

OMB Control No: 0970-0114

Expiration date: 03/31/2027

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104–13)

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 150 hours per response, including the time for reviewing instructions, gathering, and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C. 9858.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0114 and the expiration date is 03/31/2027. If you have any comments on this collection of information, please contact ACF's Office of Child Care.



**Child Care and Development Fund (CCDF) Plan
for
State/Territory Washington**

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Certified as of 2024-09-25 16:40:24 GMT

This Plan describes the Child Care and Development Fund program to be administered by the State or Territory for the period from 10/01/2024 to 9/30/2027, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

Table of Contents

Overview	4
1 CCDF Program Administration	6
1.1 CCDF Leadership.....	6
1.2 CCDF Policy Decision Authority	7
1.3 Consultation in the Development of the CCDF Plan.....	10
2 Child and Family Eligibility and Enrollment and Continuity of Care	12
2.1 Reducing Barriers to Family Enrollment and Redetermination.....	12
2.2 Eligible Children and Families.....	14
2.3 Prioritizing Services for Vulnerable Children and Families	23
2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities	25
2.5 Promoting Continuity of Care.....	26
3 Child Care Affordability	31
3.1 Family Co-payments	31
3.2 Calculation of Co-Payment.....	33
3.3 Waiving Family Co-payment.....	34
4 Parental Choice, Equal Access, Payment Rates, and Payment Practices	35
4.1 Access to Full Range of Provider Options.....	35
4.2 Assess Market Rates and Analyze the Cost of Child Care.....	36
4.3 Adequate Payment Rates	40
4.4 Payment Practices to Providers.....	44
4.5 Supply Building.....	46
5 Health and Safety of Child Care Settings	49
5.1 Licensing Requirements	50
5.2 Ratios, Group Size, and Qualifications for CCDF Providers	51
5.3 Health and Safety Standards for CCDF Providers	54
5.4 Pre-Service or Orientation Training on Health and Safety Standards	65
5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements	67
5.6 Ongoing Health and Safety Training.....	72
5.7 Comprehensive Background Checks	73
5.8 Exemptions for Relative Providers	84
6 Support for a Skilled, Qualified, and Compensated Child Care Workforce	84
6.1 Supporting the Child Care Workforce	84
6.2 Professional Development Framework	86
6.3 Ongoing Training and Professional Development	88
6.4 Early Learning and Developmental Guidelines.....	89
7 Quality Improvement Activities	90
7.1 Quality Activities Needs Assessment.....	91
7.2 Use of Quality Set-Aside Funds	91

8	Lead Agency Coordination and Partnerships to Support Service Delivery.....	93
8.1	Coordination with Partners to Expand Accessibility and Continuity of Care.....	93
8.2	Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds.....	95
8.3	Coordination with Child Care Resource and Referral Systems.....	97
8.4	Public-Private Partnerships	98
8.5	Disaster Preparedness and Response Plan.....	99
9	Family Outreach and Consumer Education.....	100
9.1	Parental Complaint Process	100
9.2	Consumer Education Website	101
9.3	Increasing Engagement and Access to Information	106
9.4	Providing Information on Developmental Screenings.....	108
10	Program Integrity and Accountability	109
10.1	Effective Internal Controls.....	109
10.2	Fraud Investigation, Payment Recovery, and Sanctions	112
	Appendix 1: Lead Agency Implementation Plan	117
	Appendix 1: Form.....	118

Overview

Introduction

The Child Care and Development Block Grant Act (CCDBG) (42 U.S.C. 9857 *et seq.*), together with section 418 of the Social Security Act (42 U.S.C. 618), authorize the Child Care and Development Fund (CCDF), the primary federal funding source devoted to supporting families with low incomes afford child care and increasing the quality of child care for all children. The CCDF program is administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services and provides resources to State, Territory, and Tribal governments via their designated CCDF Lead Agency.

CCDF plays a vital role in supporting family well-being and child development; facilitating parental employment, training, and education; improving the economic well-being of participating families; and promoting safe high-quality care and learning environments for children when out of their parents' care.

As required by CCDBG, this CCDF Plan serves as the State/Territory Lead Agency's application for a three-year cycle of CCDF funds and is the primary mechanism OCC uses to determine Lead Agency compliance with the requirements of the statute and regulations. CCDF Lead Agencies must comply with the rules set forth in CCDBG and corresponding ACF-issued rules and regulations. The CCDF Plan is a fundamental part of OCC's oversight of CCDF and is designed to align with and complement other oversight mechanisms including administrative and financial data reporting, the monitoring process, error rate reporting, audits, and the annual Quality Progress Report.

Organization of Plan

In their CCDF Plans, State/Territory Lead Agencies must describe how they implement the CCDF program. The Plan is organized into the following sections:

1. CCDF Program Administration
2. Child and Family Eligibility and Enrollment and Continuity of Care
3. Child Care Affordability
4. Parental Choice, Equal Access, Payment Rates, and Payment Practices
5. Health and Safety of Child Care Settings
6. Support for a Skilled, Qualified, and Compensated Child Care Workforce
7. Quality Improvement Activities
8. Lead Agency Coordination and Partnerships to Support Service Delivery
9. Family Outreach and Consumer Education
10. Program Integrity and Accountability

Completing the Plan

This revised Plan aims to capture the most accurate and up-to-date information about how a State/Territory is implementing its CCDF program in compliance with the requirements of CCDF. In responding to plan questions, Lead Agencies should provide concise and specific summaries and/or bullet points as appropriate to the question. Do not insert tables or charts, add attachments, or copy manuals into the Plan. A State/Territory's CCDF Plan is intended to stand on its own with sufficient information to describe how the Lead Agency is implementing its CCDF program without need for added attachments, tables, charts, or State manuals.

OCC recognizes that Lead Agencies use different mechanisms to establish CCDF policies, such as State statute, regulations, administrative rules, policy manuals, or policy issuances. Lead Agencies must submit their CCDF Plan no later than July 1, 2024.

Review and Amendment Process

OCC will review submitted CCDF Plans for completeness and compliance with federal policies. Each Lead Agency will receive a letter approximately 90 days after the Plan is due that includes all Plan non-compliances to be addressed. OCC recognizes that Lead Agencies continue to modify and adapt their programs to address evolving needs and priorities. Lead Agencies must submit amendments to their Plans as they make substantial policy and program changes during the three-year plan cycle, including when addressing non-compliances.

Appendix 1: Implementation Plan

As part of the Plan review process, if OCC identifies any CCDF requirements that are not fully implemented, OCC will communicate a preliminary notice of non-compliance for those requirements via an emailed letter. OCC has created a standardized template for Lead Agencies to submit as their 60-day response to that preliminary notice. This template is found at Appendix 1: Lead Agency Implementation Plan. This required response via the Appendix will help create a shared understanding between OCC and the Lead Agency on which elements of a requirement are unmet, how they are unmet, and the Lead Agency's steps and associated timelines needed to fully implement those unmet elements.

CCDF Plan Submission

CCDF Lead Agencies will submit their Plans electronically through the Child Care Automated Reporting System (CARS). CARS will include all language and questions included in the final CCDF Plan template approved by the Office of Management and Budget (OMB). Note that the format of the questions in CARS could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

1 CCDF Program Administration

Strong organizational structures, operational capacity, and partnerships position States and Territories to administer CCDF efficiently, effectively, and collaboratively.

This section identifies the CCDF Lead Agency, CCDF Lead Agency leadership, and the entities and individuals who will participate in the implementation of the program. It also identifies the partners who were consulted to develop the Plan.

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.

1.1.1 Designated Lead Agency

Identify the Lead Agency or joint interagency office designated by the State or Territory. OCC will send official grant correspondence, such as grant awards, grant adjustments, Plan approvals, and disallowance notifications, to the designated contact identified here.

- a. Lead Agency or Joint Interagency Office Information:
 - i. Name of Lead Agency: **Department of Children, Youth and Families**
 - ii. Street Address: **1110 Jefferson St SE**
 - iii. City: **Olympia**
 - iv. State: **Washington**
 - v. ZIP Code: **98501**
 - vi. Web Address for Lead Agency: **www.dcyf.wa.gov**
- b. Lead Agency or Joint Interagency Official contact information:
 - i. Lead Agency Official First Name: **Ross**
 - ii. Lead Agency Official Last Name: **Hunter**
 - iii. Title: **Secretary**
 - iv. Phone Number: **360-407-7909**
 - v. Email Address: **ross.hunter@dcyf.wa.gov**

1.1.2 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. The OCC 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, identify the Co-Administrator or the person with administrative responsibilities and include their contact information.

- a. CCDF Administrator contact information:
 - i. CCDF Administrator First Name: **Matt**

- ii. CCDF Administrator Last Name: **Judge**
 - iii. Title of the CCDF Administrator: **Federal Initiatives and Collaboration Administrator**
 - iv. Phone Number: **360-522-3241**
 - v. Email Address: **matt.judge@dcyf.wa.gov**
- b. CCDF Co-Administrator contact information (if applicable):
- i. CCDF Co-Administrator First Name:
 - ii. CCDF Co-Administrator Last Name:
 - iii. Title of the CCDF Co-Administrator:
 - iv. Phone Number:
 - v. Email Address:
 - vi. Description of the Role of the Co-Administrator:

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. 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 Entity establishing CCDF program rules

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.

Check one of the following:

- a. All program rules and policies are set or established by the State or Territory. (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:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
 - ii. Sliding-fee scale is set by the:

- State or Territory.
- Local entity (e.g., counties, workforce boards, early learning coalitions).
- Other. Identify the entity and describe the policies the entity can set:
- iii. Payment rates and payment policies are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- iv. Licensing standards and processes are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- v. Standards and monitoring processes for license-exempt providers are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- vi. Quality improvement activities, including QIS, are set by the:
 - State or Territory.
 - Local entity (e.g., counties, workforce boards, early learning coalitions).
 - Other. Identify the entity and describe the policies the entity can set:
- 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 Entities implementing CCDF services

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

Check the box(es) to indicate which entity(ies) implement or perform CCDF services.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors licensed providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who operates the quality improvement activities?	[x]	[]	[]	[x]	<p>[x] Describe: Cultivate Learning at the University of Washington provides technical support, data collection, and coding for all components of the Quality Recognition cycle within Early Achievers. Cultivate Learning also produces professional development materials and trainings for the WA state ECE coaching and provider audiences. Centralia College also provides education verification for professional development points in Early Achievers.</p>

1.2.3 Information systems availability

For any activities performed by agencies other than the Lead Agency as reported above in 1.2.1 and 1.2.2, identify the processes the Lead Agency uses to oversee and monitor CCDF administration and implementation activities to retain overall responsibility for the CCDF program.

Check and describe how the Lead Agency includes in its written agreements the required elements. 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.

a. Tasks to be performed.

Yes. If yes, describe: **DCYF uses the Contracts and Procurement System (CAPS) to track all contracts paid for with CCDF funds. Contracts include a Statement of Work that describes all tasked to be performed. The Child Care Aware of Washington (CCA) contract indicated above under CCR&R includes the following tasks:**

- **Family Center and support for families experiencing homelessness**
- **Quality Rating and Improvement System Activities (Early Achievers)**
- **Coaching, Consultation, and Technical Assistance**
- **Professional Development/Training**
- **Professional development management and coordination, training delivery of mandated training requirements**
- **Scholarships for Early Learning Professionals**

No. If no, describe:

b. Schedule for completing tasks.

Yes. If yes, describe: **Contracts in CAPS include the contract document itself, which contains a Statement of Work section with a schedule of deliverables with timelines for each associated task and payment points for task completion according to the schedule. Within the contracts system, deliverables are tracked by state fiscal year and deliverable number within the fiscal year, title, notes on due date, description, and due date.**

No. If no, describe:

c. Budget which itemizes categorical expenditures in accordance with CCDF requirements.

Yes. If yes, describe: **In the budget section of CAPS, expenditures are tracked by fiscal year, sequence number, payment point, quantity, unit, unit cost, and budget. Budget amounts are totaled by fiscal year and by federal grant award type. CCDF grant awards are differentiated by type (discretionary, mandatory, etc.). In the fiscal coding section of CAPS, expenditures are tracked by fiscal year, fund number, program index, sub object, and allocation code.**

No. If no, describe:

d. Indicators or measures to assess performance of those agencies.

Yes. If yes, describe: **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. Written agreements include detailed statements of and work with specific deliverables, success criteria, and timelines for each.**

No. If no, describe:

- e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration. **DCYF further monitors CCA's and Cultivate Learning'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, quarterly budget to actuals meetings, and an annual independent audit. DCYF also annually reviews a Resource and Referral Trend Report showing supply and referral demand data, analytical reports, and tables. Further, our QRIS Administrator and Senior Administrator for Workforce Growth and Professional Development meet monthly with the CCA and Cultivate Learning teams to review the work being done. Our Assistant Secretary of Early Learning also meets quarterly with their leadership. Deliverables are routed to program staff to review and provide feedback monthly. DCYF monitors spending monthly using a Contract Spending Report (CSR) that is tracked monthly and reviewed in comparison to the deliverables received.**

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, 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 is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

Yes.

No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

Does the Lead Agency certify that it has policies in place related to the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds?

Yes.

No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF Plan, and consultation with and meaningful input and feedback from a wide range of representatives is critical for CCDF programs to continually adapt to the changing needs of families, child care programs, and the workforce. Consultation involves meeting with or otherwise obtaining input from an appropriate agency in the development of the State or Territory CCDF Plan. As part of the Plan development process, Lead Agencies must consult with the following:

- (1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.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) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

Describe the Lead Agency’s consultation efforts in the development of the CCDF Plan, including how and how often the consultation occurred.

- a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **DCYF consulted with local governments regarding the CCDF Plan through its contractual relationship with Washington Communities for Children (WCFC). WCFC conducted listening sessions and a survey with regional coalitions that include units of local government around the issues of access to high quality ECE and living wage and benefits for ECE providers. The feedback DCYF received through this process informs DCYF’s request for budget investments in the 2025 Legislative session to increase subsidy income eligibility and provider base rates, a critical piece of DCYF CCDF Plan going forward.**
- a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **DCYF consulted with the Early Learning Advisory Council (ELAC) by attending their April 2024 meeting and providing members a copy of the draft CCDF Plan and the link to DCYF’s CCDF website where they could comment on the draft. At the April meeting, members zoomed in on recommendations addressing the new CCDF rules requirements around enrollment based and prospective payment, grants and contracts, and remaining 12-month eligibility compliance requirements. ELAC’s input informed DCYF’s request for budget investments in the 2025 Legislative Session to address these topics.**
- b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **DCYF consulted with the Indian Policy Early Learning (IPEL) Committee by attending their May 2024 meeting and providing members a copy of the draft CCDF Plan and the link to DCYF’s CCDF website where participants could comment on the draft. At the May meeting, members zoomed in on recommendations addressing the new CCDF rules requirements around enrollment based and prospective payment, grants and contracts, and remaining 12 month eligibility compliance requirements. IPEL's input informed DCYF’s request for budget investments in the 2025 Legislative Session to address these topics.**
- c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **DCYF's consultation with its advisory council supported consultation with the many entities statute requires to be represented on the council. These included, but are not limited to, School's Out Washington, which advocates for expanded learning opportunities and school-age child care programs, the**

Office of Superintendent of Public School (OSPI), and the Washington Association of Head Start and ECEAP (WSA). At the April 2024 ELAC meeting, members zoomed in on recommendations addressing the new CCDF rules requirements around enrollment based and prospective payment, grants and contracts, and remaining 12-month eligibility compliance requirements. Their input informed DCYF's request for budget investments in the 2025 Legislative Session to address these topics.

Further, DCYF facilitated two public meetings as opportunities for other entities, agencies, and organizations to contribute to development of the CCDF Plan, along with the general public. Participants were provided an overview of the Plan, a copy of the draft CCDF Plan and the link to DCYF's CCDF website where they could comment on the draft. Participants here also focused on recommendations addressing the new CCDF rules requirements around enrollment based and prospective payment, grants and contracts, and remaining 12 month eligibility compliance requirements. Their input also informed DCYF's request for budget investments in the 2025 Legislative Session to address these topics.

1.3.2 Public hearing process

Lead Agencies must 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.

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.

- i. Date of the public hearing: **6/10/2024**

Reminder: Must be no earlier than January 1, 2024. If more than one public hearing was held, enter one date (e.g., the date of the first hearing, the most recent hearing date, or any hearing date that demonstrates this requirement).

- ii. Date of notice of public hearing: **4/17/2024**

- iii. Was the notice of public hearing posted publicly at least 20 calendar days prior to the date of the public hearing?

Yes.

No. If no, describe:

- iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. 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:**

<https://www.dcyf.wa.gov/about/government-affairs/ccdf>. DCYF took information provided by the public into consideration in developing this Plan. For example, we asked the public for feedback on how to implement new CCDF rules requirements regarding enrollment based and prospective payment and those responses inform our waiver request, process, and timeline for coming into compliance with those requirements. Their feedback further informed our budget requests for the 2024 legislative session seeking funding to comply with these requirements, along with requested increased to subsidy base rates and income eligibility levels.

- v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **DCYF conducted its public hearing on X by webinar rather than in-person in order to support inclusion of all geographic regions. DCYF also conducted virtual public meetings prior to the hearing to further opportunities for input across the state.**
- vi. Describe 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.**
- vii. Describe how the information provided by the public was 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 and hosted a listening session where communities could hear DCYF's takeaways from their feedback.**

1.3.3 Public availability of final Plan, amendments, and waivers

Lead Agencies must make the submitted and approved final Plan, any approved Plan amendments, and any approved requests for temporary waivers publicly available on a website.

- a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **<https://www.dcyf.wa.gov/about/government-affairs/ccdf>**
- b. Describe any other strategies that the Lead Agency uses to make submitted and approved CCDF Plan and approved Plan amendments available to the public. Check all that apply and describe the strategies below, including any relevant website links as examples.
 - i. Working with advisory committees. Describe:
 - ii. Working with child care resource and referral agencies. Describe:
 - iii. Providing translation in other languages. Describe:
 - iv. Sharing through social media (e.g., Facebook, Instagram, email). Describe:
 - v. Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe:
 - vi. Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe:
 - vii. Direct communication with the child care workforce. Describe:
 - viii. Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals.

Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent’s ability to work and may deter eligible families from participating in CCDF.

To address these concerns, Lead Agencies must provide children with a minimum of 12 months between eligibility determinations, limit reporting requirements during the 12-month period, and ensure eligibility determination and redetermination processes do not interrupt a parent’s work or school.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency’s eligibility and enrollment policies support access for eligible children and families.

2.1 Reducing Barriers to Family Enrollment and Redetermination

Lead Agency enrollment and redetermination policies may not unduly disrupt parents’ employment, education, or job training activities to comply with the Lead Agency’s or designated local entity’s requirements. Lead Agencies have broad flexibility to design and implement the eligibility practices that reduce barriers to enrollment and redetermination.

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, Lead Agencies 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).

2.1.1 Eligibility practices to reduce barriers to enrollment

- a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.
 - i. Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is: **Families applying with new employment (less than 90 days,) may attest to their new employment information. An initial eligibility determination is made, and the family is allowed 60 days to provide income verification. Families applying for TANF are approved for 14 days to establish an Individual Responsibility Plan. Families experiencing homelessness according to the McKinney-Vento definition are considered eligible regardless of participation in approved activities.**
 - ii. Leveraging eligibility from other public assistance programs. Describe: **DCYF shares an eligibility system with DSHS and can use verification submitted for other programs contained within this shared system to meet eligibility requirements when applicable.**
 - iii. Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **Families who have received protective services within the last 6 months and have been referred to**

Working Connections Child Care receive a 12-month eligibility period. If another child is referred into the same household, the household will receive another 12-month eligibility

- iv. Self-assessment screening tools for families. Describe:
 - v. Extended office hours (evenings and/or weekends).
 - vi. Consultation available via phone.
 - vii. Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations: **DCYF maintains a "First Contact Resolution" process which requires staff to utilize the following in order: Family provided documents, information contained within our internal systems and available databases, information obtained through verification by phone, and information obtained by written request.**
 - viii. None.
- b. Does the Lead Agency use an online subsidy application?
 Yes.
 No. If no, describe why an online application is impracticable.
- c. Does the Lead Agency use different policies for families receiving TANF assistance?
 Yes. If yes, describe the policies: **Families approved on TANF with an individual responsibility plan are approved for child care without needing an activity such as employment or education. Families approved TANF are not subject to overpayments unless it is related to fraud.**
 No.

2.1.2 Preventing disruption of eligibility activities

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/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. Leveraging eligibility from other public assistance programs.
 - ix. Other. Describe:
- b. Does the Lead Agency use different policies for families receiving TANF assistance?

Yes. If yes, describe the policies: **Families approved for TANF with an individual responsibility plan can be approved for child care without needing an additional activity such as employment or education. Families approved for TANF are not subject to overpayments unless it is related to fraud.**

No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, 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 (SMI) for a family of the same size and whose family assets do not exceed \$1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

Lead Agencies may provide child care assistance for children less than 13 years of age, including continuing to provide assistance to children if they turn 13 during the eligibility period. In addition, Lead Agencies can choose to serve children up to age 19 if those children are unable to care for themselves.

- a. Does your Lead Agency serve the full federally allowable age range of children through age 12?

Yes.

No. If no, describe the age range of children served and the reason why you made that decision to serve less than the full range of allowable children.

Note: Do not include children incapable of self-care or under court supervision, who are reported below in 2.2.1b and 2.2.1c.

- b. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care?

No.

Yes.

i. If yes, the upper age is (may not equal or exceed age 19): **18.00**

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity: **Through 18 years of age and having a verified physical, mental, emotional, or behavior condition that requires a higher level of care in the child care setting**

- c. Does the Lead Agency extend eligibility for CCDF-funded child care to children ages 13 and older but below age 19 who are under court supervision?

No.

Yes. If yes, and the upper age is (may not equal or exceed age 19): **18.00**

- d. How does the Lead Agency define the following eligibility terms?

i. "residing with": **Means residing at the same physical address per WAC 110-15-**

0003.

- ii. **“in loco parentis”:** The adult caring for an eligible child in the absence of the biological, adoptive, or stepparents, and who is not a relative, court-ordered guardian, or custodian, and is responsible for exercising day-to-day care and control of the child.

