. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

OFR has authority to implement all legal collection means including liens and garnishments.

- vi. Recover through other means.

Describe the activities and the results of these activities:

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

**Describe the activities and the results of these activities:**

OFA investigates improper payments related to fraud. If the improper payment is not related to fraud both the QA staff and the eligibility staff are able to investigate and then send the overpayment to OFR. Overpayments are written to clients and providers as described in WAC 110-15-0268 and 110-15-0271. OFA wrote 135 overpayments, during state FY2021 as a result of their investigations for DCYF, for a total of \$1,799,636. This is not including the recoveries in restitution for the cases criminally prosecuted.

OFA is part of DSHS and contracted to provide investigations for DCYF. The OFA team consists of 38 investigators who would investigate cases referred to them by DCYF staff and write the subsequent overpayment as a result of the investigation. OFA wrote 135 overpayments, during state FY2021 as a result of their investigations for DCYF, for a total of \$1,799,636. This is not including the recoveries in restitution for the cases criminally prosecuted.

**viii. Other**

**Describe the activities and the results of these activities:**

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- i. N/A. the Lead Agency does not recover misspent funds due to unintentional program violations.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

**Describe the activities and the results of these activities:**

DSHS/OFR sends a collection notice for overpayments of any amount. If the overpayment amount exceeds \$250, OFR collection staff engage in formal debt collection. OFR collected \$3,284,319 in DCYF child care overpayments for state FY 2021.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

DCYF refers client and provider overpayments to OFR for recovery. DCYF refers about 95 overpayments per month to OFR.

- iv. Recover through repayment plans.

Describe the activities and the results of these activities:

OFR establishes repayment plans with providers and clients, with the goal of ensuring repayment monthly amounts do not exceed 25 percent of income, unless requested. The repayment plans are created between the OFR revenue agent and the client or provider.

- v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

OFR has authority to reduce provider subsidy reimbursement in subsequent months in order to satisfy any overpayment debt established and exercises that authority as needed to ensure timely satisfaction of the debt. This subsidy offset is something set up by the OFR revenue agent and the provider.

- vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

OFR has authority to implement all legal collection means including liens and garnishments.

- vii. Recover through other means.

Describe the activities and the results of these activities:

OFA conducts investigations for DCYF. They have 38 investigators who will conduct criminal and fraud investigations and then write any overpayment related to their investigations.

DCYF QA team has six auditors who conduct about 250 providers audits per month. These audits include providing technical assistance for any program violation accompanied by an overpayment for any misspent funds.

- viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

DCYF Quality Assurance Unit identifies errors. Unit staff write overpayments to clients and providers as described in WAC 110-15-0268 and 110-15- 0271. Overpayments are subject to appeal through an administrative hearing under WAC 110-03.OFR is responsible for overpayment collection. DCYF staff wrote 423 overpayments to clients for \$971,312 and 1610 overpayments to vendors for \$1,487,845 during state FY 2021.

- ix. Other

Describe the activities and the results of these activities:

8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- i. N/A. the Lead Agency does not recover misspent funds due to agency errors.
- ii. Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe the activities and the results of these activities:

DSHS/OFR sends a collection notice for overpayments of any amount. If the overpayment amount exceeds \$250, OFR collection staff engage in formal debt collection. DCYF processes about 95 overpayments per month.

- iii. Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe the activities and the results of these activities:

DCYF refers client and provider overpayments to OFR for recovery.DCYF refers about 95 overpayments per month to OFR for collection.

iv. Recover through repayment plans.

Describe the activities and the results of these activities:

OFR establishes repayment plans with providers and clients, with the goal of ensuring repayment monthly amounts do not exceed 25 percent of income unless requested by provider or client. The repayment plans are created by the OFR revenue agent and the client or provider, DCYF is not involved once the overpayment is sent to OFR.

v. Reduce payments in subsequent months.

Describe the activities and the results of these activities:

OFR has authority to reduce provider subsidy reimbursement in subsequent months in order to satisfy any overpayment debt established and exercises that authority as needed to ensure timely satisfaction of the debt. The offset of payment option decisions occur between the OFR revenue agent and the provider.

vi. Recover through state/territory tax intercepts.

Describe the activities and the results of these activities:

OFR has authority to implement all legal collection means including liens and garnishments.

vii. Recover through other means.

Describe the activities and the results of these activities:

viii. Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe the activities and the results of these activities:

DCYF's Quality Assurance Unit identifies agency errors. Unit staff write overpayments to clients and providers as described in WAC 110-15-0268 and 110-15-0271. Overpayments are subject to appeal through an administrative hearing under WAC 110-15-0280. DSHS Office of Financial Recovery (OFR) is responsible for overpayment collection. From July 1, 2020 through March 31, 2021, DCYF wrote 78 overpayments for \$88,965 to clients and 183 overpayments for \$509,831 to providers, for administrative errors.

ix. Other

Describe the activities and the results of these activities:

**8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:**

- a. Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe the activities and the results of these activities:

Clients are disqualified from participating in the child care subsidy program for five years when convicted of fraudulently obtaining child care subsidy benefits. This process requires a criminal conviction. Families that are denied child care due to a criminal conviction may request a hearing regarding the denial under the administrative hearing rules. An administrative law judge will preside over the clients request for a hearing. The disqualification rule has eliminated the need to have additional investigations done due the family continuing to reapply for child care benefits after a criminal conviction when they were not eligible. DCYF disqualified 17 families during FY 2021 due to being criminally prosecuted and found guilty.

- b. Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe the activities and the results of these activities:

In the event DCYF quality assurance audits indicate a provider received an improper payment due to a program violation, staff establish overpayments and provide coaching and technical assistance to the provider to prevent future program violations. In the event the provider repeatedly commits program violations after receiving this assistance, they are subject to disqualification. See WAC 110-15-0277. Providers may appeal overpayments, and disqualification through the administrative hearing process. An administrative law judge will preside over the providers request for a hearing. Providers convicted of fraud are prevented from participating in child care subsidy program permanently. DCYF has only disqualified one provider, for fraud, since the implementation of the disqualification rule so do not have a sample size large enough to

point to results.

c. Prosecute criminally.

Describe the activities and the results of these activities:

DCYF refers suspected client and provider criminal fraud to OFA, which investigates and refers for criminal prosecution. In cases where evidence of provider criminal fraud is insufficient for OFA referral but the provider has committed a program violation the provider is subject to progressive penalties and possible disqualification from receiving CCSP funds. In cases of criminal fraud conviction, the provider is subject to repayment of funds in question and permanent disqualification from receiving CCSP funds. Clients convicted of criminal fraud are subject to repayment of funds in question and disqualification from receiving CCSP funds for 5 years. DCYF disqualified 17 families and 1 provider during FY2021 due to criminal convictions. Covid-19 restrictions halted a significant number of prosecutions due the inability to interview the suspects, which is part of the process for criminal investigations, before the case is submitted to the prosecutor.

d. Other.

Describe the activities and the results of these activities:

## [Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form](#)

Lead Agencies may apply for a temporary waiver for the Market Rate Survey or ACF pre-approved alternative methodology and/or the narrow cost analysis in. These waivers will be considered "extraordinary circumstance waivers" to provide relief from the timeline for completing the MRS or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.