2.2.2 Eligibility criteria: reason for care

Lead Agencies have broad flexibility on the work, training, and educational activities required to qualify for child care assistance. Lead Agencies do not have to set a minimum number of hours for families to qualify for work, training, or educational activities, and there is no requirement to limit authorized child care services strictly based on the work, training, or educational schedule/hours of the parent(s). For example, the Lead Agency can include travel or study time in calculating the amount of needed services.

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

- a. Identify which of the following activities are included in your definition of “working” by checking the boxes below:
 - i. An activity for which a wage or salary is paid.
 - ii. Being self-employed.
 - iii. During a time of emergency or disaster, partnering in essential services.
 - iv. Participating in unpaid activities like student teaching, internships, or practicums.
 - v. Time for meals or breaks.
 - vi. Time for travel.
 - vii. Seeking employment or job search.
 - viii. Other. Describe: **Apprenticeships**
- b. Identify which of the following activities are included in your definition of “attending job training” by checking the boxes below:
 - i. Vocational/technical job skills training.
 - ii. Apprenticeship or internship program or other on-the-job training.
 - iii. English as a Second Language training.
 - iv. Adult Basic Education preparation.
 - v. Participation in employment service activities.
 - vi. Time for meals and breaks.
 - vii. Time for travel.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.

- x. Other. Describe: **TANF and SNAP/BFET employment and training activities**
- c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of “attending an educational program” by checking the boxes below:
- i. Adult High School Diploma or GED.
 - ii. Certificate programs (12-18 credit hours).
 - iii. One-year diploma (36 credit hours).
 - iv. Two-year degree.
 - v. Four-year degree.
 - vi. Travel to and from classrooms, labs, or study groups.
 - vii. Study time.
 - viii. Hours required for associated activities such as study groups, lab experiences.
 - ix. Time for outside class study or completion of homework.
 - x. Applicable meal and break times.
 - xi. Other. Describe:
- d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?
- No.
 - Yes.
- If yes, describe any Lead Agency-imposed minimum requirement for the following:
- Work. Describe:
 - Job training. Describe:
 - Education. Describe:
 - Combination of allowable activities. Describe:
 - Other. Describe:
- e. Does the Lead Agency allow parents to qualify for CCDF assistance based on education and training without additional work requirements?
- Yes.
 - No. If no, describe the additional work requirements:
- f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of “children who receive or need to receive protective services?”
- Note: 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 Lead Agency’s protective services definition.
- No. If no, skip to question 2.2.3.

Yes. If yes, answer the questions below:

Provide the Lead Agency's definition of "protective services" by checking below the sub-populations of children that are included:

Children in foster care.

Children in kinship care.

Children who are in families under court supervision.

Children who are in families receiving supports or otherwise engaged with a child welfare agency.

Children participating in a Lead Agency's Early Head Start - Child Care Partnerships program.

Children whose family members are deemed essential workers under a governor-declared state of emergency.

Children experiencing homelessness.

Children whose family has been affected by a natural disaster.

Other. Describe: **Children with a parent employed by a licensed or certified child care provider.**

g. 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?

No.

Yes.

h. 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.

i. Does the Lead Agency use CCDF funds to provide respite care to custodial parents of children in protective services?

No.

Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

There is a statewide limit with no local variation.

There is a statewide limit with local variation. Provide the number of income eligibility tables and describe who sets the limits:

Eligibility limits are established locally only. Provide the number of income eligibility tables and describe who sets the limits:

Other. Describe:

2.2.4 Initial eligibility: income limits

a. Complete the appropriate table to describe family income limits.

i. Complete the table below to provide the statewide maximum income eligibility percent and dollar limit or threshold:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1	5218.00	60.00	3130.00
2	6823.00	60.00	4094.00
3	8429.00	60.00	5057.00
4	10034.00	60.00	6020.00
5	11640.00	60.00	6984.00

ii. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (non-CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

b. Complete the table below if the Lead Agency has local variation in the maximum income eligibility limit. Complete the table for the region/locality with the highest eligibility limit, region/locality with the lowest eligibility limit, and the region/locality that is most populous:

i. Region/locality with the highest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

ii. Region/locality with the lowest eligibility limit:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iii. Region/locality that is most populous:

Family Size	100% of SMI (\$/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) \$
1			
2			
3			
4			
5			

iv. Does the Lead Agency certify that they use other funds if the income eligibility limit percent exceeds 85% SMI?

Not applicable. The Lead Agency does not allow income eligibility limits above 85% SMI.

Yes, the Lead Agency certifies that they use other funds (not CCDF funds) for families with income that exceeds 85% SMI.

No. The Lead Agency establishes income eligibility limits above 85% SMI and includes CCDF funds to pay for families with income that exceeds 85% SMI. If checked, describe:

c. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? Check all that apply:

- i. Gross wages or salary.
- ii. Disability or unemployment compensation.
- iii. Workers’ compensation.
- iv. Spousal support, child support.
- v. Survivor and retirement benefits.

- vi. Rent for room within the family’s residence.
 - vii. Pensions or annuities.
 - viii. Inheritance.
 - ix. Public assistance.
 - x. Other. Describe: **Property sold during the month the consumer applies.**
- d. What is the effective date for these income eligibility limits? **April 1, 2024**
- e. 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, even if the federal poverty level is used in implementing the program.
- What federal data does the Lead Agency use when reporting the income eligibility limits?
 LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2024**
- Other. Describe:
- f. Provide the direct URL/website link, if available, for the income eligibility limits.
https://www.dcyf.wa.gov/sites/default/files/pdf/copay_calculation_table.pdf

2.2.5 Income eligibility: irregular fluctuations in earnings

Lead Agencies must take into account irregular fluctuations in earnings in initial eligibility determination and redetermination processes. The Lead Agency must ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments.

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

- i. Average the family’s earnings over a period of time (e.g., 12 months).
Identify the period of time **12 months**
- ii. Request earning statements that are most representative of the family’s monthly income.
- iii. Deduct temporary or irregular increases in wages from the family’s standard income level.
- iv. Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings: **DCYF offers families the option to include a larger sample size so the income average more closely reflects what the family's anticipated earnings will be.**

2.2.6 Family asset limit

- a. When calculating income eligibility, does the Lead Agency ensure each eligible family does not have assets that exceed \$1,000,000?
 Yes.

No. If no, describe:

- 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: **DCYF waives the requirement for families approved under categorical eligibility for receiving child protective, child welfare or family assessment response services under WAC 110-15-0024.**

2.2.7 Additional eligibility criteria

Aside from the eligibility conditions or rules which have been described in 2.2.1 – 2.2.6, is any additional eligibility criteria applied during:

- a. Eligibility determination? If checked, describe:
b. Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

Lead Agencies must document and verify that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination.

Check the information that the Lead Agency documents and verifies at initial determination and redetermination and describe what information is required and how often.

Required at Initial Determination	Required at Redetermination	Description
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant identity. Describe how you verify: Eligibility staff accept verbal attestation of an applicant's identification at the initial determination, the verbal attestation is confirmed by the verification of their approved activity such as wage stubs, TANF/IRP, or School enrollment.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Applicant's relationship to the child. Describe how you verify: DCYF requires relationship verification at application. Eligibility staff verify relationships by first using information available in the electronic case record or systems available to DCYF. If this is not available, then eligibility staff will request proof of identification or custody from the family directly.

Required at Initial Determination	Required at Redetermination	Description
[x]	[]	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: 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 internal systems allow for verification with either a birth certificate verified at WA department of Health, a crossmatch 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 from the family directly.
[x]	[x]	Work. Describe how you verify: 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.
[x]	[x]	Job training or educational program. Describe how you verify: Eligibility staff 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
[x]	[x]	Family income. Describe how you verify: Eligibility staff accept verbal or written attestation and then 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.

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Household composition. Describe how you verify: 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. WAC 110-15-0012. The non-custodial parent’s (NCP) information is crossmatched 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.
[x]	[]	Applicant residence. Describe how you verify: DCYF accepts client’s self-attestation of residency and only obtains verification if questionable. Verification may be obtained by using information available in the electronic case record or systems available to DCYF. If this is not available, then eligibility staff request proof of identification from the family directly such as a rental agreement or landlord statement.
[]	[]	Other. Describe how you verify: NA

2.2.9 Exception to TANF work requirements

Lead Agencies must ensure that families with young children participating in TANF will be informed of their right not to be sanctioned under the TANF work requirement if the custodial parent has a demonstrated inability to obtain child care for a child under age six, in accordance with Section 407(e)(2) of the Social Security Act.

- a. Identify the TANF agency that established these criteria or definitions: **Department of Social and Health Services**
- b. Provide the following definitions established by the TANF agency:
 - i. “Appropriate child care”: **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”: **within range without traveling farther than is expected in**

the community.

- iii. **“Unsuitability of informal child care”:** Care that does not meet the definition of "appropriate child care".
- iv. **“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.**

2.3 Prioritizing Services for Vulnerable Children and Families

Lead Agencies must give priority for child care assistance to children with special needs, families with very low incomes (considering family size), and children experiencing homelessness. A Lead Agency has the flexibility to prioritize other populations of children.

Note: Statute defines children with disabilities, and CCDF rule gives flexibility to Lead Agencies to include vulnerable populations in their definition of children with special needs.

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).

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

- d. **“Children with special needs.” 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**
- e. **“Families with very low incomes.” families that have countable income less than 20% SMI.**

2.3.2 Prioritization of child care services

Identify how the Lead Agency will prioritize child care services for the following children and families.

- a. Complete the table below to indicate how the identified populations are prioritized.

Population Prioritized	Prioritize for enrollment in child care services	Serve without placing on waiting list	Waive co-payments as described in 3.3.1	Pay higher rate for access to higher quality care	Use grants or contracts to reserve spots	Other
Children with special needs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Families with very low incomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
Children experiencing homelessness, as defined by CCDF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:
(Optional) Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Describe:

a. Does the Lead Agency define any other priority groups?

No.

Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services:

2.3.3 Enrollment and grace period for children experiencing homelessness

Lead Agencies must allow (after an initial eligibility determination) children experiencing homelessness to receive CCDF services while required eligibility documentation is obtained.

Lead Agencies must establish a grace period that allows children experiencing homelessness 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 State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

Note: Any payment for such a child during the grace period may not be considered an error or improper payment.

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Families experiencing homelessness at the time they apply for child care subsidy are eligible for subsidy without having to document participation in approved activities so long as they are otherwise eligible under WAC 110-15-0023.**

b. Describe the grace period for each population below and how it allows them 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.

i. Provide the policy for a grace period for:

Children experiencing homelessness: **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 (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300-0210>) 110-300-0210. Parents or guardians must provide a signed and dated statement detailing when immunizations will be brought up to date, and the child will be excluded from care if the immunizations are not completed within 30 calendar days of the date. Child care subsidies may be used while families work through the process of obtaining immunizations or records. DCYF consulted with the Department of Health in developing all health and safety standards, including provisions related to immunization**

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 (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300-0210>) 110-300-0210. Parents or guardians must provide a signed and dated statement detailing when immunizations will be brought up to date, and the child will be excluded from care if the immunizations are not completed within 30 calendar days of the date. Child care subsidies may be used while families work through the process of obtaining immunizations or records. DCYF consulted with the Department of Health in developing all health and safety standards, including provisions related to immunization.**

ii. Does the Lead Agency certify that the length of the grace period was established in consultation with the State, Territorial, or Tribal public health agency?

Yes.

No. If no, describe:

c. 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: **DCYF has just created a new method for child care providers to be able to access immunization reports via the state database. DCYF supports a pathway to allow child care providers without childcare health consultation present, to access the state's immunization reports system with the assistance of their local health department. This access allows providers to look up immunizations in the system for children in their care without the need for parents to track down Certificates of Immunization Status (CISs) and to focus their attention on families who need support to comply.**

2.4 Lead Agency Outreach to Families Experiencing Homelessness, Families with Limited English Proficiency, and Persons with Disabilities

The Lead Agency must conduct outreach and provide services to families with limited English proficiency, families experiencing homelessness, and persons with disabilities.

2.4.1 Families with limited English proficiency and persons with disabilities: outreach and services

- a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.
- i. Application in languages other than English (application and related documents, brochures, provider notices).
 - ii. Informational materials in languages other than English.
 - iii. Website in languages other than English.
 - iv. Lead Agency accepts applications at local community-based locations.
 - v. Bilingual caseworkers or translators available.
 - vi. Bilingual outreach workers.
 - vii. Partnerships with community-based organizations.
 - viii. Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.
 - ix. Home visiting programs.
 - x. Other. Describe: **DCYF conducts outreach online in multiple languages with focused social media posts and landing pages.**
- b. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with a person(s) with a disability. Check all that apply.
- i. Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.
 - ii. Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).
 - iii. Caseworkers with specialized training/experience in working with individuals with disabilities.
 - iv. Ensuring accessibility of environments and activities for all children.
 - v. Partnerships with State and local programs and associations focused on disability- related topics and issues.
 - vi. 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.
 - vii. Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.
 - viii. Availability and/or access to specialized services (e.g., mental health,

behavioral specialists, therapists) to address the needs of all children.

ix. Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

- a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness 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. Describe: **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.**
- b. 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.
- i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **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.**
 - ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **Training opportunities for providers are also open to staff. DCYF's Learning Management System hosts training for agency staff to learn about the same practices and content that providers do for serving children and families experiencing homelessness. DCYF eligibility workers also have access. Further, DCYF contracts with CCA to identify and assist families experiencing homelessness with application assistance and case management. Child care subsidy staff also receive regular training on these topics via staff meetings, and the eligibility desk aid includes example scenarios demonstrating these topics. Finally, all staff must go through child care core training of which homelessness training is part.**

2.5 Promoting Continuity of Care

Lead Agencies must consider children’s development and promote continuity of care when authorizing child care services and must establish a minimum 12-month period for each child, both at the initial eligibility determination and redetermination.

2.5.1 Children’s development

Describe how the Lead Agency’s eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children’s development. **All eligible families receive a 12-month eligibility period beginning the date child care is expected to begin. 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.**

2.5.2 Minimum 12-month eligibility

Lead Agencies must establish a minimum 12-month eligibility period for each child, both at the initial eligibility determination and at redetermination to support continuity in child care assistance and reduce barriers to families retaining eligibility. This requirement is:

- 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 Lead Agency’s income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

a. Does the Lead Agency certify that their policies or procedures provide a minimum 12-month eligibility period for each child at initial eligibility determination?

Yes.

No. If no, describe: **DCYF received a preliminary notice of non-compliance from OCC related to this item on May 8, 2024. DCYF requires additional time to meet the requirement. Under current rules, an eligibility period could potentially be less than 12 months based on when the application is submitted and/or the date a consumer chooses a provider. When a new child is added to the household, the eligibility worker aligns the eligibility end date to the family’s original 12-month eligibility end date and therefore, the child does not receive a full 12 months of eligibility.**

b. Does the Lead Agency certify that its definition of “temporary change” includes each of the minimum required elements?

1. 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.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may

establish a period of 3 months or longer.

- 6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
- 7. Any changes in residency within the State or Territory.

Yes.

No. If no, describe:

- c. Are the policies different for redetermination?

No.

Yes. If yes, provide the additional/varying policies for redetermination:

2.5.3 Job search and continued assistance

- a. Does the Lead Agency consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination and/or at the minimum 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of 3 months of job search.) Check all that apply:

- i. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe: **DCYF allows job search as an approved activity at determination or redetermination only for families eligible for SNAP Education and Training (BFET) and TANF when approved by the family's case manager. DCYF does not limit the timeframe allowed for job search under TANF or BFET.**

- ii. Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe: **DCYF allows job search as an approved activity at determination or redetermination only for families eligible for SNAP Education and Training (BFET) and TANF when approved by the family's case manager. DCYF does not limit the timeframe allowed for job search under TANF or BFET.**

- iii. No. The Lead Agency does not consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination or redetermination.

- b. Does the Lead Agency continue assistance during the minimum 12-month eligibility period when a parent has a non-temporary loss or cessation of eligible activity?

Yes. The Lead Agency continues assistance.

No, the Lead Agency discontinues assistance.

- i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change:

- ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation:

- iii. If no, how long is the job-search period where a family can continue assistance (must be at least 3 months)?

- c. The Lead Agency may discontinue assistance prior to the next minimum 12-month

redetermination in the limited circumstances listed below. Check and provide the policy for all circumstances in which the Lead Agency chooses to discontinue assistance prior to the next minimum 12-month redetermination:

- 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.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive:

- iii. A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **DCYF requires families to notify DCYF within 10 days when changing addresses. DCYF staff would only close the family's eligibility if they moved out of state. WAC 110-15-0031.**

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

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **The eligibility period is terminated only if the client moves out of state with the children, income exceeds 85% SMI, the client fails to pay their copayment, or is convicted of fraud.**

"Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefits to themselves or another person. A consumer who has been convicted of fraud to obtain child care subsidy benefits will be disqualified from receiving child care subsidy program benefits for five years. "Conviction" or "convicted" means a finding by a state or federal court that an individual is guilty of a criminal offense that involves the commission of fraud to obtain child care subsidy payments or benefits. A guilty finding includes an adjudication of guilt, a verdict of guilt, and acceptance of a plea of guilty. A guilty finding constitutes a conviction regardless of whether the imposition of sentence is deferred or the penalty is suspended.

2.5.4 Reporting changes during the minimum 12-month eligibility period

Lead Agencies may only require families to report changes that impact a family's eligibility, including only if the family's income exceeds 85 percent of the SMI, taking into account irregular fluctuations in income, or there is a non-temporary change in the parent's work, training, or education status, during the 12-month eligibility period. Lead Agencies may also require families to report that enable the lead agency to contact the family or pay providers, such as a new telephone number or address.

Note: The response below should exclude reporting requirements for a graduated phase-out, which are described in question 2.5.5.

Does the Lead Agency limit what families must report during the 12-month eligibility period to the changes described above?

Yes.

No. If no, describe: **DCYF received a preliminary notice issued by OCC on this item on May 8, 2024. DCYF requires additional time to meet this requirement. Current rules allow increasing a family's co-payment during the 12-month eligibility period if the legislature approves a change in the state co-payment levels.**

2.5.5 Policies and procedures for graduated phase-out of assistance at redetermination

Lead Agencies that establish initial family income eligibility below 85 percent of SMI must provide a graduated phase-out of assistance for families whose income has increased above the Lead Agency's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of SMI.

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:

- (i) 85 percent of SMI for a family of the same size; or,
- (ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
 - (A) Takes into account the typical household budget of a family with a low income
 - (B) Provides justification that the second eligibility threshold is:
 - (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family economic stability
 - (2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

At redetermination, a child must be considered eligible if their parents are participating in an eligible activity even if their income exceeds the Lead Agency's initial eligibility income limit as long as their income does not exceed the second tier of eligibility. Note that once determined eligible, the child must be considered eligible for a full minimum 12-month eligibility period, even if the parents' income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

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

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

- a. Not applicable. 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 question 3.1.1.)
- b. The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures:
 - i. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:
 - ii. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:
- c. 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. If checked, provide the following information:
 - i. Provide the income level (\$/month) and the percent of SMI for the second tier of eligibility for a family of three: **\$5478 65%**
 - ii. Describe how the second eligibility threshold 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.**
 - iii. Describe how the second eligibility threshold 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: **Second tier eligibility allows families earn at least an additional 5% SMI in income and remain eligible for child care subsidy.**
 - iv. Describe how the second eligibility threshold 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.**
 - v. Lead Agency adjusts the family’s co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family’s income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **Tier 2 copay amount is \$215 per month.**
 - vi. Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

CCDF subsidies make child care more affordable for eligible families, providing access to a greater range of child care options that allow parents to work, go to school, or enroll in training and they allow parents to access higher quality care options that better support children’s development. CCDF requires some families participating in CCDF to pay an affordable co-payment set by the Lead Agency to cover a part of their care. But co-payments can be a significant and destabilizing financial strain on family budgets and a barrier to parent employment, and the CCDBG Act requires that the co-payment amount not be a barrier to families participating in CCDF. Lead Agencies may not set parent co-payments above 7% of family income regardless of gradual phase-out policies and regardless of the number of children receiving assistance. Lead Agencies are encouraged to set co-payments much lower than 7% to make child care more affordable for more families and have broad flexibility to waive co-payments for to many participants. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family’s lowered or waived co-payment.

In this section, Lead Agencies will identify how they determine an eligible family’s co-payment, the policies in place to waive or ensure co-payments are affordable for families, and how the Lead Agency improves access for children and families in economically and/or socially marginalized communities.

3.1 Family Co-payments

Lead Agencies must establish and periodically revise a sliding-fee scale for families receiving CCDF services that varies based on income and the size of the family to determine each family’s contribution (i.e., co-payment) and does not create a barrier to receiving CCDF assistance. In addition to income and the size of the family, the Lead Agency may use other factors as appropriate when determining family contributions/co-payments. Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments. Lead Agencies must ensure that the total payment to a child care provider is not reduced because of family’s lowered or waived co-payment.

3.1.1 Family co-payment

Lead Agencies may not charge any family more than 7% of a family’s gross income, regardless of the number of children participating in CCDF.

- a. What is the maximum percent of a family’s gross income any family could be charged as a co-payment? **7**
- b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

Yes.

No. If no, describe:

3.1.2 Sliding fee scale

Provide the CCDF co-payments for eligible families in the table(s) below according to family size for one child in care.

- a. Is the sliding fee scale set statewide?

Yes.

No. If no, describe how the sliding fee scale is set:

- b. Complete the table below. If the sliding fee scale is not set statewide, complete the table for the most populous locality:

	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than \$0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	1044.00	65.00	6.20	3130.00	165.00	5.30
2	1365.00	65.00	4.80	4094.00	165.00	4.00
3	1686.00	65.00	3.90	5057.00	165.00	3.30
4	2007.00	65.00	3.20	6020.00	165.00	2.70
5	2329.00	65.00	2.80	6984.00	165.00	2.40

- c. What is the effective date of the sliding-fee scale(s)? **4/1/2024**
- d. Provide the link(s) to the sliding-fee scale(s):
https://www.dcyf.wa.gov/sites/default/files/pdf/copay_calculation_table.pdf
- e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider’s price exceeds the subsidy payment?
 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 does not provide a barrier and 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:

3.2 Calculation of Co-Payment

Lead agencies must calculate a family’s contribution (or co-payment), taking into account income and family size, and Lead Agencies may choose to consider other factors in their calculation.

3.2.1 Family co-payment calculation

- a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.
- i. The fee is a dollar amount and (check all that apply):
 - The fee is per child, with the same fee for each child.
 - The fee is per child and is discounted for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional fee is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
 - ii. The fee is a percent of income and (check all that apply):
 - The fee is per child, with the same percentage applied for each child.
 - The fee is per child, and a discounted percentage is applied for two or more children.
 - The fee is per child up to a maximum per family.
 - No additional percentage is charged after a certain number of children.
 - The fee is per family.
 - The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
 - Other. Describe:
- b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).
- No.
- Yes.
- If yes, check and describe those additional factors below:
- i. Number of hours the child is in care. Describe:
 - ii. Quality of care (as defined by the Lead Agency). Describe:
 - iii. Other. Describe:
- c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:
- i. Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.
 - ii. Base co-payments on the number of children in the family and reduce a

portion of the co-payments as the number of children being served increases.

- iii. Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

The Lead Agency may waive family contributions/co-payments for many families to lower their costs and maximize affordability for families. Lead Agencies have broad flexibility in determining for which families they will waive co-payments.

Does the Lead Agency waive family contributions/co-payments?

No, the Lead Agency does not waive any family contributions/co-payments. (Skip to question 4.1.1.)

Yes. If yes, identify and describe which family contributions/co-payments waived.

- i. Families with an income at or below 100% of the Federal Poverty Level for families of the same size.
- ii. Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.
- iii. Families experiencing homelessness.
- iv. Families with children with disabilities.
- v. Families enrolled in Head Start or Early Head Start.
- vi. Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Children that have received child protective services, child welfare services or had a family assessment, participating in a specialty or therapeutic court are considered for a waived co-pay.**
- vii. Families meeting other criteria established by the Lead Agency. Describe the policy: **Parents 21 years of age or younger and attending high school or a high school equivalency have their copay waived. A child not living with a biological or adoptive parent is given unique eligibility as the copay is determined based on only the child's income, and the guardian's income is excluded. Parents and caregivers who are working at licensed or certified child care centers and licensed family homes and have confirmed or verified employment recorded in MERIT may be eligible up to 85% SMI with no copayment.**

4 Parental Choice, Equal Access, Payment Rates, and Payment Practices

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by

allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

This section addresses many of the CCDF provisions related to equal access, including access to the full range of providers, payment rates for providers, co-payments for families, payment practices, differential payment rates, and other strategies that support parental choice and access by helping to ensure that child care providers are available to serve children participating in CCDF.

In responding to questions in this section, OCC recognizes that each Lead Agency identifies and defines its own categories and types of care. OCC does not expect Lead Agencies 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.

4.1 Access to Full Range of Provider Options

Lead Agencies must provide parents a choice of providers and offer assistance with child care services through a child care certificate (or voucher) or with a child care provider that has a grant or contract for the provision of child care services. Lead Agencies are reminded that policies and procedures should not restrict parental access to any type or category of care or provider (e.g., center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.).

4.1.1 Parent choice

- a. 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, public comment, and reports to the Lead Agency: **Among the facilities that reported they do not accept families receiving subsidies, the most common explanation for the decision was that the reimbursement rate was inadequate. The large administrative burden associated with accepting subsidized families was also reported to deter participation. For those who chose Other, common reasons include:**

- Unwilling or unable to participate in Early Achievers (21%)
- Few requests for subsidized care (20%)
- Unaware of the program or lack of specific information (12%)

- b. Does the Lead Agency offer child care assistance through vouchers or certificates?

Yes.

No.

- c. Does the Lead Agency offer child care assistance through grants or contracts?

Yes.

No.

- d. Describe 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; family child care homes; or in-home providers: **At the time of application, DCYF informs parents that they are allowed to choose from a variety of Early**

Care and Education (ECE) categories. DCYF also refers them to CCA's family center which supports them to seek care in a variety of ECE categories. DCYF's website provides information about state child care assistance and subsidy information, including information on the variety of ECE categories supported, at <https://www.dcyf.wa.gov/services/earlylearning-childcare/getting-help>. Finally, the eligibility documentation DCYF provides to parents is not linked to a specific provider, so parents can choose from among the variety of ECE categories supported.

- e. Describe what information is included on the child care certificate: 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 Washington State's licensed child care status and record database. 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.

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care 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, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

Prior to conducting the MRS or pre-approved alternative, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care

program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors. Prior to conducting the MRS or pre-approved alternative methodology, Lead Agencies must consult with the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i)) or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities; and organizations representing child care caregivers, teachers, and directors.

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

- Overall approach and rationale for using proposed methodology
- Description of stakeholder engagement
- Data collection timeframe (if applicable)
- Description of the data and assumptions included in the methodology, including how these elements will yield valid and reliable results from the model
- Description of how the methodology will capture the universe of providers, and reflect variations by provider type, age of children, geographic location, and quality

4.2.1 Completion of the market rate survey or ACF pre-approved alternative methodology

Did the Lead Agency conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology to meet the CCDF requirements to assess child care prices and/or costs and determine payment rates? Check only one based on which methodology was used to determine your payment rates.

- a. Market rate survey.
- i. When were the data gathered (provide a date range; for instance, September – December 2023)? **DCYF gathered data between January 7 and March 15, 2024. The study was completed when DCYF published a report on findings on July 17, 2024.**
- b. ACF pre-approved alternative methodology.
- i. The alternative methodology was completed.
- ii. The alternative methodology is in process.

If the alternative methodology was completed:

When were the data gathered and when was the study completed?

Describe any major differences between the pre-approved methodology and the final methodology used to inform payment rates. Include any major changes to stakeholder engagement, data, assumptions or proposed scenarios.

If the alternative methodology is in progress:

Provide a status on the alternative methodology and timeline (i.e., dates when the alternative methodology activities will be conducted, any completed steps to date, anticipated date of completion, and expected date new rates will be in effect using the alternative methodology).

c. Consultation on data collection methodology.

Describe when and how the Lead Agency engaged the following partners and how the consultation informed the development and execution of the MRS or alternative methodology, as appropriate.

- iii. State Advisory Council or similar coordinating body: **At their February 2023 meeting, DCYF sought the Early Learning Advisory Council's (ELAC) advice and feedback to selecting the provider group that would make recommendations on cost of quality care model selections (the Design Team). DCYF further consulted ELAC for advice on gathering data and spreading word about the study at their February 2024 meeting.**
- iv. Local child care program administrators: **DCYF consulted with program administrators through the Provider Supports Subcommittee of ELAC at their February 2024 meeting prior to selecting the Design Team that would make recommendations on cost of quality model selections.**
- v. Local child care resource and referral agencies: **The Design Team was facilitated by CCA, and DCYF consulted with CCA in selecting this group as the body to make recommendations on the model. CCA also participated in Design Team meetings in a facilitation, support, and advisory role.**
- vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The Design Team recommending selection points for the model was composed of a diverse, representative group of child care caregivers, teachers, and directors from all licensed settings. Using a Liberatory Design approach, and with DCYF acting in a support and informational role, the Design Team convened several evening meetings from Spring through Fall 2023, and provided recommendations on calculator cost selection points the Legislature should assume in building subsidy reimbursement rates. They recommended that rates should be sufficient to support:**

- Living wage using the MIT living wage scale
- 40 days per year of combined sick and vacation leave
- Employer retirement contribution of 6% of salary \$9,000 per employee for discretionary benefits per year
- Family engagement of 3 conferences per year and a family engagement specialist staff position
- Salary and benefits for a part time assistant in family child care/16 hours per week per classroom in centers for planning release time
- Education materials including \$100 for child assessments, plus curriculum support
- 20 hours of professional development per year

- vii. Other. Describe: **At its March 2023 meeting, DCYF sought IPEL’s advice in selecting the Design Team to make selection point recommendations for the model.**
- d. An MRS must be statistically valid and reliable.

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market. Please provide the following information about the market rate survey:

- i. When was the market rate survey completed? **7/17/2024**
- ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **DCYF gathered data between January 7 and March 15, 2024.**
- iii. Describe how it represented the child care market, including what types of providers were included in the survey: **DCYF surveyed all licensed center, licensed family home, and licensed school age child care programs, statewide.**
- iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **DCYF used its WACompass licensing database to create the survey contact list and to cross reference survey responses to Licensing data.**
- v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **DCYF's Market Rate Survey follows ACF's "Top Ten Basic Principles of Creating A Valid Market Rate Survey" described at https://childcareta.acf.hhs.gov/sites/default/files/newocc/resource/files/designing_market_rate_surveys_brief_2_0_1.pdf.**

Data collection defined the universe of providers and drew a valid sample (census survey). Our survey design and deployment ensured good response with 95% confidence and a 2% margin of error, with a large proportion of data coming from fully completed surveys. We focused on data reporting the price of unsubsidized care, collected consistent price data by avoiding pricing mode conversions, matched responses to licensing database data to allow sorting for analysis, used a simple design for the survey to ease analysis, provided clear instruction on taking the survey, tested the instrument before distributing, informed providers multiple times to prepare them for the survey, and used rigorous data cleaning methods to validate findings.

- vi. What is the percent of licensed or regulated child care centers responding to the survey? **27.70**
- vii. What is the percent of licensed or regulated family child care homes responding to the survey? **24.44**
- viii. Describe if the survey conducted in any languages other than English: **The survey was distributed in Somali, and Spanish, as well as English.**
- ix. Describe if data were analyzed in a manner to determine price of care per child:

The survey examines the price per child care slot, recognizing that all child care facilities should not be weighted equally. Reported rates are weighted by full time enrollment to determine percentiles.

- x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **Our survey used a census approach, not a sample. DCYF distributed the survey to all 5,779 licensed providers across the state.**
- e. Price variations reflected.

The market rate survey data or ACF pre-approved alternative methodology data must reflect variations in child care prices or cost of child care services in specific categories.

 - i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **DCYF surveyed all licensed and certified providers for its alternative methodology and received responses from every county in the state. Data received on all elements, including but not limited to private market prices, wages, and fixed costs therefore reflect geographic variation.**
 - ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **DCYF surveyed and received responses from licensed and certified providers, both centers and family homes. Data received on all elements, including but not limited to private market prices, wages, and fixed costs (rent/mortgage, utilities, etc.) therefore reflect variation by provider type.**
 - iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Responses to DCYF’s survey included data on private market prices, licensed capacity and actual occupancy, and staffing patterns for classrooms, all by child age (infant, toddler, preschool, and school-age). The methodology therefore reflects variation based on age of child.**
 - iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **NA**

4.2.2 Cost analysis

If a Lead Agency does not complete a cost-based pre-approved alternative methodology, they must analyze the cost of providing child care services through a narrow cost analysis. A narrow cost analysis is a study of what it costs providers to deliver child care at two or more levels of quality: (1) a base level of quality that meets health, safety, staffing, and quality requirements, and (2) one or more higher levels of quality as defined by the Lead Agency. The narrow cost analysis must estimate costs by levels of quality; include relevant variation by provider type, child’s age, or location; and analyze the gaps between estimated costs and payment rates to inform payment rate setting. Lead agencies are not required to complete a separate narrow cost analysis if their

pre-approved alternative methodology addresses all of the components required in the narrow cost analysis.

Describe how the Lead Agency analyzed the cost of child care through a narrow cost analysis or pre-approved alternative methodology for the FFY 2025–2027 CCDF Plan, including:

- a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **DCYF conducted a cost study to inform its cost model using a census survey of licensed child care providers. Data and analysis revealed substantial variation in cost based on geography, category of provider, and child age.**
- b. In the Lead Agency’s analysis, were there any relevant variations by geographic location, category of provider, or age of child? **Variations in rates and costs were as expected, with rates for infants being the highest, and school-age being the lowest due to staffing ratios. Geographically, costs in the urban Region 4 where Seattle is located tended to be highest, whereas costs for the other regions were clustered together, with notable exceptions as to Center Region 2 (southern central Washington) preschoolers who had either the highest costs or comparable costs to Region 4, whether in center or family home care. Costs for centers were nearly always substantially higher than for family homes, except as to school age children where costs for centers were only slightly higher.**
- c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **DCYF assumed default program sizes and characteristics in separate scenarios for licensed family homes and centers. The two scenarios were:**

☑ a center-based program serving 72 children, birth through school age, with one classroom of each age group (infant, toddler, preschooler, school age)

☑ a family child care program serving 8 children, birth through school age (1 infant, 1 toddler, 3 preschoolers and 3 school age children).

The default program included \$6,000 per employee in discretionary benefits and a 6% contribution to retirement, as well as 10 days paid sick leave and 10 days paid vacation.

DCYF used current wage and fixed cost data from the survey as well Provider Cost of Quality Care calculator data as drivers to determine cost at the base level of quality.

- d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **DCYF estimated cost at different levels in Early Achievers using cost model quality selection points that drive cost in addition to those associated with the base level of quality.**

A center rated at quality (level 3 in Early Achievers) includes the following selections:

- Family engagement: 2 conferences/year
- Professional Development: 15 hours per year
- Planning/release time: 8 hours per week per classroom
- Education Materials/Assessments: Child Assessment tools (\$50) + curriculum support

A family home rated at quality (level 3 in Early Achievers) includes the following selections:

- Family engagement: 2 conferences/year
- Professional Development: 15 hours per year
- Planning/release time: equivalent to a part-time assistant position
- Education Materials/Assessments: Child Assessment tools (\$50) + curriculum support

- e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **Analysis revealed small gaps between prices paid by families in the private market and the cost of quality care assuming current wages. Cost modeling indicates major gaps between current subsidy base rates and cost of quality care when a living wage, benefits, and other Design Team recommendations are assumed. State law currently requires subsidy base rates be set at the 85th percentile of the market rate but will take up the questions of whether to fund rates based on cost of quality care, what cost model selection points to assume, and the degree of any increase to base rates, in the 2025 Legislative session.**

4.2.3 Publicly available report on the cost and price of child care

The Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology and include the Narrow Cost Analysis if an ACF pre-approved alternative methodology was not conducted.

The Lead Agency must make this report 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 prior to conducting the MRS or ACF pre-approved alternative methodology.

a. 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 by responding to the questions below.

- i. Provide the date the report was completed: **7/17/2024**
- ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **7/17/2024**
- iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **<https://www.dcyf.wa.gov/sites/default/files/pdf/reports/ChildCareMarketRateStudy2024.pdf>**
- iv. Describe how the Lead Agency considered partner views and comments in the

detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **In the report, DCYF discussed its engagement with the groups described above, the selection of the Design Team, and the recommendations of that group. DCYF also discussed recommendations on outreach for the survey from the group, as well as the group’s recommendations on reorganizing the state’s subsidy regional rate structure.**

4.3 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 and at a level to ensure equal access for eligible families to child care services comparable with those provided to families not receiving CCDF assistance. Lead Agencies are also required to provide a summary of data and facts to demonstrate how payment rates ensure equal access, which means the Lead Agency must also consider the costs of base level care and higher quality care as part of its rate setting. Finally, the Lead Agency must re-evaluate its payment rates at least every 3 years.

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates 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 provide all variations of payment rates when reporting base payment rates below.

Base rates are the lowest, foundational rates before any differentials are added (e.g., for higher quality or other purposes) and must be sufficient to ensure that minimum health, safety, quality, and staffing requirements are covered. These are the rates that will be used to determine compliance with equal access requirements.

4.3.1 Payment rates

a. Are the payment rates that the Lead Agency is reporting in 4.3.2 set statewide by the Lead Agency?

Yes.

i. If yes, check if the Lead Agency:

Sets the same payment rates for the entire State or Territory.

Sets different payment rates for different regions in the State or Territory.

No.

ii. If no, identify how many jurisdictions set their own payment rates:

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2023**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **Rates are reported monthly. To convert to a weekly rate, DCYF divided 365 days in a year by 12 months, then divided the result by 7 days to determine number of weeks per month (4.3452381), and then divided the monthly rate by that number.**

4.3.2 Base payment rates

- a. Provide the base payment rates in the tables below. If the Lead Agency completed a market rate survey (MRS), provide the percentiles based on the most recent MRS for the identified categories. If the Lead Agency sets different payment rates for different regions in the State or Territory (and checked 4.3.1aii), provide the rates for the most populous region as well as the region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. 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 families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

If the Lead Agency conducted an ACF pre-approved alternative methodology, provide the estimated cost of care for the identified categories, as well as the percentage of the cost of care covered by the established payment rate. If the Lead Agency indicated it sets different payment rates for different regions in the State or Territory in 4.3.1.a, provide the estimated cost of care and the percentage of the cost of care covered by the established payment rate for the most populous region as well as the region with rates established at the lowest percent of the cost of care.

For each identified category below, provide the percentage of providers who are receiving the base rate without any add-ons or differential payments.

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. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	2500.08 Per Month	0.00	575.39	50.00	2540.00	2625.00	2805.00		
Family Child Care for Infants (6 months)	1800.04 Per Month	0.00	413.80	65.00	1800.00	1800.00	1900.00		
Center Care for Toddlers (18 months)	2234.00 Per Month	0.00	513.56	50.00	2270.00	2375.00	2555.00		
Family Child Care for Toddlers (18 months)	1650.00 Per Month	0.00	379.31	25.00	1848.00	1900.00	2058.33		
Center Care for Preschoolers (4 years)	1884.96 Per Month	0.00	433.32	45.00	1980.00	2020.00	2200.00		
Family Child Care for Preschoolers (4 years)	1516.90 Per Month	0.00	348.71	25.00	1650.00	1733.33	1895.00		
Center Care for School-Age (6 years)	1994.08 Per Month	0.00	458.41	90.00	1305.00	1408.33	1580.00		
Family Child Care for School-Age (6 years)	1320.00 Per Month	0.00	303.45	15.00	1733.00	1733.00	1733.00		

ii. Table 2: Do not complete if rates are set statewide. If rates are not set statewide, provide rates for region with payment rates set at the lowest percentile. Percentiles are not required if the Lead Agency also conducted an ACF pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	1299.98 Per Month	0.00	299.19	15.00	1500.00	1550.00	1674.00		
Family Child Care for Infants (6 months)	1299.98 Per Month	0.00	299.19	0.00	1700.00	1800.00	1800.00		
Center Care for Toddlers (18 months)	1244.98 Per Month	0.00	286.53	15.00	1350.00	1350.00	1390.00		
Family Child Care for Toddlers (18 months)	1299.98 Per Month	0.00	299.19	20.00	1350.00	1452.00	1540.00		
Center Care for Preschoolers (4 years)	1226.94 Per Month	0.00	282.38	20.00	1430.00	1440.00	1565.00		
Family Child Care for Preschoolers (4 years)	1191.96 Per Month	0.00	274.33	15.00	1334.96	1400.00	1494.90		
Center Care for School-Age (6 years)	720.06 Per Month	0.00	165.72	0.00	866.67	1100.00	1200.00		
Family Child Care for School-Age (6 years)	1320.00 Per Month	0.00	303.80	15.00	1733.33	1733.33	1733.33		

b. Does the Lead Agency certify that the percentiles reported in the table above are calculated based on their most recent MRS or ACF pre-approved Alternative Methodology?

Yes.

No. If no, what is the year of the MRS or ACF pre-approved alternative methodology that the Lead Agency used? What was the reason for not using the most recent MRS or

ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

Lead Agencies may establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (e.g., a higher rate for serving children with special needs).

a. Does the Lead Agency provide any rate add-ons above the base rate?

Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **DCYF pays for additional supports for child with special needs for level 1 the provider receives up to \$11.35 per day in addition to the normal rate, for level 2 the rate is up to an additional \$15.89 per hour. Licensed and certified providers may receive an infant enhancement of \$90 per month for each infant. Providers that provide 30 hours of non-standard care (6pm-6am, Weekends, Holidays) in a month receive a bonus of \$135 for licensed family homes and centers per child. Licensed family homes and in-home/relative providers may receive up to \$30 per month, per child, for a field trip or quality enhancement fee.**

No.

b. Has the Lead Agency chosen to implement tiered reimbursement or differential rates?

Yes.

No. Tiered or differential rates are not implemented.

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:

i. Differential rate for non-traditional hours. Describe: **Providers that provide 30 hours of non-standard care (6pm-6am, Weekends, Holidays) in a month receive a bonus of \$150 for licensed family homes and centers per child.**

ii. Differential rate for children with special needs, as defined by the Lead Agency. Describe: **DCYF pays for additional supports for child with special needs for level 1 the Center or Licensed Family Home provider receives up to \$11.35 per day in addition to the normal rate, while an in-home/relative provider can receive up to \$0.62 per hour. For level 2 the rate is up to an additional \$15.89 per hour for Centers and Licensed Family Homes, or \$9.41 per hour for an in-home/relative provider.**

iii. 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: **Licensed and certified providers may receive an infant enhancement of \$90 per month for each infant.**

iv. 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:

v. Differential rate for higher quality, as defined by the Lead Agency. Describe:

Licensed providers who receive subsidy payments 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%.

- vi. Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:
- vii. If applicable, describe any additional add-on rates that you have besides those identified above. **Licensed family homes and in-home/relative providers may receive up to \$30 per month, per child, for a field trip or quality enhancement fee.**

Does the Lead Agency reduce provider payments if the price the provider charges to private-pay families not participating in CCDF is below the Lead Agency's established payment rate?

Yes. If yes, describe:

No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

- a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **Center subsidy base rates are determined by the Legislature through the budget process. Family home base rates are determined through collective bargaining, but bargained contracts must be ratified by the Legislature. State law currently states that rates must be set according to the Market Rate Survey, at the 85th percentile of the market rate for each child age category and subsidy region, by provider type, and current rates are set at this level using the 2021 survey. The Legislature will take up the issue of whether to set rates based on 2024 market rate data, or whether to set them according to the Cost of Quality Care model, in the 2025 legislative session.**

In DCYF's Cost of Quality Care and Market Rate Study Report DCYF compared current subsidy rates to the Cost of Quality Care from the alternative methodology, both based on current provider and staff wages at various levels of quality in the state's QRIS, and based on recommendations from providers on baseline assumptions around cost drivers, including living wages for staff. Results indicate that current subsidy rates are below the Cost of Quality Care at levels 3 and above in Early Achievers, and are even farther behind Cost of Quality Care based on provider recommendations.

- b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **DCYF compared the cost of care at variously levels of quality to current Subsidy base rates. Based on the Cost of Quality Care and Market Rate Study report, current subsidy rates are in some regions and child age groups adequate to meet the cost of care assuming baseline CCDF health and safety requirements, but are often inadequate to meet the cost of quality care defined as level 3 and above in Early Achievers. Current rates were set by the Legislature according to the Market Rate Survey from 2021. Legislative action is required to change rates based on the**

current survey.

- c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **DCYF contracted for a cost-of-quality study in 2013 which provided the foundation of the tiered reimbursement rates by Early Achievers level. Since then, two additional cost of quality care studies, one in 2020 and another in 2021 have supported the need to pay tiered reimbursement in addition to base rates in order to provide total reimbursement better aligned to cost of care. Tiered reimbursement rates for licensed family homes are determined by collective bargaining agreement, ratified by the legislative process.**

Use of the cost of quality care alternative methodology promotes stabilization of child care providers by providing a basis upon which the Legislature can determine subsidy base rates that support a living wage for providers and their staff, and that pays for the cost of quality care, not just care that meets baseline health and safety requirements.

- d. How did the Lead Agency account for the cost of higher quality while setting payment rates? **DCYF allows providers to receive subsidy payments in excess of their private pay rate, with the 2020 cost of quality care report, and now the 2021 report and cost model, providing the analytical justification to support cost of quality care.**
- e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access. **NA**

4.4 Payment Practices to Providers

Lead Agencies must use subsidy payment practices that reflect practices that are generally accepted in the private pay child care market. The Lead Agency must ensure timeliness of payment to child care providers by paying in advance or at the beginning of delivery of child care services. Lead Agencies must also support the fixed cost of child care services based on paying by the child's authorized enrollment, or if impracticable, an alternative approach that will not undermine the stability of child care programs as justified and approved through this Plan.

Lead Agencies must also (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. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must 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 have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's

authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child’s authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

- a. Does the Lead Agency pay all provider types prospectively (i.e., in advance of or at the beginning of the delivery of child care services)?

Yes. If yes, describe:

No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency’s payment practice that ensures timely payment for that provider type:

Prospective payment is a generally-accepted payment practice in licensed child care. However, in order for DCYF to pay prospectively in the CCDF subsidy program, the Legislature's approval and budget is required. The 2025 legislative session is the next opportunity for this to occur. Payment practices for non-relative, in-home and relative care (FFN) are by hour and after services are provided. Further, payment practices for FFN providers are bargained with SEIU 925. Also, FFN providers are typically relatives and do not collect payment when care is not provided. DCYF intends to apply for a waiver for this provision.

- b. Does the Lead Agency pay based on authorized enrollment for all provider types?

Yes. The Lead Agency pays all providers by authorized enrollment and payment is not altered based on a child’s attendance or the number of absences a child has.

No, it is not a generally-accepted practice for each provider type. If no, describe the provider types not paid by authorized enrollment, including the data showing it is not a generally-accepted payment practice for that provider type, and describe how the payment policy accounts for fixed costs:

It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs:

When a child who has been approved for subsidy attends at least one day in the calendar month within an authorization period, the provider is eligible to claim absent days that month. Absent days are days that a child was scheduled to attend and was absent. This is based on the schedule the parent has with the provider and not on what schedule DCYF has in its system. Providers may not claim for payment for more days than authorized for that month. Licensed family home providers are authorized a monthly unit which providers may claim when the child attends care during the month.

Payment practices for non-relative, in-home and relative (FFN) care are by hour. No absent days or hours are allowed for FFN care as payment based on enrollment is not a generally-accepted practice for this type of care -- most FFN providers are relatives who do not collect payment when care is not provided, and in cases and the generally accepted

payment practice for this form of care in the private market is by the hour. Furthermore, FFN payment rates are collectively bargained with SEIU 925 and bargaining has never broached the subject of paying FFN providers based on enrollment.

DCYF requires additional time to comply with the requirement as to center and family home provider types for whom it is a generally accepted practice. DCYF will therefore request a waiver as to this provision.

4.4.2 Other payment practices

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, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

- a. Does the Lead Agency pay all providers on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time)?

Yes.

No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis: **Licensed Centers are paid on a full-day or half-day bases, Licensed family homes are paid a monthly unit, Unlicensed Family, Friends, and Neighbors (FFN) providers are paid an hourly rate and their rates are collectively bargained. The payment methods are different for the three provider types, of which two are represented by SEIU 925. SEIU 925 is responsible for representing Licensed Family homes and Family, Friend & Neighbor providers.**

- b. Does the Lead Agency pay for reasonable mandatory registration fees that the provider charges to private-paying parents?

Yes. If yes, identify the fees the Lead Agency pays for: **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, Friends, and Neighbors providers of up to \$30 per child per month as agreed upon in the collective bargaining agreement.**

No. If no, identify the data and how data were collected to show that paying for fees is not a generally-accepted payment practice:

- c. Describe how 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, and the dispute-resolution process: **DCYF has provider billing guides specific to all provider types, these guides provide billing instructions, payment practices and who to contact for payment issues. Additionally, DCYF authorizes payment and provides 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 for technical assistance.**

- d. Describe how 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: **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.**

- e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **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.**
- f. Other. Describe any other payment practices established by the Lead Agency: **NA**

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **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 Supply Building

Building a supply of high-quality child care that meets the needs and preferences of parents participating in CCDF is necessary to meet CCDF's core purposes. Lead Agencies must support parent choice by providing some portion of direct services via grants or contracts, including at a minimum for children in underserved geographic areas, infants and toddlers, and children with disabilities.

4.5.1 Child care services available through grants or contracts

Does the Lead Agency provide direct child care services through grants or contracts for child care slots?

Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

Yes, in some jurisdictions, but not statewide. Describe how many jurisdictions use grants or contracts for child care slots and how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots: **DCYF intends to apply for a waiver for this provision. DCYF will implement a contracted slots program of 100 slots for infant and toddlers involved in child welfare.**

If no, skip to question 4.5.2.

- i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.
- Children with disabilities. Number of slots allocated through grants or contracts:
 - Infants and toddlers. Number of slots allocated through grants or contracts:
 - Children in underserved geographic areas. Number of slots allocated through grants or contracts:
 - Children needing non-traditional hour care. Number of slots allocated through grants or contracts:
 - School-age children. Number of slots allocated through grants or contracts:
 - Children experiencing homelessness. Number of slots allocated through grants or contracts:
 - Children in urban areas. Percent of CCDF children served in an average month:
 - Children in rural areas. Percent of CCDF children served in an average month:
 - Other populations. If checked, describe:
- ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency?

4.5.2 Care in the child's home (in-home care)

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

Will the Lead Agency limit the use of in-home care in any way?

Yes.

No.

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

- i. Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:
- ii. Restricted based on the in-home provider meeting a minimum age requirement. Describe:
- iii. Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

- iv. 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.) Describe:
- v. Restricted to care for children with special needs or a medical condition. Describe:
- vi. Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:
- vii. Other. Describe:

4.5.3 Shortages in the supply of child care

Lead Agencies must identify shortages in the supply of child care providers that meet parents' needs and preferences.

What child care shortages has the Lead Agency identified in the State or Territory, and what is the plan to address the child care shortages?

- a. In infant and toddler programs:
 - i. Data sources used to identify shortages: **DCYF Child Care and Early Learning Need and Supply Data Dashboards, which relies on US Census Data, the DCYF Early Learning Data Store 2.0, DCYF subsidy data, ECEAP enrollment data, Head Start data and estimates of child care participation.**
 - ii. Method of tracking progress: **The dashboard allows us to track progress over time (monthly) on access by geography (County, Legislative District, School District, and Zip Code), income, and child age category. We define as "extreme access deserts" zip codes where there are not enough child care resources to meet estimated need, and where no neighboring zip code can make up for the lack of supply.**
 - iii. What is the plan to address the child care shortages using family child care homes **The dashboard and our data indicate that Statewide, families of about 280,000 children age B-5 not yet in school need child care, because all available parents in the home are working. Only about 28% of these children are served by licensed child care, preschool, and/or subsidized child care. Infant and toddler lack of access is particularly pronounced with several counties and many zip codes reporting less than 10% met demand, and a few with less than 5%. The Cost of Quality Care Study indicates subsidy base rates are inadequate, especially as to this age category, for family homes, which undermines access and parent choice. Our plan is to work with our Legislature to increase subsidy reimbursement based on the cost of quality care, with a focus on these age categories and with a goal to stabilize rates for family home providers such that they continue to be an effective component of the state's mixed delivery system and an available option for families.**
 - iv. What is the plan to address the child care shortages using child care centers? **The Cost of Quality Care Study indicates subsidy base rates are inadequate, especially as to infant and toddlerage categories for centers, which undermines access and parent choice. Our plan is to work with our Legislature to increase subsidy reimbursement based on the cost of quality care, with a focus on these age categories and with a goal to stabilize rates for center providers.**

- b. In different regions of the State or Territory:
- i. Data sources used to identify shortages: **DCYF Child Care and Early Learning Need and Supply Data Dashboards, which relies on US Census Data, the DCYF Early Learning Data Store 2.0, DCYF subsidy data, ECEAP enrollment data, Head Start data and estimates of child care participation.**
 - ii. Method of tracking progress: **The dashboard allows us to track progress over time (monthly) on access by geography (County, Legislative District, School District, and Zip Code), income, and child age category. We define as "extreme access deserts" zip codes where there are not enough child care resources to meet estimated need, and where no neighboring zip code can make up for the lack of supply.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The dashboard indicates extreme access deserts across several counties (Thurston, Pierce, King, Snohomish) concentrated around the Puget Sound along the Interstate 5 corridor. Other deserts are found in the Vancouver, Tri Cities, and Spokane areas. Finally, Whitman county reports 270 children with 1.1% need met across all age groups. DCYF was directed by the Legislature in 2023 to deliver in June 2025 a plan whereby no family pays more than 7% of their income for family home child care, and providers and their staff receive a living wage and benefits. Based on data from DCYF's Cost of Quality Care and Market Rate Study, this calls for significant state investment in base rates for this provider type.**
 - iv. What is the plan to address the child care shortages using child care centers? **DCYF was directed by the Legislature in 2023 to deliver in June 2025 a plan whereby no family pays more than 7% of their income for child care, and center providers and their staff receive a living wage and benefits. Based on data from DCYF's Cost of Quality Care and Market Rate Study, this calls for significant state investment in base rates for this provider type.**
- c. In care for special populations:
- i. Data sources used to identify shortages: **DCYF dashboards also provide information on child welfare placements of AI/AN and Black/African Children, zip codes repeatedly in the top 5 for placements over periods of years, locales with more frequent child welfare referrals for maltreatment, maltreatment persistence, and schools with high numbers of children not ready for kindergarten as indicated by the WAKids assessment, by race and ethnicity. By overlaying these data points and maps with the above discussed access deserts data, we are able to determine shortages impacting special populations.**
 - ii. Method of tracking progress: **Our dashboards allow us to view the overlap of access data and special population data monthly, so we capture progress over time.**
 - iii. What is the plan to address the child care shortages using family child care homes? **The Legislature has directed DCYF to conduct a pilot of 100 contracted slots for substance exposed infants in child welfare involved families. While this addresses just one special population and a risk factor, DCYF will use the pilot evaluation as a means to understand how a contracts-based approach might benefit other special populations. DCYF also seeks to integrate its Child Welfare**

Child Care Program with its CCDF subsidy program so that children in that program who currently receive shorter term child care authorizations will benefit from 12-month eligibility.

- iv. **What is the plan to address the child care shortages using child care centers? The Legislature has directed DCYF to conduct a pilot of 100 contracted slots for substance exposed infants in child welfare involved families. While this addresses just one special population and a risk factor, DCYF will use the pilot evaluation as a means to understand how a contracts-based approach might benefit other special populations. DCYF also seeks to integrate its Child Welfare Child Care Program with its CCDF subsidy program so that children in that program who currently receive shorter term child care authorizations will benefit from 12 month eligibility.**

4.5.4 Strategies to increase the supply of and improve quality of child care

Lead Agencies must develop and implement strategies to increase the supply of and improve the quality of child care services. These strategies must address child care in underserved geographic areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours.

How does the Lead Agency identify any gaps in the supply and quality of child care services and what strategies are used to address those gaps for:

- a. **Underserved geographic areas. Describe: DCYF offers equity grants to support providers in underserved areas.**
- b. **Infants and toddlers. Describe: DCYF provides an infant rate enhancement of \$300 for licensed home and licensed centers serving infants who receive subsidy. DCYF also offers a rate equivalent to the infant rate for Enhanced toddlers enrolled in licensed family homes. The enhanced toddler rate is equivalent to the infant rate and paid for toddlers who are 12-17 months old.**
- c. **Children with disabilities. Describe: DCYF pays for additional provider supports for children with a documented special need under WAC 110-15-0220. Additional supports can be things such as assistance with mobility due to being wheelchair bound, assistance with toileting, or providing 1-on-1 care.**
- d. **Children who receive care during non-traditional hours. Describe: DCYF pays a bonus of \$150 per month to child care centers and licensed family homes for providing at least 30 hours of nonstandard care (nights/weekends) per month under WAC 110-15-0249.**
- e. **Other. Specify what population is being focused on to increase supply or improve quality. Describe:**

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

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.

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 access to high-quality programs. DCYF partners with the Department of Commerce to provide Early Learning Facility grants to support capital needs to increase capacity in areas of need. Additionally, DCYF provides equity grants to providers with priorities to those providers in areas of greatest need. DCYF also provides a monthly cost of care rate enhancements of \$2,100 for licensed family homes participating in child care subsidy.

5 Health and Safety of Child Care Settings

Child care health and safety standards and enforcement practices are essential to protect the health and safety of children while out of their parents' care. CCDF provides a minimum threshold for child care health and safety policies and practices but leaves authority to **Lead Agencies** to design standards that appropriately protect children's safety and promote nurturing environments that support their healthy growth and development. Lead Agencies should set standards for ratios, group size limits, and provider qualifications that help ensure that the child care environment is conducive to safety and learning and enable caregivers to promote all domains of children's development.

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, 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 by the **Lead Agency**. CCDF-required annual monitoring and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, **Lead Agencies** set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. 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.

This section addresses CCDF health and safety requirements, **Lead Agency** licensing requirements and exemptions, and comprehensive background checks.

When responding to questions in this section, OCC recognizes that each **Lead Agency** identifies and defines its own categories of care. OCC does not expect **Lead Agencies** to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that best match the CCDF categories of care.

5.1 Licensing Requirements

Each Lead Agency must ensure it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF funds).

5.1.1 Providers subject to licensing

For each category of care listed below, identify the type of providers subject to licensing and describe the licensing requirements.

- a. Identify the center-based provider types subject to child care licensing: **Center early learning programs, including school-age programs, and outdoor nature-based programs.**

Are there other categories of licensed, regulated, or registered center providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

- b. Identify the family child care providers subject to licensing: **Family home early learning programs, which are identified as family child care providers.**

Are there other categories of regulated or registered family child care providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

- c. Identify the in-home providers subject to licensing: **NA**

Are there other categories of regulated or registered in-home providers the Lead Agency does not categorize as license-exempt?

Yes. If yes, describe:

No.

5.1.2 CCDF-eligible providers exempt from licensing

Identify the categories of CCDF-eligible providers who are exempt from licensing requirements, the types of exemptions, and describe how these exemptions do not endanger the health, safety, and development of children. -Relative providers, as defined in CCDF, are addressed in subsection 5.8.

- a. License-exempt center-based child care. Describe by answering the questions below.

- i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **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. 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. **RCW 43.216.010(2) exempts from licensing programs operated within the boundaries of federally recognized Tribes and Military reservations.**

- 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 by answering the questions below.
 - i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **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.**
 - ii. 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. **RCW 43.216.010(2) exempts from licensing programs operated within the boundaries of federally recognized Tribes and Military reservations.**
 - 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.**
- c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.
 - i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **If an FFN provider is a 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 for compliance with health and safety standards at least once annually.**
 - ii. 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. **NA**
 - iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **NA**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should

map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

Describe how the **Lead Agency** defines the following age classifications (e.g., Infant: 0 – 18 months).

- a. Infant. Describe: **A child, birth to 11 months**
- b. Toddler. Describe: **A child, 12 months through 29 months**
- c. Preschool. Describe: **A child, 30 months through 6 years and not attending kindergarten or elementary school.**
- d. School-Age. Describe: **a child, age 5 years through 12 years and attending kindergarten or elementary school.**

5.2.2 Ratio and group size limits

Provide the ratio and group size limits for settings and age groups below.

- a. Licensed CCDF center-based care:

- i. Infant.

Ratio: **1:4**

Group size: **8**

- ii. Toddler.

Ratio: **1:7**

Group size: **14**

- iii. Preschool.

Ratio: **1:10**

Group size: **20**

- iv. School-Age.

Ratio: **1:15**

Group size: **30**

- v. Mixed-Age Groups (if applicable).

Ratio: **Mixed Age group Birth to 36 months: 1:4 or 1:3 depending on group size. A larger group size requires a lower ratio. Mixed Age group 12 to 36 months: 1:7 or 1:5 depending on group size. A larger group size requires a lower ratio. Mixed Age group 36 months thru kindergarten: 1:10. Mixed Age group 4.5 years through 9 years: 1:10. The ratio is determined based on the age of the youngest child in the group.**

Group size: **Mixed Age group Birth to 36 months: 8 or 9 depending on ratio. Decreasing the ratio allows for a larger group size. Mixed Age group 12 to 36 months: 14 or 15 depending on ratio. Decreasing the ratio allows**

for a larger group size. Mixed Age group 36 months thru kindergarten: 20 or 26. Mixed Age group 4.5 years thru 9 years: 20 or 26. Group size is determined based on the age of the youngest child.

- b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:
 - i. Not applicable. There are no differences in ratios and group size requirements.
 - ii. **Infant: 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.**
 - iii. **Toddler: 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.**
 - iv. **Preschool: 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.**
 - v. **School-Age: 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.**
 - vi. **Mixed-Age Groups: 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.**
- c. Licensed CCDF family child care home providers:
 - i. Infant (if applicable)

Ratio: **1:2 if the provider is alone and up to 1:4 with a qualified assistant**

Group size: **Varies depending on the ages of children in care. Group size 6 if there are two children under the age of 2. Maximum group size of 12 with four children under the age of 2 with a qualified assistant.**
 - ii. Toddler (if applicable)

Ratio: **1:4 if provider is alone and up to 1:8 with a qualified assistant.**

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.**
 - iii. Preschool (if applicable)

Ratio: **1:10 if the provider is alone and 1:12 with a qualified assistant.**

Group size: **10 if the provider is alone and 12 with a qualified assistant.**
 - iv. School-Age (if applicable)

Ratio: **1:10 if provider is alone and 1:12 with a qualified assistant. 1:12 for School-Age only, no assistant needed if all are school age.**

Group size: **10 if provider is alone and 12 with a qualified assistant.**

v. Mixed-Age Groups

Ratio: **1:4 for birth to 24 months 1:10 for preschool 1:12 for school age.**

Group size: **Up to 12 for children age birth through 12 years. A second staff is required whenever more than 2 children do not walk independently, more than 6 children are 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, or more than 10 children are in care and any child is under school age.**

d. Are any of the responses above different for license-exempt family child care homes?

No.

Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served. **A provider must not care for more than six children, including their own children, at any one time.**

Not applicable. The Lead Agency does not have license-exempt family child care homes.

e. Licensed in-home care (care in the child's own home):

i. Infant (if applicable)

Ratio: **NA**

Group size: **NA**

ii. Toddler (if applicable)

Ratio: **NA**

Group size: **NA**

iii. Preschool (if applicable)

Ratio: **NA**

Group size: **NA**

iv. School-Age (if applicable)

Ratio: **NA**

Group size: **NA**

v. Mixed-Age Groups (if applicable)

Ratio: **NA**

Group size: **NA**

f. Are any of the responses above different for license-exempt in-home care?

No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-exempt in-home care vary by age of children served. **A provider must not care for more than six children, including their own children, at any one time.**

5.2.3 Teacher/caregiver qualifications for licensed, regulated, or registered care

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 (e.g., degrees, credentials, etc.), 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

b. Licensed family child care

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.**

c. Licensed, regulated, or registered in-home care (care in the child’s own home by a non-relative)

Describe the provider qualifications for licensed, regulated, or registered in-home 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 WAC; or (g) Receiving temporary assistance for needy families (TANF) benefits on behalf of the eligible child.

5.2.4 Teacher/caregiver qualifications for license-exempt providers

Provide the teacher/provider qualification requirements (for instance, age, high school diploma, specific training, etc.) for the license-exempt providers under the following categories of care:

- a. License-exempt center-based child care. **Programs on Tribal land that are Certified for Payment Only are not subject to state requirements and instead follow their processes documented in their CCDF Plans. Programs within Military jurisdictions follow requirements as specified by the Department of Defense.**
- b. License-exempt home-based child care. **Programs on Tribal land that are Certified for Payment Only are not subject to state requirements and instead follow their processes documented in their CCDF Plans. Programs within Military jurisdictions follow requirements as specified by the Department of Defense.**
- c. License-exempt in-home care (care in the child's own home). **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 WAC; or (g) Receiving temporary assistance for needy families (TANF) benefits on behalf of the eligible child.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers 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. 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 by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

Exemptions for relative providers' standards requirements will be addressed in question 5.8.1.

Describe the following health and safety standards for programs serving children receiving CCDF assistance on the following topics (note that monitoring and enforcement will be addressed in subsection 5.5):

5.3.1 Prevention and control of infectious diseases (including immunizations) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0105(3); 0140; 0200(1); 0205; 0210; 0225(3)-(5); 0235(4) and (5); 0240(1) and (2)(a)-(e). DCYF requires providers in center 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 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 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 these 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 are required to have immunization records for pets or animals that have contact with children enrolled in care. Licensed centers must, at their annual inspection, show proof of vaccination or acquired immunity to vaccine-preventable diseases for all children in care.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0105(3); 0140; 0200(1); 0205; 0210; 0225(3)-(5); 0235(4) and (5); 0240(1) and (2)(a)-(e). DCYF requires providers in 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. Family homes are also required to have a plan in place to safely manage blood borne pathogens. 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. Family homes are required to have immunization records for pets or animals that have contact with children enrolled in care. Family homes must, at their annual inspection, show proof of vaccination or acquired immunity to vaccine-preventable diseases for all children in care.

- iii. All CCDF-eligible licensed in-home care. Provide the standard: **NA**
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **NA**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **NA**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **For license exempt FFN providers, see (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0030>) WAC 110-16-0030. 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**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
- b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **(<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0105(3); 0140; 0200(1); 0205; 0210; 0225(3)-(5); 0235(4) and (5); 0240(1) and (2)(a)-(e). 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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **(<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0105(3);**

0140; 0200(1); 0205; 0210; 0225(3)-(5); 0235(4) and (5); 0240(1) and (2)(a)-(e). 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.

- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **For license exempt FFN providers, see (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0030>) WAC 110-16-0030. 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.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**

5.3.2 Prevention of sudden infant death syndrome and the use of safe-sleep practices health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address the prevention of sudden infant death syndrome and use of safe sleeping practices for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **For licensed providers, see (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0106(8); 0110(2)(e)(vi)(<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) ; 0290; 0291. DCYF requires licensed center 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. 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. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed providers, see (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0106(8); 0110(2)(e)(vi)(<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) ; 0290; 0291. DCYF requires family home providers to keep records on file of staff and volunteers who completed infant safe sleep training. 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.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **See (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0025>) WAC 110-16-0030. 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.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**

5.3.3 Administration of medication, consistent with standards for parental consent health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **For licensed providers see <https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#110-300-0215> WAC 110-300-0215. 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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed providers see <https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#110-300-0215> WAC 110-300-0215. 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.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **For license exempt FFN providers see (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0035>) WAC 110-16-0035. 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.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
- b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **For licensed providers see <https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#110-300-0215> WAC 110-300-0215. DCYF has requirements around medication storage, labeling, administration, and permissions for both licensed center 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.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **For licensed providers see <https://app.leg.wa.gov/wac/default.aspx?cite=110-300&full=true#110-300-0215> WAC 110-300-0215 For license exempt FFN providers see (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0035>) WAC 110-16-0035. DCYF has requirements around medication storage, labeling, administration, and permissions for both licensed 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.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x]Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: na
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: na
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **For license exempt FFN providers see (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0035>) WAC 110-16-0035. 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.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**

5.3.4 Prevention of and response to emergencies due to food and allergic reactions health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **WAC 110-300-0186 and 0480(2)(a). 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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC 110-300-0186 and 0480(2)(a). 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.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
[x] Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **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.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **WAC 110-300-0186 and 0480(2)(a). 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.**
- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC 110-300-0186 and 0480(2)(a). 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.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard::
 - Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **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.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**

5.3.5 Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **WAC (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0130(2) and (4), -0135(2), -0145(1)-(3) and (5)-(12), -0146, -0165, -0170, -0175, -0260, -0410(3)-(6), and -0415. DCYF requires center 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.**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC** (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0130(2) and (4), -0135(2), -0145(1)-(3) and (5)-(12), -0146, -0165, -0170, -0175, -0260, -0410(3)-(6), and -0415. DCYF requires licensed family home providers to maintain the safety of child care buildings and premises through proper construction or remodeling and regular inspections. 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.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **na**
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License exempt FFN providers must follow a list of rules to promote building and physical premises safety.** (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0035>) **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.
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **WAC**

(<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0130(2) and (4), -0135(2), -0145(1)-(3) and (5)-(12), -0146, -0165, -0170, -0175, -0260, -0410(3)-(6), and -0415. 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 offsite 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.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: WAC (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0130(2) and (4), -0135(2), -0145(1)-(3) and (5)-(12), -0146, -0165, -0170, -0175, -0260, -0410(3)-(6), and -0415. 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 offsite 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.
- iii. All CCDF-eligible licensed in-home care. Provide the standard: **na**
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License exempt FFN providers must follow a list of rules to promote building and physical premises safety.** (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0035>) 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.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
 - c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **WAC 110-300-0145 and -0165. Licensing standards require providers to ensure outdoor areas are free of hazards, and visually inspect outdoor space daily to do so. Providers are required to take steps to prevent hazards to children.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC 110-300-0145 and -0165. Licensing standards require providers to ensure outdoor areas are free of hazards, and visually inspect outdoor space daily to do so. Providers are required to take steps to prevent hazards to children.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard: **na**
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License exempt FFN providers must follow a list of rules to promote building and physical premises safety. (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0035>) WAC 110-16-0035 This includes potential hazards like 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. 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.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
- 5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard
- a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **Applicable to children of all ages in care, DCYF requires center 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, 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. DCYF requires providers to take steps to prevent and once aware, not tolerate child maltreatment in any form. These requirements are identified in (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0331. See also WAC 110-300-0106(6) as to infants specifically.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Applicable to children of all ages in care, DCYF requires 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, 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. DCYF requires providers to take steps to prevent and once aware, not tolerate child maltreatment in any form. These requirements are identified in (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0331. See also WAC 110-300-0106(6) as to infants specifically.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License exempt FFN providers are required to comply with health and safety practices and criteria in WAC 110-16-0035(3) to prevent shaken baby syndrome, abusive head trauma, and child maltreatment by not shaking, throwing, hitting, or otherwise intentionally inflicting harm, pain, or humiliation upon an infant or child in care; and by taking steps to prevent the physical discipline of children in their care. These providers are further 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.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **Applicable to children of all ages in care, DCYF requires center 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, 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. DCYF requires providers to take steps to prevent and once aware, not tolerate child maltreatment in any form. These requirements are identified in (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0331. See also WAC 110-300-0475.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Applicable to children of all ages in care, DCYF requires 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, 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. DCYF requires providers to take steps to prevent and once aware, not tolerate child maltreatment in any form. These requirements are identified in (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) WAC 110-300-0331. See also WAC 110-300-0475.**
- iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License exempt FFN providers are required to comply with health and safety practices and criteria in WAC 110-16-0035(3) to prevent shaken baby syndrome, abusive head trauma, and child maltreatment by not shaking, throwing, hitting, or otherwise intentionally inflicting harm, pain, or humiliation upon an infant or child in care; and by taking steps to prevent the physical discipline of children in their care. These providers are further 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.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**

5.3.7 Emergency preparedness and response planning standard

Identify by checking below that the emergency preparedness and response planning due to natural disasters and human-caused events standard includes procedures in the following areas:

- i. Evacuation
- ii. Relocation
- iii. Shelter-in-place

- iv. Lock down
- v. Staff emergency preparedness
 - Training
 - Practice drills
- vi. Volunteer emergency preparedness
 - Training
 - Practice drills
- vii. Communication with families
- viii. Reunification with families
- ix. Continuity of operations
- x. Accommodation of
 - Infants
 - Toddlers
 - Children with disabilities
 - Children with chronic medical conditions

xi. If any of the above are not checked, describe: **DCYF received a preliminary notice of noncompliance on May 8, 2024. DCYF requires additional time to meet the requirement. DCYF has requirements in place for CCDF-eligible providers to have an emergency preparedness and response plan for emergencies resulting from a natural disaster, or a man-caused event; however, the requirements for shelter-in-place and lock down include the word "or" indicating a provider may have procedures for shelter-in-place or lock-down, but not both. Based on this, ACF determined the Lead Agency is not in compliance with 45 CFR 98.41(a)(1)(vii).**

5.3.8 Handling and storage of hazardous materials and the appropriate disposal of biocontaminants health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:
 - i. All CCDF-eligible licensed center care. Provide the standard: **(<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0260 and -0170. WAC (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0035>) DCYF requires safe labeling, handling, use, storage, and disposal of all hazardous or potentially hazardous materials for centers. 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 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.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) **110-300-0260 and -0170. WAC** (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0035>). **DCYF requires safe labeling, handling, use, storage, and disposal of all hazardous or potentially hazardous materials for 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, 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 family home providers must assure storage is done in a manner to avoid buildup of fumes, odors or other hazards.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **License exempt FFN providers are required to safely store hazardous materials and make them inaccessible to children, or, if it is not possible to do so, supervise the child to avoid injury from the hazard.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
- b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **WAC 110-300-0221 WAC 110-300-0225. DCYF requires safe labeling, handling, use, storage, and disposal of all hazardous or potentially hazardous materials, including bio contaminants for centers and licensed family homes.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC 110-300-0221 WAC 110-300-0225. DCYF requires safe labeling, handling, use, storage, and disposal of all hazardous or potentially hazardous materials, including bio contaminants for centers and licensed family homes.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **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. WAC 110-16-0035.

DCYF received a preliminary notice of noncompliance issued by ACF on this topic on May 8, 2024). DCYF requires additional time to meet the requirement. Though Non-Relative, In-Home (FFN) providers have standards for handling and storage of hazardous materials, they do not have enforceable standards or policies regarding the appropriate disposal of biocontaminants.

Though Non-Relative, In-Home (FFN) providers have standards for handling and storage of hazardous materials, they do not have enforceable standards or policies regarding the appropriate disposal of biocontaminants.

- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: na

5.3.9 Precautions in transporting children health and safety standard

Provide the standards, appropriate to the provider setting and age of children, that address precautions in transporting children for the following CCDF-eligible providers:

- i. All CCDF-eligible licensed center care. Provide the standard: **WAC (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0480 discusses transportation and off-site activity requirements for center providers. Providers must have and follow a transportation and off-site activity policy for personal or public transportation service. Providers must have written parent or guardian authorization to transport the parent or guardian's child. During travel to an off-site activity, an early learning provider must have the health history, appropriate medication (if applicable), emergency information, and emergency medical authorization forms accessible for each child being transported; have a phone to call for emergency help; have a complete first-aid kit; maintain the staff-to-child ratio, mixed groupings, and active supervision requirements; have a current first-aid and CPR certification; take attendance using a roll call or other method that assures all children are accounted for each time children begin and end travel to an off-site activity, and every time children enter and exit a vehicle; and never leave children unattended in the vehicle. When a 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.

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC** (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) **110-300-0480** discusses transportation and off-site activity requirements for family home providers. Providers must have and follow a transportation and off-site activity policy for personal or public transportation service. Providers must have written parent or guardian authorization to transport the parent or guardian's child. During travel to an off-site activity, an early learning provider must have the health history, appropriate medication (if applicable), emergency information, and emergency medical authorization forms accessible for each child being transported; have a phone to call for emergency help; have a complete first-aid kit; maintain the staff-to-child ratio, mixed groupings, and active supervision requirements; have a current first-aid and CPR certification; take attendance using a roll call or other method that assures all children are accounted for each time children begin and end travel to an off-site activity, and every time children enter and exit a vehicle; and never leave children unattended in the vehicle. When a 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.
- iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.
- iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
- v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **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. WAC 110-16-0035**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**

5.3.10 Pediatric first aid and pediatric cardiopulmonary resuscitation (CPR) health and safety standard

- a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **WAC 110-300-0106(11)**. Center 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. 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 (ONB) programs are required to follow all of the same requirements as licensed center child care providers. In addition, ONB programs that operate more than 30 minutes from emergency medical care must have at least one staff person certified in wilderness first aid.
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC 110-300-0106(11)**. 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. 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 (ONB) programs are required to follow all of the same requirements as licensed center child care providers. In addition, ONB programs that operate more than 30 minutes from emergency medical care must have at least one staff person certified in wilderness first aid.
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: na
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: na
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **(WAC 110-16-0030)** 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.
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: na
- b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **WAC 110-300-0106(11)** Center directors, assistant directors, program supervisors, lead teachers, assistant teachers, and any other early learning providers counted in staff-to-child

ratio, or who could potentially be counted in ratio, must be trained in first-aid and cardiopulmonary resuscitation (CPR).

(a) Proof of training can be shown with a certification card, certificate, or instructor letter.

(b) The first-aid and CPR training and certification must:

(i) Be delivered in person and include a hands-on component for first aid and CPR demonstrated in front of an instructor certified by the American Red Cross, American Heart Association, American Safety and Health Institute, or other nationally recognized certification program;

(ii) Include child and adult first-aid and CPR; and

(iii) Infant first-aid and CPR, if applicable

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC 110-300-0106(11) Family home licensees and any other early learning providers counted in staff-to-child ratio, or who could potentially be counted in ratio, must be trained in first-aid and cardiopulmonary resuscitation (CPR).**

(a) Proof of training can be shown with a certification card, certificate, or instructor letter.

(b) The first-aid and CPR training and certification must:

(i) Be delivered in person and include a hands-on component for first aid and CPR demonstrated in front of an instructor certified by the American Red Cross, American Heart Association, American Safety and Health Institute, or other nationally recognized certification program;

(ii) Include child and adult first-aid and CPR; and

(iii) Infant first-aid and CPR, if applicable

iii. All CCDF-eligible licensed in-home care. Provide the standard:

Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **WAC 110-16-0030. 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.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**

5.3.11 Identification and reporting of child abuse and neglect health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of child abuse and neglect for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **WAC (<https://app.leg.wa.gov/WAC/default.aspx?cite=110-300-0335>) 110-300-0335, and (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0-0475. DCYF requires center providers to prohibit anyone from shaking or abusing children in care.**

- ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC** (<https://app.leg.wa.gov/WAC/default.aspx?cite=110-300-0335>) 110-300-0335, and (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0-0475. **DCYF requires licensed family home providers to prohibit anyone from shaking or abusing children in care.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**
 - vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **WAC** (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0025>) 110-16-0035 for license exempt FFN providers. **DCYF requires FFN providers to prohibit anyone from shaking or abusing children in care.**
 - vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
- b. Provide your standards, appropriate to the provider setting and age of children, that address the reporting of child abuse and neglect for the following CCDF-eligible providers:
- i. All CCDF-eligible licensed center care. Provide the standard: **WAC** (<https://app.leg.wa.gov/WAC/default.aspx?cite=110-300-0335>) 110-300-0335, and (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0-0475. **DCYF requires providers to report alleged or suspected child abuse to both DCYF and local authorities. Center 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.**
 - ii. All CCDF-eligible licensed family child care homes. Provide the standard: **WAC** (<https://app.leg.wa.gov/WAC/default.aspx?cite=110-300-0335>) 110-300-0335, and (<http://app.leg.wa.gov/wac/default.aspx?cite=110-300>) 110-300-0-0475. **DCYF requires providers to report alleged or suspected child abuse to both DCYF and local authorities. Family home 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.**
 - iii. All CCDF-eligible licensed in-home care. Provide the standard:
 - Not applicable.
 - iv. All CCDF-eligible license-exempt center care. Provide the standard: **na**
 - v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **na**

- vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **See WAC (<http://apps.leg.wa.gov/wac/default.aspx?cite=110-16-0035>) 110-16-0035 for license exempt FFN providers. DCYF requires providers to report alleged or suspected child abuse to both DCYF and local authorities. License exempt FFN providers are required to engage in health and safety activity practices including recognition and reporting of child abuse and neglect.**
- vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **na**
- c. Confirm if child care providers must comply with the **Lead Agency's** procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):
 - Yes, confirmed.
 - No. If no, describe:

5.3.12 Additional optional standards

In addition to the required health and safety standards, does the Lead Agency require providers to comply with the following optional standards?

Yes.

No. If no, skip to Section 5.4

If yes, describe the standard(s).

- i. Nutrition. Describe:
- ii. Access to physical activity. Describe:
- iii. Caring for children with special needs. Describe:
- iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe:

5.4 Pre-Service or Orientation Training on Health and Safety Standards

Lead Agencies must have requirements for all caregivers, teachers, and directors at CCDF providers to complete pre-service or orientation training (within 3 months of starting) on all CCDF health and safety standards and child development. The training must be appropriate to the setting and the age of children served. This training must address the required health and safety standards and the content area of child development. Lead Agencies have flexibility in determining the minimum number of training hours to require, and are encouraged to consult with Caring for our Children Basics for best practices.

Exemptions for relative providers' training requirements are addressed in question 5.8.1.

5.4.1 Health and safety pre-service/orientation training requirements

Lead Agencies must certify staff have pre-service or orientation training on each standard that is appropriate to different settings and age groups. Lead Agencies may require pre-service or orientation to be completed before staff can care for children unsupervised. In the table below, check the boxes for which you have training requirements.

	Is this standard addressed in the pre-service or orientation training?	Is the pre-service or orientation training on this standard appropriate to different settings and age groups?	Does the Lead Agency require staff to complete the training before caring for children unsupervised?
a. Prevention and control of infectious diseases (including immunizations)	[]	[x]	[x]
b. SIDS prevention and use of safe sleep practices	[x]	[x]	[x]
c. Administration of medication	[x]	[x]	[x]
d. Prevention and response to food and allergic reactions	[x]	[x]	[x]
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	[x]	[x]	[x]
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	[]	[x]	[x]
g. Emergency preparedness and response planning and procedures	[x]	[x]	[x]
h. Handling and storage of hazardous materials and disposal of biocontaminants	[]	[x]	[x]
i. Appropriate Precautions in transporting children,	[x]	[x]	[x]

if applicable			
j. Pediatric first aid and pediatric CPR (age-appropriate)	[x]	[x]	[x]
k. Child abuse and neglect recognition and reporting	[x]	[x]	[x]
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	[x]	[x]	[x]

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe: **DCYF received a preliminary notice of non-compliance from OCC related to 5.4.1a on May 8, 2024. DCYF requires additional time to meet the requirement. For Non-Relative, In-Home (FFN) providers, the Lead Agency offers three options for providers to meet their pre-service training requirements. The DCYF approved H&S Training for Non-relative, In-Home (FFN) providers does not include content on immunizations.**

DCYF received a preliminary notice of non-compliance from OCC related to 5.4.1h on May 8, 2024. DCYF requires additional time to meet the requirement. For Non-Relative, In-Home (FFN) providers, DCYF offers three options for providers to meet their pre-service training requirements. The DCYF approved training for Non-relative, In-Home (FFN) providers does not include content on appropriate disposal of bio contaminants.

DCYF received a preliminary notice of non-compliance from OCC related to 5.4.1f on May 8, 2024. DCYF requires additional time to meet the requirement. For Non-Relative, In-Home (FFN) providers, DCYF offers three options for providers to meet their pre-service training requirements. The DCYF approved training for Non-relative, In-Home (FFN) providers does not include content on child maltreatment.

n. Are there any provider categories to whom the above pre-service or orientation training requirements do not apply?

No

Yes. If yes, describe: **School-Age and Outdoor Nature Based programs do not care for infants or toddlers and are therefore not required to complete SIDS prevention and safe sleep practices trainings which focus on children of these ages. These programs do receive training on licensing standards related to sleep and rest equipment described in WAC 110-**

300-0265. Tribal CCDF programs follow the requirements in their CCDF Plan, and Military providers follow their own standards that meet or exceed CCDF Standards.

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

Licensing inspectors must perform at least one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards, including an inspection for compliance with health and safety and fire standards. Lead Agencies must conduct at least one pre-licensure inspection for compliance with health, safety, and fire standards of each child care provider and facility in the State/Territory.

a. Licensed CCDF center-based providers

- i. Does your pre-licensure inspection for licensed center-based providers assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed center-based providers addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **DCYF received a preliminary notice of non-compliance from OCC related to this item on May 8, 2024. DCYF requires additional time to meet the requirement. DCYF has processes in place to conduct annual, unannounced inspections of Licensed providers, but it is possible for a supervisor to approve an unannounced visit to not be conducted.**

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **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.**

DCYF received a preliminary notice of non-compliance from OCC related to this item on May 8, 2024. DCYF requires additional time to meet the requirement. DCYF is conducting inspections for Licensed providers that include shelter-in-place

or lock down, but not both. Ongoing training is not included in the current (short) version of the inspection checklist, and therefore, Licensors are not inspecting providers and staff for the annual ongoing hourly training requirements.

- iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **DCYF is the agency responsible for completing inspections for licensed center-based 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.**

b. Licensed CCDF family child care providers

- i. Does your pre-licensure inspection for licensed family child care homes assess compliance with health standards, safety standards, and fire standards?

Yes.

No. If no, describe:

- ii. Identify the frequency of annual unannounced inspections for licensed family child care homes addressing compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe: **DCYF received a preliminary notice of non-compliance from OCC related to this item on May 8, 2024. DCYF requires additional time to meet the requirement. DCYF has processes in place to conduct annual, unannounced inspections of Licensed providers, but it is possible for a supervisor to approve an unannounced visit to not be conducted.**

- iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No. If no, describe: **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 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.**

DCYF received a preliminary notice of non-compliance from OCC related to this item on May 8, 2024. DCYF requires additional time to meet the requirement. DCYF is conducting inspections for Licensed providers that include shelter-in-place

or lock down, but not both. Ongoing training is not included in the current (short) version of the inspection checklist, and therefore, Licensors are not inspecting providers and staff for the annual ongoing hourly training requirements.

- iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **DCYF is the agency responsible for completing inspections for licensed family child care 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.**
- c. Licensed in-home CCDF child care providers
 - i. Does your Lead Agency license CCDF in-home child care (care in the child’s own home) providers?
 No.
 Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?
 Yes.
 No. If no, describe:
 - ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:
 Annually.
 More than once a year. If more than once a year, describe:
 Other. If other, describe: **na**
 - iii. Does the Lead Agency implement a differential monitoring approach when monitoring licensed in-home child care providers?
 Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.
 No.
 - iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **na**

5.5.2 Inspections for license-exempt providers

Licensing inspectors must perform at least one annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards. Inspections for relative providers will be addressed in subsection 5.8.

Describe the policies and practices for the annual monitoring of:

- a. License-exempt CCDF center-based child care providers
 - i. Identify the frequency of inspections for compliance with health, safety, and fire standards for license-exempt center-based providers:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt center-based providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **A certified license exempt center is held to all current DCYF licensing standards. 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. 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.**

b. License-exempt CCDF family child care providers

- i. Identify the frequency of the inspections of license-exempt family child care providers to determine compliance with health, safety, and fire standards:

Annually.

More than once a year. If more than once a year, describe:

Other. If other, describe:

- ii. Does the Lead Agency implement a differential monitoring approach when monitoring license-exempt family child care providers?

Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements.

No.

- iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **A certified license exempt Family Home provider is held to all current DCYF licensing standards. 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.**

5.5.3 Inspections for CCDF license-exempt in-home child care providers

Lead Agencies may develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. This flexibility cannot be used to bypass the monitoring requirement altogether.

- a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **A certified license exempt center is held to all current DCYF licensing standards. The site is monitored by a DCYF licensor; visits are annual and unannounced.**

DCYF received a preliminary notice of non-compliance from OCC related to this item on May 8, 2024. DCYF requires additional time to meet this requirement. is not inspecting for Emergency Preparedness and Response Planning components (shelter-in-place AND lock down) or the Appropriate Disposal of Biocontaminants. DCYF offers three options for providers to meet their pre-service training requirements. One of the options does not include content on immunizations, prevention of SIDS or safe sleep practices, prevention of child maltreatment, or the appropriate disposal of biocontaminants. As the Lead Agency's options for training do not include all of the required components, they cannot inspect for the completion of training in these areas.

- b. List the entity(ies) in your State/Territory responsible for conducting inspections of license-exempt CCDF in-home child care (care in the child's own home) providers: **DCYF licensor**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. 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 Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

The reports must be in plain language or provide a plain language summary Lead Agency 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 monitoring and inspection reports.

- a. Does the Lead Agency post:
 - i. Pre-licensing inspection reports for licensed programs.
 - ii. Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.
 - iii. Monitoring and inspection 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) for all non-relative

providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

- iv. Other. Describe: **DCYF will apply for a waiver of this provision. DCYF received a preliminary notice of noncompliance on this item issued by OCC on May 8, 2024. DCYF requires additional time to meet the requirement.**

Though DCYF posts inspection checklists and inspection reports for all Licensed, CCDF-eligible provider types to its public-facing website, there are circumstances where 3 years of reports and initial/pre-licensure reports are not posted.

DCYF posts information related to substantiated complaints; however, there are instances where no information about the reason for the complaint is included within the report.

Additionally, information regarding serious injuries/fatalities may be posted in the same way as a complaint, but if an injury/fatality occurs and no licensing rules were violated, this would be considered "invalid" and no associated information regarding the incident would be posted to the website.

Further, there are instances where no corrective action information taken by the state or child care provider is included.

- b. Check if the monitoring and inspection reports and any related plain language summaries include:

- i. Date of inspection.
- ii. 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:
- iii. Corrective action plans taken by the Lead Agency and/or child care provider. Describe:
- iv. A minimum of 3 years of results, where available.
- v. If any of the components above are not selected, please explain: **DCYF received a preliminary notice of noncompliance with this item date May 8, 2024. DCYF requires additional time to meet the requirement. Though DCYF posts inspection checklists and inspection reports for all Licensed, CCDF-eligible provider types to its public-facing website, there are circumstances where 3 years of reports and initial/pre-licensure reports are not posted as to license exempt providers. DCYF posts information related to substantiated complaints; however, there are instances where no information about the reason for the complaint is included within the report. Additionally, information regarding serious injuries/fatalities may be posted in the same way as a complaint, but if an injury/fatality occurs and no licensing rules were violated, this would be considered "invalid" and no associated information regarding the incident would be posted to the website. Further, there are instances where no corrective action information taken by the state or child care provider is included.**

- c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.
 - i. Provide the direct URL/website link to where the reports are posted:
<https://www.findchildcarewa.org/>
 - ii. Identify the Lead Agency’s established timeline for posting monitoring reports and describe how it is timely: **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 Inspection Reports (IR), 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. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?
 Yes.
 No. If no, describe:
- e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?
 Yes.
 No. If no, describe:
- f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?
 Yes.
 No. If no, describe: **While DCYF removes out of date inspection information from Child Care Check, there is no written policy or procedure describing that process.**

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must 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.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and 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. . **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. 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. The qualification requirements for the licensor position are described in the DCYF Human Resources internal Position Description document (OFM 12-0002).

5.5.6 Ratio of licensing inspectors

Lead Agencies must ensure the ratio of licensing inspectors to child care providers and facilities in the State/Territory are maintained at a level sufficient to enable the Lead Agency to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, State, and local laws.

Provide 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. (<https://www.dcyf.wa.gov/sites/default/files/pdf/el-license/POL10.1.18.pdf>) Policy and (<https://www.dcyf.wa.gov/sites/default/files/pdf/el-license/PRO10.1.18.pdf>) Procedure 10.1.18 Maintaining Equitable and Effective Child Care Licensing Caseloads

5.6 Ongoing Health and Safety Training

Lead Agencies must have ongoing training requirements for all caregivers, teachers, and directors of eligible CCDF providers for health and safety standards but have discretion on frequency and training content (e.g., pediatric CPR refresher every year and recertification every 2 years). Lead Agencies have discretion on which health and safety standards are subject to ongoing training. Lead Agencies may exempt relative providers from these requirements.

5.6.1 Required ongoing training of health and safety standards

Describe any required ongoing training of health and safety standards for caregivers, teachers, and directors of the following CCDF eligible provider types.

- a. Licensed child care centers: **Providers receive updated information through MERIT and through listserv communications from DCYF. Through WAC 110-300-0107, early learning providers are required to complete 10 hours of annual in-service training. These trainings must be completed in specific core competencies and at minimum, programs complete at least one hour of health and safety training annually on federally required CCDF health and safety topics. All training opportunities that are pre-approved are found through the Find Training tool in MERIT. DCYF sends out information through a govdelivery listserv about new training opportunities as they become available.**
- b. License-exempt child care centers: **License-exempt certified child care center providers are required to complete 10 hours of annual in-service training. These trainings must be completed in specific core competencies and at minimum, programs complete at least one hour of health and safety training annually on federally required CCDF health and**

safety topics. All training opportunities that are pre-approved are found through the "Find Training" tool in MERIT. DCYF sends out information through a govdelivery listserv about new training opportunities as they become available. 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.

- c. Licensed family child care homes: Providers receive updated information through MERIT and through listserv communications from DCYF. Through WAC 110-300-0107, early learning providers are required to complete 10 hours of annual in-service training. These trainings must be completed in specific core competencies and at minimum, programs complete at least one hour of health and safety training annually on federally required CCDF health and safety topics. All training opportunities that are pre-approved are found through the "Find Training" tool in MERIT. DCYF sends out information through a govdelivery listserv about new training opportunities as they become available.
- d. License-exempt family child care homes: License-exempt certified family home providers are required to complete 10 hours of annual in-service training. These trainings must be completed in specific core competencies and at minimum, programs complete at least one hour of health and safety training annually on federally required CCDF health and safety topics. All training opportunities that are pre-approved are found through the "Find Training" tool in MERIT. DCYF sends out information through a govdelivery listserv about new training opportunities as they become available. A certified for Payment Only license exempt family home 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.
- e. Regulated or registered in-home child care: na
- f. Non-regulated or registered in-home child care: Non-relative FFN providers must complete a minimum of two hours of health and safety training annually. The training must include, but is not limited to, prevention and control of infectious diseases; emergency preparedness and response planning for natural disasters and human-caused events; recognizing and prevention of shaken baby syndrome, head trauma abuse, neglect, and child maltreatment; and prevention of sudden infant death syndrome and safe sleep practices, if caring for an infant or toddler.

5.7 Comprehensive Background Checks

Lead Agencies must conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care providers that are (1) licensed, regulated, or registered under State/Territory law, regardless of whether they receive CCDF funds; or (2) all other child care providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible child care providers). Family child care home providers must also submit background check requests for all household members age 18 or older.

A comprehensive background check must include: three in-state checks, two national checks, and three interstate checks if the individual resided in another State or Territory in the preceding 5 years. The background check components must be completed at least once every five years.

All child care staff members must receive a qualifying result from either the FBI criminal background check or an in-state fingerprint criminal history check before working (under supervision) with or near children. Lead Agencies must apply a CCDF-specific list of disqualifying crimes for child care providers serving families participating in CCDF.

These background check requirements do not apply to individuals who are related to all children for whom child care services are provided. Exemptions for relative providers will be addressed in subsection 5.8.

5.7.1 In-state criminal history check with fingerprints

- a. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state criminal background checks with fingerprints.

- b. Does the Lead Agency conduct in-state criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers) other than relative providers?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state criminal background checks with fingerprints.

- c. Does the Lead Agency conduct the in-state criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state criminal background check with fingerprints.

5.7.2 National Federal Bureau of Investigation (FBI) criminal history check with fingerprints

- a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct FBI criminal background checks with fingerprints.

- b. Does the Lead Agency conduct FBI criminal history background checks with fingerprints for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct FBI criminal background checks.

- c. Does the Lead Agency conduct the FBI criminal background check with fingerprints for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an FBI criminal background check with fingerprints.

5.7.3 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based check

The majority of NCIC NSOR records are fingerprint records and are automatically included in the FBI fingerprint criminal background check. But a small percentage of NCIC NSOR records are only name-based records and must be accessed through the required name-based search of the NCIC NSOR.

- a. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct NCIC NSOR name-based background checks.

- b. Does the Lead Agency conduct NCIC NSOR name-based background checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct NCIC NSOR name-based background checks.

- c. Does the Lead Agency conduct the NCIC NSOR name-based background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a NCIC NSOR name-based background check.

5.7.4 In-state sex offender registry (SOR) check

- a. Does the Lead Agency conduct in-state SOR checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct in-state SOR background checks.

- b. Does the Lead Agency conduct in-state SOR background checks for all child care staff

members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct in-state SOR background checks.

- c. Does the Lead Agency conduct the in-state SOR background check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive an in-state SOR background check.

5.7.5 In-state child abuse and neglect (CAN) registry check

- a. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct CAN registry checks.

- b. Does the Lead Agency conduct CAN registry checks for all child care staff members (including prospective staff members) of all other child care providers eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct CAN registry checks.

- c. Does the Lead Agency conduct the CAN registry check for all individuals age 18 or older who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older who reside in a family child care home who do not receive a CAN registry check.

5.7.6 Interstate criminal history check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate criminal history background checks.

- b. Does the Lead Agency conduct interstate criminal history background checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate criminal history background checks.

- c. Does the Lead Agency conduct interstate criminal history background checks for all individuals age 18 or older who reside in a family child care home and resided in other state(s) in the past 5 years.

Yes.

No. If no, describe why individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate criminal history background check.

5.7.7 Interstate Sex Offender Registry (SOR) check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate SOR checks.

- b. Does the Lead Agency conduct interstate SOR checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate SOR checks.

- c. Does the Lead Agency conduct the interstate SOR checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive an interstate SOR check.

5.7.8 Interstate child abuse and neglect (CAN) registry check

These questions refer to requirements for a Lead Agency to conduct an interstate check for a child care staff member (including prospective child care staff members) who currently lives in their State or Territory but has lived in another State, Territory, or Tribal land within the previous 5 years.

- a. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) that resided in other state(s) in the past 5 years of licensed, regulated, or registered child care providers, regardless of CCDF participation?

Yes.

No. If no, describe any categories of licensed, regulated, or registered child care providers for whom you do not conduct interstate CAN registry checks.

- b. Does the Lead Agency conduct interstate CAN registry checks for any staff member (or prospective staff member) who resided in other state(s) in the past 5 years eligible for CCDF participation (i.e., license-exempt providers)?

Yes.

No. If no, describe any categories of child care providers eligible for CCDF participation for whom you do not conduct interstate CAN registry checks.

- c. Does the Lead Agency conduct the interstate CAN registry checks for all individuals age 18 or older who resided in other state(s) in the past 5 years who reside in a family child care home?

Yes.

No. If no, describe individuals age 18 or older that resided in other state(s) in the past 5 years who reside in a family child care home that do not receive interstate CAN registry checks.

5.7.9 Disqualifications for child care employment

The Lead Agency must prohibit employment of individuals with child care providers receiving CCDF subsidy payment if they meet any of the following disqualifying criteria:

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender registry or repository or the National Sex Offender Registry.
- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

- a. Does the Lead Agency disqualify the employment of child care staff members (including

prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

Yes.

No. If no, describe the disqualifying criteria:

- b. Does the Lead Agency use the same criteria for licensed, regulated, and registered child care providers regardless of CCDF participation?

Yes.

No. If no, describe any disqualifying criteria used for licensed, regulated, and registered child care providers:

- c. How does the Lead Agency use results from the in-state child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **DCYF may disqualify if results directly relate to child safety, permanence, or wellbeing per WAC 110-06-0070.**

- d. How does the Lead Agency use results from the interstate child abuse and neglect registry check?

Does not use them to disqualify employment.

Uses them to disqualify employment. If checked, describe: **DCYF may disqualify if results directly relate to child safety, permanence. or wellbeing per WAC 110-06-0070.**

5.7.10 Privacy

Lead Agencies must ensure the privacy of a prospective staff member by notifying child care providers of the individual's eligibility or ineligibility for child care employment based on the results of the comprehensive background check without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual.

Does the Lead Agency certify they ensure the privacy of child care staff members (including prospective child care staff member) when providing the results of the comprehensive background check?

Yes.

No. If no, describe the current process of notification:

5.7.11 Appeals processes for background checks

Lead Agencies must provide for a process that allows child care provider staff members (and prospective staff members) to appeal the results of a background check to challenge the accuracy or completeness of the information contained in the individual's background check report.

Does the appeals process:

- i. Provide the affected individual with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal.

Yes.

No. Describe:

- ii. Provide the affected individual with clear instructions about how to complete the appeals process for each background check component if they wish to challenge the accuracy or completeness of the information contained in such individual's background report.

Yes.

No. Describe:

- iii. Ensure the Lead Agency attempts to verify the accuracy of the information challenged by the individual, including making an effort to locate any missing disposition information related to the disqualifying crime.

Yes.

No. Describe:

- iv. Get completed in a timely manner.

Yes.

No. Describe:

- v. Ensure the affected individual receives written notice of the decision. In the case of a negative determination, the decision must indicate (1) the Lead Agency's efforts to verify the accuracy of information challenged by the individual, (2) any additional appeals rights available to the individual, and (3) information on how the individual can correct the federal or State records at issue in the case.

Yes.

No. Describe:

- vi. Facilitate coordination between the Lead Agency and other agencies 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.

Yes.

No. Describe:

5.7.12 Provisional hiring of prospective staff members

Lead Agencies must at least complete and receive a qualifying result for either the FBI criminal background check or a fingerprint-based in-state criminal background check where the individual resides before prospective staff members may provide services or be in the vicinity of children.

Until all the background check components have been completed, the prospective staff member must be supervised at all times by someone who has already received a qualifying result on a background check within the past five years.

Check all background checks for which the Lead Agency requires a qualifying result before a prospective child care staff member begins work with children.

- a. FBI criminal background check.

- Yes.
 - No. If no, describe: **DCYF does not allow provisional hiring.**
- b. In-state criminal background check with fingerprints.
 - Yes.
 - No. If no, describe: **DCYF does not allow provisional hiring.**
- c. In-state Sex Offender Registry.
 - Yes.
 - No. If no, describe: **DCYF does not allow provisional hiring.**
- d. In-state child abuse and neglect registry.
 - Yes.
 - No. If no, describe: **DCYF does not allow provisional hiring.**
- e. Name-based national Sex Offender Registry (NCIC NSOR).
 - Yes.
 - No. If no, describe: **DCYF does not allow provisional hiring.**
- f. Interstate criminal background check, as applicable.
 - Yes.
 - No. If no, describe: **DCYF does not allow provisional hiring.**
- g. Interstate Sex Offender Registry check, as applicable.
 - Yes.
 - No. If no, describe: **DCYF does not allow provisional hiring.**
- h. Interstate child abuse and neglect registry check, as applicable.
 - Yes.
 - No. If no, describe: **DCYF does not allow provisional hiring.**
- i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?
 - Yes.
 - No. If no, describe: **DCYF does not allow provisional hires per WAC 110-06-0040(4).**

5.7.13 Completing the criminal background check within a 45-day timeframe

The Lead Agency must carry out a request from a child care provider for a criminal background check as expeditiously as possible, and no more than 45 days after the date on which the provider submitted the request

- a. Does the Lead Agency ensure background checks are completed within 45 days (after the date on which the provider submits the request)?

Yes.

No. If no, describe the timeline for completion for categories of providers, including which background check components take more than 45 days.

- b. Does the Lead Agency ensure child care staff receive a comprehensive background check when they work in your State but reside in a different State?

Yes.

No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

Lead Agencies must respond as expeditiously as possible to requests for interstate background checks from other States/Territories/Tribes in order to meet the 45-day timeframe.

- a. Does your State participate in the National Crime Prevention and Privacy Compact or National Fingerprint File programs?

Yes.

No.

- b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another state. **Interstate criminal history checks are not performed by DCYF, and requests must be made to the Washington State Patrol at (<https://www.wsp.wa.gov/criminal-history/> or 360-534-2000 option 2.**

- c. Does your State/Territory have a law or policy that prevents a response to CCDF interstate background check requests from other States/Territories/Tribes?

Yes. If yes, describe the current policy.

No.

5.7.15 Consumer education website links to interstate background check processes

Lead Agencies must include on their consumer education website and the website of local Lead Agencies if the CCDF program is county-run, the policies and procedures related to comprehensive background checks. This includes the process by which a child care provider or other State or Territory may submit a background check request.

- a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members: **<https://www.dcyf.wa.gov/services/early-learning-providers/background-checks>**

Check to certify that the required elements are included on the Lead Agency's consumer and provider education website for each interstate background check component.

- b. Interstate criminal background check:

i. Agency name

ii. Address

- iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. Is the State a National Fingerprint File (NFF) State?
 - x. Is the State a National Crime Prevention and Privacy Compact State?
 - xi. If not all boxes above are checked, describe:
- c. Interstate sex offender registry (SOR) check:
- i. Agency name
 - ii. Address
 - iii. Phone number
 - iv. Email
 - v. Website
 - vi. Instructions
 - vii. Forms
 - viii. Fees
 - ix. If not all boxes above are checked, describe:
- d. 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. Website
 - vii. Instructions
 - viii. Forms
 - ix. Fees
 - x. If not all boxes above are checked, describe:

5.7.16 Background check fees

The Lead Agency must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration.

Does the Lead Agency certify that background check fees do not exceed the actual cost of processing and administering the background checks?

Yes.

No. If no, describe what is currently in place and what elements still need to be implemented:

5.7.17 Renewal of the comprehensive background check

Does the Lead Agency conduct the background check at least every 5 years for all components?

Yes.

No. If no, what is the frequency for renewing each component?

5.8 Exemptions for Relative Providers

Lead Agencies may exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles) from certain health and safety requirements. This exception applies only if the individual cares only for relative children.

5.8.1 Exemptions for relative providers

Does the Lead Agency exempt any federally defined relative providers from licensing requirements, the CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, or background checks?

No.

Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them?

Relative FFN providers are exempt from health and safety standards, preservice/orientation training, ongoing training, and monitoring, but still must receive background check clearance through the same process as for nonrelative FFN providers.

6 Support for a Skilled, Qualified, and Compensated Child Care Workforce

A skilled child care workforce with adequate wages and benefits underpins a stable high-quality child care system that is accessible and reliable for working parents and that meets their needs and promotes equal access. Positive interactions between children and caregivers provide the cornerstone of quality child care experiences. Responsive caregiving and rich interactions support healthy socio-emotional, cognitive, and physical development in children. Strategies that successfully support the child care workforce address key challenges, including low wages, poor benefits, and difficult job conditions. Lead Agencies can help mitigate some of these challenges through various CCDF policies, including through ongoing professional development and supports for all provider types and embedded in the payment policies and practices covered in Section 4. Lead Agencies must have a framework for training, professional development, and post-secondary education. They must also incorporate health and safety training into their professional

development. Lead Agencies should also implement policies that focus on improving wages and access to benefits for the child care workforce. When implemented as a cohesive approach, the initiatives support the recruitment and retention of a qualified and effective child care workforce, and improve opportunities for caregivers, teachers, and directors to advance on their progression of training, professional development, and postsecondary education.

This section addresses Lead Agency efforts to support the child care workforce, the components and implementation of the professional development framework, and early learning and developmental guidelines.

6.1 Supporting the Child Care Workforce

Lead Agencies have broad flexibility to implement policies and practices to support the child care workforce.

6.1.1 Strategies to improve recruitment, retention, compensation, and well-being

- a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:
 - i. Providing program-level grants to support investments in staff compensation.
 - ii. Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.
 - iii. Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.
 - iv. Subsidizing family child care provider and center-based child care staff retirement benefits.
 - v. Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.
 - vi. Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.
 - vii. Providing scholarships or tuition support for center-based child care staff and family child care providers.
 - viii. Other. Describe:
- b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **DCYF will continue to assess the state of provider and staff wages using the Cost of Quality Care Study survey, as it did in 2024. The Design Team recommended cost of quality care model variable options the state should select in building subsidy base rates, including the MIT living wage standard for program staff. DCYF plans to work with the legislature to increase subsidy base rates with these recommendations as the frame.**
- c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **Licensed family home providers who accept subsidy are eligible for health care benefits under the Collective Bargaining Agreement. The Design Team discussed above**

recommended cost of quality care model variable options the state should select in building subsidy base rates, including \$9,000 per year in discretionary benefits. DCYF plans to work with the legislature to increase subsidy base rates with these recommendations as the frame.

- d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **The Design Team’s recommendations included that subsidy base rates be sufficient to support paid vacation and sick leave for providers equal to 40 days per year. They reasoned these benefits are “essential for reducing burnout.” DCYF plans to work with the legislature to increase subsidy base rates with these recommendations as the frame.**
- e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers’ recruitment and retention of the child care workforce. **Through the Imagine Institute, DCYF provides business supports to licensed family home programs. Additionally, the Imagine Institute executes Imagine U, a mentoring program that supports those interested in opening their own family home program. Through the Early Care and Education Access and Living Wage Proviso and Grow Your Own Program, DCYF is working to establish opportunities to recruit and retention the early care and education workforce. While DCYF has education requirements in place, DCYF provides multiple pathways to meet these education requirements, recognizing the need for various options to meet the needs of the workforce.**

6.1.2 Strategies to support provider business practices

- a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers’ business management and administrative practices. **The state’s updated licensing regulations to 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 Lead Agency’s strategies for strengthening child care providers’ administrative 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.

- ix. Use of technology in business administration.
- x. Compliance with employment and labor laws.
- xi. Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

Lead Agencies must facilitate participation of child care providers and staff with limited English proficiency and disabilities in the child care subsidy system. Describe how the Lead Agency will facilitate this participation, including engagement with providers to identify barriers and specific strategies used to support their participation:

- a. Providers and staff 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. Providers and staff who have disabilities: **Providers with disabilities are supported with training delivery that meets ADA requirements, allowing them to enter the field while meeting the required training. Training provided through DCYF contracts are held in locations that offer access for persons with disabilities, such as at colleges, libraries and other community organizations. DCYF also facilitates participation in Early Achievers, which is mandatory for subsidy participants. For deaf or hard of hearing providers, a DCYF requested sign-language interpreter can be requested for Early Achievers meetings. In addition, electronic presentations on Early Achievers programs are reviewed by the internal communications team to meet accessibility requirements. Early Achievers webinars are produced in multiple languages and use close captioning. The webinars are also recorded so that participants may watch them on a computer with accessible software.**

6.2 Professional Development Framework

A Lead Agency must have a professional development framework for training, professional development, and post-secondary education for caregivers, teachers, and directors in child care programs that serve children of all ages. The framework must include these components:

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

- a. Did the Lead Agency make any updates to the professional development framework since the FFY 2022-2024 CCDF Plan was submitted?

Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted:

No.

- b. Did the Lead Agency consult with other key groups in the development of their professional development framework?

Yes. If yes, identify the other key groups: **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 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.**

No.

6.2.2 Description of the professional development framework

- a. Describe how the Lead Agency's framework for training and professional development addresses the following required elements:

- i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors).

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. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **The ECE workforce career pathway begins with a comprehensive 30-hour initial 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

For more information about equivalents, see here:

https://dcyf.wa.gov/sites/default/files/pubs/EPS_0037.pdf

- iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care. **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. After Negotiated Rulemaking (NRM) finished in April 2018, DCYF formed a workgroup that focused on equivalent options to meet the education requirements. From this group stemmed a workgroup that provided recommendations specifically on a community-based model for meeting the education requirement.**
- iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **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 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. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **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 can easily see their progress towards qualifications in MERIT and indicate the education pathway they wish to pursue.

- vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **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. 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. Does the Lead Agency use additional elements?

Yes.

If yes, describe the element(s). Check all that apply.

- i. Continuing education unit trainings and credit-bearing professional development. 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 Lead Agency'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. DCYF's curriculum design process 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.**
- iii. Other. Describe:

No.

6.2.3 Impact of the Professional Development Framework

Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors and identify what data are available to assess the impact.

- a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **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. 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 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.

- b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Department of Children, Youth, and Families (DCYF) uses the Professional Development Achievement framework to recognize and reward the educational achievements of all early learning professionals. For example, providers receive \$100 awards for ECE associate's, bachelor's, master's, and doctoral degrees, and \$50 for initial, short, and ECE certificates.**
- c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **Washington does have a Preschool Development Birth through Five (PDG B-5) grant. The PDG B-5 is in the beginning stages of work around compensation for the child care workforce. The focus to date has been to strengthen the early care and education system they work inside of. For example Washington has doubled the number of Infant Early Childhood Mental Health Consultants that are available to the workforce, we have created Washington's Pyramid Model to build care giver capacity to serve children with special needs, we have invested in trainings for ECE owners/operators such as The Business of Childcare, and we have created a pre-service cohort model to connect new child care professionals with mentors.**
- d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **The Early Childhood Education Stackable Certificates build on one another and lead to an associate degree in early childhood education and beyond. Community and technical colleges throughout the state offer Stackable Certificates.**
- e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race,

ethnicity, gender, or age of children served)? DCYF collects workforce wage information through its Market Rate Survey and now its Cost of Quality Care survey. Further wage information is available from the Bureau of Labor Statistics and compared with provider demographic data can reveal disparities in compensation.

- f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **Washington has not set a minimum wage floor but in 2023 the Early Educator Design Team comprised of a representative group of providers made recommendations on selection points within DCYF's cost estimation model which include the MIT Living Wage Standard as the floor for provider staff wages. DCYF does not administer bonuses or stipends to workers directly.**

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

Provide the number of hours of ongoing training required annually for CCDF-eligible providers in the following settings:

- 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. Licensed child care center programs must complete 10 hours of annual in-service training, and at least one hour must be in a health and safety topic relevant to the ages of children served in that program. WAC 110-300-0107.**
- 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. License exempt certified child care center programs must complete 10 hours of annual in-service training, and at least one hour must be in a health and safety topic relevant to the ages of children served in that program. 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.**
- 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. Licensed family home child care programs must complete 10 hours of annual in-service training, and at least one hour must be in a health and safety topic relevant to the ages of children served in that program. WAC 110-300-0107.**
- 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. License exempt certified family home child care programs must complete 10 hours of annual in-service training, and at least one hour must be in a health and safety topic relevant to the ages of children served in that program. WAC 110-300-0107. A certified for Payment Only license exempt family home 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.

- e. Regulated or registered in-home child care: **FFN providers must complete a minimum of two hours of health and safety training annually.**
- f. Non-regulated or registered in-home child care: **NA**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency’s training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **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 consults with the Indian Policy for Early Learning Council (IPEL) and is able to consult with this group to learn of needs, barriers, and opportunities to continue to partner more strongly with Tribes.**

6.3.3 Professional development appropriate for the diversity of children, families, and child care providers

Describe how the Lead Agency’s training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians? **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.**

The 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 six specializations: ECE general, infant-toddler care, school-age care, family child care, outdoor nature-based learning 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.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social,

emotional, physical, or linguistic delays: **Providers are given information regarding development screening in their initial orientation and in Child Care Basics training. DCYF's website includes information and links to Help Me Grow, a free service that connects caregivers (and parents) to an array of supports, including developmental screening. Licensors and Early Achievers coaches also direct providers to this information. Finally, through DCYF's Birth to 3 Quality Initiative, providers serving infants and toddlers receive information and outreach about the Ages and Stages Questionnaire (ASQ). Providers can obtain screenings for children in their care in numerous ones, for example by accessing the ASQ through Help Me Grow's website at <https://helpmegrowwa.org/what-you-need-to-know-about-developmental-screenings>.**

6.4 Early Learning and Developmental Guidelines

Lead Agencies must develop, maintain, or implement early learning and developmental guidelines appropriate for children from birth to kindergarten entry. Early learning and developmental guidelines should describe what children should know and be able to do at different ages and cover the essential domains of early childhood development, which at a minimum includes cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning.

6.4.1 Early learning and developmental guidelines

- a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:
 - i. Research-based.
 - ii. Developmentally appropriate.
 - iii. Culturally and linguistically appropriate.
 - iv. Aligned with kindergarten entry.
 - v. Appropriate for all children from birth to kindergarten entry.
 - vi. Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - vii. If any components above are not checked, describe:
- b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.
 - i. Cognition, including language arts and mathematics.
 - ii. Social development.
 - iii. Emotional development.
 - iv. Physical development.
 - v. Approaches toward learning.
 - vi. Other optional domains. Describe any optional domains:
 - vii. If any components above are not checked, describe:

- c. When were the Lead Agency’s early learning and developmental guidelines most recently updated and for what reason? **The Washington State Early Learning Guidelines were last updated in April of 2021 to include the following information: The Department of Early Learning (DEL) is now the Department of Children, Youth, and Families (DCYF). Visit www.dcyf.wa.gov for early learning, early intervention, and other childhood development information. Thrive by Five Washington is no longer in operation and is now Start Early Washington. Start Early works with public and private partners to promote comprehensive birth-to-five learning experiences for all children in Washington State.**
- d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **https://www.dcyf.wa.gov/publications-library/EL_0015.**

6.4.2 Use of early learning and developmental guidelines

- a. Describe how the Lead Agency uses its early learning and developmental guidelines. **The Early Learning and Development Guidelines are a tool that all the adults in children’s lives can use to share information with each other. The Guidelines create a space for two types of expertise to come together as equals:**
 - **Families’ deep knowledge, experience and observations about their children, and**
 - **Professionals’ knowledge and experience— whether childcare providers, teachers, health care providers, or others who care for or work with children.**
- b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:
 - i. Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.
 - ii. Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.
 - iii. Will be used as the primary or sole method for assessing program effectiveness.
 - iv. Will be used to deny children eligibility to participate in CCDF.
 - v. If any components above are not checked, describe:

7 Quality Improvement Activities

The quality of child care directly affects children’s safety and healthy development while in care settings, and high-quality child care can be foundational across the lifespan. Lead Agencies may use CCDF for quality improvement activities for all children in care, not just those receiving child care subsidies. OCC will collect the most detailed Lead Agency information about quality improvement activities in annual reports instead of this Plan.

Lead Agencies must report on CCDF child care quality improvement investments in three ways:

1. In this Plan, Lead Agencies will describe the types of activities supported by

quality investments over the 3-year period.

2. An annual expenditure report (the ACF-696). Lead Agencies will provide 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.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

In this section of the Plan, Lead Agencies will describe their quality activities needs assessment and identify the types of quality improvement activities where CCDF investments are being made using quality set-aside funds.

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

- a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **Past participant feedback and literature on continuous quality improvement (CQI) and data collection were reviewed and a broad stakeholder engagement campaign was developed centering equity and using human centered design. Workgroups were comprised of family and center-based providers, early learning coaches, community members, parents of young children and agency staff.**
- b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **Recent feedback called for system improvements supporting child access to high-quality programming prioritizing commitment to culturally respectful and responsive systems that centers on racial equity; a lower stakes experiences for participants, systems that are easy to navigate, more options for recognition related to provider interests and expertise, and more stakeholder engagement and feedback as a part of the ongoing CQI process.**

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF 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. They must use the quality set-aside funds on at least one of 10 activities described in CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

- a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and

expenditure reports, available to the public. Provide a link if available. **DCYF will make its Quality Progress Report Available on its CCDF website here:**
<https://www.dcyf.wa.gov/about/government-affairs/ccdf>

- b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked “yes”, describe the Lead Agency’s current and/or future plans for this activity.
- i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. **DCYF expects to continue spending CCDF funds on its workforce registry, workforce professional development and pathways supports, scholarships, training reimbursement, coaching/mentoring, substitutes, technical assistance and training.**
- ii. Developing, maintaining, or implementing early learning and developmental guidelines.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments.
- iii. Developing, implementing, or enhancing a quality improvement system.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. **The revised QRIS is still under development and is engaged in continuous quality improvement. Parts of the system are still in the “early adopter” phase or are preparing to launch the early adopter phase. Data is being collected on each of the phases and adjustments to the data collection, reporting and provider experience are evolving as part of the continuous quality improvement process.**
- iv. Improving the supply and quality of child care services for infants and toddlers.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. **An infant-toddler specialist network of coaches deliver targeted supports to home and center-based providers providing early care and education to children ages birth to three in ten communities across the state.**
- v. Establishing or expanding a statewide system of CCR&R services.
- No plans to spend in this category of activities at this time.
- Yes. If yes, describe current and future investments. **Child Care Aware of Washington provides resources to families seeking ECE services. They provide coaching and training opportunities, scholarships for higher education, shared services, and business education for new and existing programs.**
- vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.
- No plans to spend in this category of activities at this time.

- Yes. If yes, describe current and future investments.
- vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments.
- viii. Accreditation support.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments.
- ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. **Developmental screening is a QRIS standard area that programs may choose to participate in. Training and coaching supports for developmental screening are available to programs on a limited basis.**
- x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.
 - No plans to spend in this category of activities at this time.
 - Yes. If yes, describe current and future investments. **Pyramid Model Implementation, Mental Health Consultation, and Trauma Informed Care training.**

8 Lead Agency Coordination and Partnerships to Support Service Delivery

Coordination and partnerships help ensure that the Lead Agency’s efforts accomplish CCDF goals effectively, leverage other resources, and avoid duplication of effort. Such coordination and partnerships can help families better access child care, can assist in providing consumer education to parents, and can be used to improve child care quality and the stability of child care providers. Such coordination can also be particularly helpful in the aftermath of disasters when the provision of emergency child care services and the rebuilding and restoring of child care infrastructure are an essential part of ensuring the well-being of children and families in recovering communities.

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian

children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies 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.

The Lead Agency must coordinate with the following agencies:

- a. 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 and results of the coordination: **The state's Early Learning Advisory Committee (ELAC) provides input and recommendations to DCYF on statewide early learning community needs and progress. ELAC representatives from around the state meet monthly 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.**
- b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **DCYF engages in the following collaboration activities with Tribal Nations:**

Tribal Nations and DCYF convene an Indian Policy Early Learning (IPEL) committee which includes delegates from many of Washington's 29 federally recognized Tribes, at their election. IPEL was established in 2013 following recommendations of native Tribal leaders with the goal to assist the collective needs of the Tribal governments 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 every other month 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. Tribes 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).

As a result of this coordination, access to continuous, high quality early learning for Indian youth and families increases, and DCYF makes progress on its 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 support Tribal sovereignty.

Not applicable. Check here if there are no Indian Tribes and/or Tribal organizations in the State/Territory.

- c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **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.**

Results of coordination with ESIT are that children birth to 3 with developmental delays or disabilities are able 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.

- d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **The Head Start Collaboration Office is housed within the Federal Initiatives and Collaboration team at DCYF, which included CCDF and Preschool Development Grant Birth Through Five administration as well. The Administrator (Director) is a member of ELAC and works closely with the CCDF Administrator, coordinating meetings on shared projects, communicating by email, phone, and in-person meetings. 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 CCDF Administrator.**

Results of the coordination include expanded services and enhanced quality for infant and toddler center-based services; increasing alignment of standards across licensing, Early Head Start and Head Start, Early Achievers and ECEAP so that the ECE system has a unified set of regulations that are easy to understand by providers in the field; expansion and access of high quality workforce and career development opportunities for staff; and increased participation of Early Head Start and Head Start programs in Early Achievers.

- e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **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.

- f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **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.**

As a result of coordination with agencies responsible for employment services/workforce development are increased provision of 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. Increased access to high quality, continuous early learning opportunities result from this coordination.

- g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **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.**

The result of this coordination with OSPI is that children are increasingly able to successfully transition from early learning to K-12 education.

- h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **DCYF's Licensing Division is responsible for child care licensing. The result of internal DCYF coordination of licensing activities is increased promotion of quality early learning experiences, health, safety, and positive development for children receiving care in licensed settings. Coordination occurs through regular 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.**

- i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The DCYF Health Systems Analyst frequently coordinates with OSPI Child Nutrition Staff with the result 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.**
- j. 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 and results of the coordination: **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. 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. As a result of the collaboration, providers are assisted to serve children and families experiencing homelessness, and access to quality early learning programs for families and children experiencing homelessness expands so more children, including the most vulnerable, arrive to kindergarten ready to learn, impacting their later academic and professional success.**
- k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **DSHS administers Temporary Assistance for Needy Families (TANF) in Washington State, and DCYF coordinates with DSHS on TANF funding as it pertains to CCSP. Results of this coordination include expanded 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.**
- l. State/Territory agency responsible for Medicaid and the State Children’s Health Insurance Program. Describe the coordination and results of the coordination: **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. As a result of the coordination, more families and children are connected to Medicaid benefits and health insurance through CHIP.**
- m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **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.

- n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **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.**
- o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **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.

- p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **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.

As a result of this coordination, DCYF is prepared to support continuity of operations in concert with other state agencies in the event of a statewide emergency.

- q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.
- 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, Infant, and Early Childhood Home Visiting (MIECHV) 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. As a result of this coordination, 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. Increased access to home visiting in these communities is a result of this focus.**

- v. Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. 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. Child care provider groups or associations. Describe: **DCYF solicits feedback regarding policy and service delivery with provider groups and SEIU 925, which represents licensed family homes and FFN providers. The State of Washington collectively bargains with SEIU 925.**
- 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) and Washington Association of Head Start and ECEAP's Parent Ambassadors group, 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 policy and rules.**
- ix. Title IV B 21st Century Community Learning Center Coordinators. Describe:
- x. Other. Describe:

8.2 Optional Use of Combined Funds, CCDF Matching, and Maintenance-of-Effort Funds

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds 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, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency 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 pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

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

8.2.1 Combining funding for CCDF services

Does the Lead Agency combine funding for CCDF services with Title XX of the Social Services Block Grant (SSBG), Title IV B 21st Century Community Learning Center Funds, State-only child care funds, TANF direct funds for child care not transferred into CCDF, Title IV-B, IV-E funds, or other federal or State programs?

No. (If no, skip to question 8.2.2)

Yes.

i. If yes, describe which funds you will combine. Combined funds may include, but are not limited to:

Title XX (Social Services Block Grant, SSBG)

Title IV B 21st Century Community Learning Center Funds (Every Student Succeeds Act)

State- or Territory-only child care funds

TANF direct funds for child care not transferred into CCDF

Title IV-B funds (Social Security Act)

Title IV-E funds (Social Security Act)

Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, 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? **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.**

8.2.2 Funds used to meet CCDF matching and MOE requirements

Lead Agencies may use public funds and donated funds to meet CCDF match and maintenance of effort (matching MOE) requirements.

Note: Lead Agencies that use State pre-Kindergarten funds to meet matching requirements must check State pre-Kindergarten funds and public and/or private funds.

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 must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

Not applicable. The Lead Agency is a Territory (skip to 8.3.1).

a. Does the Lead Agency use public funds to meet match requirements?

Yes. If yes, describe which funds are used: **General state funds**

No.

b. Does the Lead Agency use donated funds to meet match requirements?

Yes. If yes, identify the entity(ies) designated to receive donated funds:

i. Donated directly to the state.

ii. Donated to a separate entity(ies) designated to receive donated funds. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

No.

c. Does the Lead Agency certify that, if State expenditures for pre-Kindergarten programs are used to meet the MOE requirements, the following is true:

- The Lead Agency did not reduce its level of effort in full-day/full-year child care services.
- The Lead Agency ensures that pre-Kindergarten programs meet the needs of working parents.
- The estimated percentage of the MOE requirement that will be met with pre-Kindergarten expenditures (does not to exceed 20 percent).
- If the percentage is more than 10 percent of the MOE requirement, the State will coordinate its pre-Kindergarten and child care services to expand the availability of child care.

Public pre-Kindergarten funds may also serve as MOE funds as long as the State can describe how it will coordinate pre-Kindergarten and child care services to expand the availability of child care while using public pre-Kindergarten funds as no more than 20 percent of the State's MOE or 30 percent of its matching funds in a single fiscal year.

If expenditures for pre-Kindergarten services are used to meet the MOE requirement, does the Lead Agency certify that the State or Territory has not reduced its level of effort in full-day/full-year child care services?

Yes.

No. If no, describe:

8.3 Coordination with 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 Lead Agency, 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).

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 Lead Agency.
- 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 Lead Agency and local agencies that administer funds made available through CCDF.

8.3.1 Funding a system or network of CCR&R organization(s)

Does the Lead Agency fund a system or network of local or regional CCR&R organization(s)?

No. The Lead Agency does not fund a system or network of local or regional CCR&R organization(s) and has no plans to establish one.

No, but the Lead Agency has plans to develop a system or network of local or regional CCR&R organization(s).

Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **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.**

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage 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) 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.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **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 and products 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.

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's goals and products are to help 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.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and 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.

8.5.1 Statewide Disaster Plan updates

- a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **DCYF updated its Child Care Disaster Plan in Spring 2018 to reflect the transition to a new agency (functions of the newly formed DCYF having formerly existed within the Department of Early learning). The workgroup also updated the plan to include license exempt in-home/relative care in the response process, and to reflect personnel and other agency changes.**
- b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.
 - i. The plan was developed in collaboration with the following required entities:
 - State human services agency.
 - State emergency management agency.
 - State licensing agency.
 - State health department or public health department.
 - Local and State child care resource and referral agencies.
 - State Advisory Council on Early Childhood Education and Care or similar coordinating body.
 - ii. The plan includes guidelines for the continuation of child care subsidies.
 - iii. The plan includes guidelines for the continuation of child care services.
 - iv. The plan includes procedures for the coordination of post-disaster recovery of child care services.
 - v. The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:

- Procedures for evacuation.
 - Procedures for relocation.
 - Procedures for shelter-in-place.
 - Procedures for communication and reunification with families.
 - Procedures for continuity of operations.
 - Procedures for accommodations of infants and toddlers.
 - Procedures for accommodations of children with disabilities.
 - Procedures for accommodations of children with chronic medical conditions.
- vi. The plan contains procedures for staff and volunteer emergency preparedness training.
 - vii. The plan contains procedures for staff and volunteer practice drills.
 - viii. If any of the above are not checked, describe:
 - ix. 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

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices regarding the services that best suit their family’s needs, and the delivery of resources that can support child development and well-being. Lead Agency consumer education activities must provide information for parents receiving CCDF assistance, the general public, and, when appropriate, child care providers. Lead Agencies should use targeted strategies for each group to ensure tailored consumer education information and take steps to ensure they are effectively reaching all individuals, including those with limited English proficiency and those with disabilities.

In this section, Lead Agencies address their consumer education practices, including details about their child care consumer education website, and the process for collecting and maintaining a record of parental complaints.

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. 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. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

- a. 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.**
- b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **DCYF utilizes 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>)**

<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.

- c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **DCYF will make reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity.**

Per the requirements of Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, DCYF will not discriminate against individuals with disabilities.

DCYF will, upon request, provide appropriate aids and services in order to ensure effective communication for qualified persons with disabilities so they can participate equally in DCYF’s programs, services, and activities. Such aids and services may include qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing, or vision impairments.

(<https://www.dcyf.wa.gov/ada/resources>) re to enter text.

- d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?
- Yes. If yes, describe: **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.**
- No.
- e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **DCYF maintains records of substantiated parental complaints for CCDF and non-CCDF providers.**
- f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **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.**

9.2 Consumer Education Website

Lead Agencies must provide information to parents, the general public, and child care providers through a State or Territory website, which is consumer-friendly and easily accessible for families who speak languages other than English and persons with disabilities. The website must:

- Include information to assist families in understanding the Lead Agency's policies and procedures, including licensing child care providers;

- Include monitoring and inspection reports for each provider and, if available, the quality of each provider;
- Provide the aggregate number of deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings;
- Include contact information for local CCR&R organizations to help families access additional information on finding child care; and
- Include information on how parents can contact the Lead Agency and other organizations to better understand the information on the website.

9.2.1 Consumer-friendly website

Does the Lead Agency ensure that its consumer education website is consumer-friendly and easily accessible?

- Provide the URL for the Lead Agency’s consumer education website homepage:
<https://www.dcyf.wa.gov/services/early-learning-providers>
- Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?
 Yes.
 No. If no, describe:
- Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?
 Yes.
 No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

- Provide the direct URL/website link to how the Lead Agency licenses child care providers: **<https://www.dcyf.wa.gov/services/early-learning-providers/licensed-provider>**
<https://www.dcyf.wa.gov/services/early-learning-providers/operating-licensed-child-care>
<https://app.leg.wa.gov/rcw/default.aspx?cite=43.216>
- Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers: **<https://www.dcyf.wa.gov/practice/policy-laws-rules>**
- Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers: **<https://www.dcyf.wa.gov/practice/policy-laws-rules>**
<https://apps.leg.wa.gov/WAC/default.aspx?cite=110-06>
- Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:

9.2.3 Searchable list of providers

- a. The consumer education website must include a list of all licensed providers searchable by ZIP code.
- i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?
 Yes.
 No. If no, describe:
- ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: <https://ccawa.my.salesforce-sites.com/providerupdate/CAWAOnlineLookUp>
<https://www.findchildcarewa.org>
<https://www.dcyf.wa.gov/services/earlylearning-childcare/find-child-care>
- iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency’s searchable list of child care providers? Check all that apply:
 License-exempt center-based CCDF providers.
 License-exempt family child care CCDF providers.
 License-exempt non-CCDF providers.
 Relative CCDF child care providers.
 Other (e.g., summer camps, public pre-Kindergarten). Describe:
- b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours, days, and months of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to accept CCDF certificates	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialization or training for certain populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care provided during nontraditional hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Identify any other information searchable on the consumer education website for the child care provider type listed below and then, if checked, describe the searchable information included on the website.

- 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 three years; whether the program is licensed, certified, or certified for payment only; whether the program is ECEAP or Head Start; and the history of the facility. The history includes the Early Achievers Rating, Complaints, Inspections, and the License History. In addition, providers are able to write and update a brief description of their program in Child Care Check as well as slots available. 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, the 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:
- vi. Other. Describe:

9.2.4 Provider-specific quality information

Lead Agencies must identify specific quality information on each child care provider for whom they have this information. Provider-specific quality information must only be posted on the consumer education website if it is available for the individual child care provider.

- a. What specific quality information does the Lead Agency provide on the website?
 - i. Quality improvement system.
 - ii. National accreditation.

- iii. Enhanced licensing system.
 - iv. Meeting Head Start/Early Head Start Program Performance Standards.
 - v. Meeting pre-Kindergarten quality requirements.
 - vi. School-age standards.
 - vii. Quality framework or quality improvement system.
 - viii. Other. Describe:
- b. For what types of child care providers is quality information available?
- i. Licensed CCDF providers. Describe the quality information: **Child Care Check and Child Care Aware indicate the provider’s Early Achiever rating (2-5) or 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.**
 - 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 provider 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:

9.2.5 Aggregate data on serious injuries, deaths, and substantiated abuse

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must 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 child care providers in the State/Territory. The information on

instances of substantiated child abuse does not have to be organized by category of care or licensing status. Information must also include the total number of children in care by provider type and licensing status, so that families can better understand the data presented on serious injuries, deaths, and substantiated cases of abuse.

a. 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 and licensing status.
- ii. The total number of deaths of children in care by provider category and 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 and licensing status.
- v. If any of the above elements are not included, describe:

b. 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 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

- c. Provide the direct URL/website link to the page where the aggregate number of serious injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
<https://www.dcyf.wa.gov/practice/oiaa/reports/child-fatality/licensed-child-care> - this link is specific to licensed care. <https://www.dcyf.wa.gov/practice/oiaa/reports/child-fatality/ffn> - this link is specific to Family, Friends, and Neighbors care.

9.2.6 Contact information on referrals to local child care resource and referral organizations

The Lead Agency consumer education website must include contact information on referrals to local CCR&R organizations.

- a. Does the consumer education website include contact information on referrals to local CCR&R organizations?

Yes.

No.

Not applicable. The Lead Agency does not have local CCR&R organizations.

- b. Provide the direct URL/website link to this information:

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

9.2.7 Lead Agency contact information for parents

The Lead Agency consumer and provider education website must include information on how parents can contact the Lead Agency or its designee and other programs that can help the parent understand information included on the website.

- a. Does the website provide directions on how parents can contact the Lead Agency or its designee and other programs to help them understand information included on the website?

Yes.

No.

- b. Provide the direct URL/website link to this information:

<https://www.dcyf.wa.gov/contact-us>

9.2.8 Posting sliding fee scale, co-payment amount, and policies for waiving co-payments

The consumer education website must include the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments.

- a. Does the Lead Agency certify that their consumer education website includes the sliding fee scale for parent co-payments, including the co-payment amount a family may expect to pay and policies for waiving co-payments?

Yes.

No.

- b. Provide the direct URL/website link to the sliding fee scale.
https://www.dcyf.wa.gov/sites/default/files/pdf/copay_calculation_table.pdf
<https://app.leg.wa.gov/WAC/default.aspx?cite=110-15-0023&pdf=true>
<https://app.leg.wa.gov/WAC/default.aspx?cite=110-15-0075&pdf=true>

9.3 Increasing Engagement and Access to Information

Lead Agencies must collect and disseminate information about the full range of child care services to promote parental choice to parents of children eligible for CCDF, the general public, and child care providers.

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **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:**

- Finding Child Care: <http://www.dcyf.wa.gov/services/earlylearning-childcare/find-child-care> - connects website users to Child Care Check provider information, information on Early Achievers, and child care resource and referral
- Child Care Subsidy Programs: <http://www.dcyf.wa.gov/services/early-learning-providers/subsidy> - information on eligibility requirements, provider payments rates, copayments, etc.
- ECEAP: <http://www.dcyf.wa.gov/services/early-learning-providers/eceap>
- ECEAP and Head Start: <https://www.dcyf.wa.gov/services/earlylearning-childcare/eceap-headstart> - information on eligibility, locations and how to enroll
- Early ECEAP: <https://www.dcyf.wa.gov/services/early-learning-providers/eceap/early-eceap> - program description and application information, performance standards
- Provider Quality Rating and Improvement System: <https://www.dcyf.wa.gov/services/early-learning-providers/early-achievers> - information on mission, vision, data dashboards, validation study
- 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> - describes licensing process and requirements
- Electronic Attendance Systems <https://www.dcyf.wa.gov/services/early-learning-providers/electronic-attendance-system> - program description, connection to required training, system manual and parent and provider brochures

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.

9.3.2 Information about child care and other services available for parents

Does the Lead Agency certify that it provides information described in 9.3.1 for the following required programs?

- Temporary Assistance for Needy Families (TANF) program.
- Head Start and Early Head Start programs.
- Low Income Home Energy Assistance Program (LIHEAP)
- Supplemental Nutrition Assistance Program (SNAP).
- Women, Infants, and Children Program (WIC) program.
- Child and Adult Care Food Program (CACFP).
- Medicaid and Children’s Health Insurance Program (CHIP).
- Programs carried out under IDEA Part B, Section 619 and Part C.

Yes.

No. If no, describe: **DCYF’s website includes information about TANF, Head Start and Early Head Start programs, SNAP (Basic Food), WIC, and IDEA Part B and C programs, but does not include information about LIHEAP, CACFP, or CHIP.**

9.3.3 Consumer statement for parents receiving CCDF services

Lead Agencies must provide parents receiving CCDF services with a consumer statement in hard copy or electronically that contains general information about the CCDF program and specific information about the child care provider they select.

Please certify if the Lead Agency provides parents receiving CCDF services a consumer statement that contains the following 8 requirements:

1. Health and safety requirements met by the provider
2. Licensing or regulatory requirements met by the provider
3. Date the provider was last inspected
4. Any history of violations of these requirements
5. Any voluntary quality standards met by the provider
6. How CCDF subsidies are designed to promote equal access
7. How to submit a complaint through the hotline
8. 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

Does the Lead Agency provide to families, either in hard copy or electronically, a consumer statement that contains the required information about the provider they have selected, including the eight required elements above?

Yes.

No. If no, describe: **DCYF does not provide parents with a consumer statement identifying the health and safety record of the provider they select. DCYF instead provides a link to a website for the parent to look up the information.**

9.3.4 Informing families about best practices on child development

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, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general public; and any partners in providing this information. . **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-learningproviders/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.

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

Yes.

No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral 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: **Regarding families and the general public, 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 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://>**

<https://helpmegrowwa.org/>

Providers receive information about supporting the social emotional health of young children through coaching and infant and early childhood mental health consultation (IECMHC), in addition to professional development such as training. Washington's QRIS system, Early Achievers, which provides coaching and IECMHC for providers, is grounded in interactions and social emotional learning.

9.3.7 Policies on the prevention of the suspension and expulsion of children

- a. The Lead Agency must have 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. Describe those policies and 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 concern 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 licensing 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.

- b. Describe what policies, if any, the Lead Agency has to prevent the suspension and expulsion of school-age children from child or youth care settings receiving CCDF funds: **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 concern 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 licensing 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.

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of 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; and,
- 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.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

- a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.
 Yes.
 No. If no, describe:
- b. 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 Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
 Yes.
 No. If no, describe:
- c. Developmental screenings to parents receiving a subsidy as part of the intake process.
 Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **DCYF subsidy intake workers provide the CCSP Rights and Responsibilities document (Form 16-180) that accompanies each application/reapplication. In this document, applicants are given information about Help Me Grow Washington for a free developmental screen and information about child development.**
 No. If no, describe:
- d. How families receiving CCDF services or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for children at risk for cognitive or other developmental delays.
 Yes.
 No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program’s internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **1. DCYF financial responsibilities are under the authority of the Deputy Secretary of Operations and the Chief Financial Officer (CFO). These offices are separated from the responsibilities of Licensing and CCDF program administration. Under the CFO the responsibilities of Budget, Cost Allocation and Grants Management, Fiscal Integrity and Contracts are assigned to different units to assist with internal controls and segregation of duties. Within these units' different levels of approval authority, both approval and payment, are established for grants management, reporting, budget, and contracts.**

2. DCYF complies with the Department of Enterprise Services (DES) RCWs for agency delegated authority. Levels of authority are defined by position and job duties. Within the Finance Division all contracts, payments, federal reporting and draws, fiscal reviews, and financial coding are all reviewed by supervisors to verify accuracy before finalization of the activities.

3. Finance is fundamental to the agency achieving its strategy, so our work starts with the work that supports the people we serve. We have all relevant stakeholders involved in the conversations early and often so that we stay focused and aligned, reducing the need to revisit or change plans. The Cost Allocation and Grants Management unit meets monthly with program staff to review expenditures reports, grant requirements, and any changes in rules and regulations. All contracts are coordinated between finance and program staff to verify compliance with state and federal requirements prior to approval by finance and program leadership members. In addition, the Fiscal Integrity unit coordinates with program staff for vendor and subrecipient monitoring.

4. The Cost Allocation and Grants Management unit meets monthly with program staff to review expenditures reports, grant requirements, and any changes in rules and regulations. Changes in state or federal regulations are coordinated between the divisions to ensure effective internal controls and implementation. Divisions also coordinate at the Leadership level, often and early, to ensure program integrity. Great partnership starts with having the right people at the table, having all relevant stakeholders involved in the conversations early and often so that we stay focused and aligned, reducing the need to revisit or change plans. Great partnerships are sustained by ongoing communication, aligned priorities and a basic understanding and orientation to each other's work and perspectives.

5. Finance policies and procedures require separation of duties for all processes to ensure that information is reviewed by multiple employees prior to approval and submission. Our financial and grants systems are set up with different levels of access to ensure these levels of delegation are automated for all information technology systems.

6. DCYF conducts internal audits of its Subsidy program to identify potential benefits and payment fraud. DCYF refers cases to DSHS Office of Fraud and Accountability for investigation and recoupment.

7. NA

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.

2. Delegation of duties.
3. Coordination of activities.
4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

- a. **Fiscal oversight of CCDF funds, including 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 Information Technology 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 and financial reporting are separated between staff members in the Cost Allocation and Grants Management Unit and the Accounting Unit. DCYF has multiple approvals built into 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. The Fiscal Integrity Unit reviews sub-recipient contracts annually for compliance with federal and state requirements.

All CCDF 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 Integrity Unit 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 verify 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.

- b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **DCYF partnered with the Department of Social and Health Services (DSHS) to create a Payment Allocation Model (PAM) cost allocation system within DSHS' Barcode system that reviews the client level data and identifies the correct funding source for each client based on the activities allowable prior to DCYF issuing the payment. The cost allocations determined through PAM export into DCYF's Social Service Payment System (SSPS) tied to the client level data. The dollar amounts and funding source allocations tie into the Agency Financial Reporting System (AFRS). DCYF also assigned unique fiscal data elements to all payments. The DCYF Quality Assurance team 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.**

Grant Management: DCYF uses grant-level management of all federal funds, including the CCDF grants. The Department allocates the CCDF grants to eligible clients and allowable activities in compliance with 45 CFR 98.67. The clients are assigned an eligibility type upon eligibility determination that connects with an allowable source of funds for payments. Grant level adjustments are made within the source of funds. If the source of funds contains multiple grants, transfers occur between grant sources to properly spend grant dollars within the allowable period of performance and ensure level of effort and matching requirements. Additionally, DSHS reviews the provider payments to verify client's eligibility for TANF funds.

Beginning in state fiscal year 2025, thanks to an investment in the state budget for the purpose of enhancing our accounting system, adjustments will be made at the expenditure or child-level to assist with tracking for activities allowed to meet the level of assurance as identified by the State Auditor’s Office for the annual statewide single audit.

- c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **Proper grant expenditures: The Cost Allocation and Grants Management Unit and Budget Unit prepare 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 CAPS system, all payments, including those made for quality, are automated. Payment files are reviewed to make sure payment is reasonable and allowable prior to issuance.**
- d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

- a. How the Lead Agency defines effective fiscal management practices. Describe: **The DCYF Quality Assurance 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 with contractors. a. The Cost Allocation and Grants Management Unit and Budget Unit prepare 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.

- b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **The Quality Assurance team evaluates internal controls using our program integrity procedures, utilizing a combination of centralized and local case reviews to identify error trends, identify root causes, and develop solutions to the root causes. DCFY updates policies and procedures based on these evaluations and provides outreach to providers to assist with compliance. The DCYF Fiscal Review Team provides outreach and assistance to contractors to assist with any compliance issues identified during the fiscal review process.**
- c. How the results inform implementation. Describe: **DCYF makes changes to the professional development and training process to improve staff skills and accuracy. Staff training is in a continuous improvement cycle and evolves with staff needs, changes in rule, or areas of improvement identified in monthly audits. The Department continues to improve processes and internal controls and create and deliver staff training based on current data trends and patterns.**
- d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

- a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **DCYF assesses risk through internal audits of eligibility cases and providers, external audits (Improper Payments Information Act (IPIA) Federal audit conducted every 3 years, Statewide single audit is a state audit conducted annually by the State Auditor's Office), calibrations among auditors and among lead workers, and a non-concur process where eligibility workers can dispute an audit finding, which is then reviewed by a panel.**
- b. The frequency of each risk assessment. Describe: **Four eligibility cases per worker are audited monthly by the QA eligibility auditors. The provider auditors conduct 200+ audits per month. IPIA audits are conducted every three years, and SAO audits are annual. Overpayments are analyzed and calibrated monthly.**
- c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **The CCSP Quality Assurance team gathers audit data that is analyzed for trends over time. If the QA team determines that the data are showing consistent issues with performance, they communicate this information to the Training Team to determine what kind of learning solution may be necessary. This partnership allows for the development of targeted data-driven professional learning and job aids.**
- d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The Department of Children, Youth, and Families (DCYF) ensures the efficacy of the risk assessment process by auditing the work of the auditors for accuracy, continued improvement of external audits, and overpayment data. Audit data is monitored after interventions (training, coaching) to assess intervention effectiveness and determine additional efforts if needed. External audits (Improper payments information act/State Auditor's Office) affirm DCYF's efforts have improved the audit findings each year for the past 7 years. The QA auditors and lead workers are audited monthly through a calibration**

process where they all audit the same case, and the results are reviewed for variances and then discussed in a monthly meeting to ensure the correct application of rules.

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

- a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.
 - i. Describe the training provided to staff members around CCDF program requirements and program integrity: **All new hires complete a comprehensive onboarding that includes an overview of the program and its expectations, the Washington Administrative Code, as well as the associated policies and procedures. Staff must pass an assessment of learning after each training course to demonstrate that they have understood the content and are able to apply the concepts to practice. In addition, as all new staff begin to work on cases, all their actions are audited by a team lead, thus providing another layer of quality assurance and highlighting areas of growth in a supported environment. Since the program undergoes periodic policy changes that impact procedures, all staff are required to participate in an informational webinar and additional training, if necessary, to understand the program expectations. DCYF QA facilitates a monthly calibration meeting in which the auditors, lead workers and trainers audit the same case, which is then reviewed against the applicable rules to ensure consistency and correctness. The verification process DCYF established has the program integrity measures built into them.**
 - ii. Describe how staff training is evaluated for effectiveness: **Staff are required to complete an assessment of learning after each training course that asks them to demonstrate their understanding of knowledge and practices. The Training Program also utilizes call center staff feedback during design processes to ensure that the content addresses difficult to understand procedures. In addition, the agency employs a comprehensive quality assurance process that is comprised of random case audits as well as monitoring of live calls. These strategies provide sources of evidence of staff comprehension of the program's policies and procedures and provide data for further quality improvement that is necessary in order to ensure effective workforce preparation**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **The CCSP Quality Assurance team gathers audit data that is analyzed for trends over time. If the QA team determines that the data are showing consistent issues with performance, they communicate this information to the Training Team to determine what kind of learning solution may be necessary. This partnership allows for the development of targeted data-driven professional learning and job aids.**

- b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:
 - i. Describe the training for providers around CCDF program requirements and program integrity: **DCYF provides mandatory training to licensed family homes and FFN providers as agreed upon in collective bargaining agreement.**
 - ii. Describe how provider training is evaluated for effectiveness: **DCYF audits provider payments to inform changes in policy, billing guides and training.**
 - iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **The CCSP Quality Assurance team gathers audit data that is analyzed for trends over time. If the QA team determines that the data are showing consistent issues with performance, they communicate this information to the Training Team to determine what kind of learning solution may be necessary. This partnership allows for the development of targeted data-driven professional learning and job aids.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

- a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **The error rate is shared with Child Care Subsidy executive management, the steering committee attendees, supervisors, and lead workers. DCYF uses the error rate review to evaluate the effectiveness of its internal control activities and opportunities to improve them. Findings shape needed changes to rule, policy, procedures, system updates or staff training, depending on the specific type of errors identified, their financial impact (error amount), and prevalence (error rate). DCYF uses the report to develop a corrective action plan, which becomes the guiding document for Subsidy program efforts to improve internal controls around eligibility.**
- b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Audit results are shared with Child Care Subsidy executive management, Subsidy steering committee attendees, supervisors, and lead workers, and discussed weekly in the Policy, Procedure & Training (PPT) meeting. Further, the quality assurance (QA) team, QA administrator and QA policy analyst review audit results for areas of improvement during the monthly QA unit meeting. DCYF uses the audit results to evaluate the effectiveness of its internal control activities and opportunities to improve them. Findings shape needed changes to rule, policy, procedures, system updates or staff training, depending on the specific type of errors identified, their financial impact (error amount), and prevalence (error rate).**
- c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **DCYF uses results from administrative hearings, and the Office of Fraud and Accountability investigations to identify potential areas of vulnerability. Data from overturned hearings or criminal convictions can help justify the need for rule changes.**

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

- a. No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls.
- b. Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls? **The State Auditor's Office has issued statewide single audit federal findings for the CCDF program related to internal controls of provider payments. The SAO maintained that the CCDF program is not auditable without child-level data. In response to the auditor's recommendations, the Department submitted a budget request for the 2024 supplemental budget. Funding was provided to develop and maintain the business process that would allow adjustments to include child-level data beginning July 2024.**

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls 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 and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

- a. 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)).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DCYF crossmatches the family's information against what was reported for other programs. This allows for expedited approval times and provides program integrity as discrepancies are found. Additional questions and/or verification may be obtained when discrepancies are discovered amongst the internal systems. When Intentional program violations/fraud is suspected, a referral may be made to the Office of Fraud and Accountability for them to investigate.**
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DCYF crossmatches the family's information against what was reported for other programs allows for expedited approval times and provides program integrity as discrepancies are found. Additional questions and/or verification may be obtained when discrepancies are discovered amongst the internal systems. This also ensures that families are receiving the correct amount of benefits.**
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice::

- b. Run system reports that flag errors (include types).
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **DCYF has several reports that capture cases with a potential misapplication of the rule. The cases are audited and then sent to the eligibility worker and their supervisor for case correction and training. This includes homeless grace period (HGP) denied for no verification, Copay not assigned to the oldest child, new employment denied for no verification, Active/pending TANF denied for no verification, stop work requested, and Overpayments with errors. When the cases are sent back to the originating worker to fix, not only does the family receive the benefits they are entitled to, but the worker has a better understanding of the program's expectations by having to fix their error.**
- c. Review enrollment documents and attendance or billing records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DCYF has two quality assurance audit teams. One team focuses on enrollment or correct eligibility and provider authorizations. The other team focuses on provider payments and billing records. Local lead workers conduct audits on new staff, until they reach 95% accuracy which includes an audit of eligibility and provider authorizations. The most recent audit results from IPIA and the State Auditor's Office (SAO) show DCYF has an accuracy rate of 95%. The SAO audit, completed annually, has shown a steady decrease in errors year after year, as well as a decrease in the dollar amount of the error. The SAO audit for 2022 resulted in \$0 dollars of incorrect CCDF dollars used. Audit findings inform needed changes to rule, policy, procedure, IT, and/or training.**
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DCYF has two quality assurance audit teams. One team focuses on enrollment or correct eligibility and provider authorizations. The other team focuses on provider payments and billing records. Local lead workers conduct audits on new staff, until they reach 95% accuracy which includes an audit of eligibility and provider authorizations. The most recent audit results from IPIA and the State Auditor's Office (SAO) show DCYF has an accuracy rate of 95%. The SAO audit, completed annually, has shown a steady decrease in errors year after year, as well as a decrease in the dollar amount of the error. The SAO audit for 2022 resulted in \$0 dollars of incorrect CCDF dollars used. Audit findings inform needed changes to rule, policy, procedure, IT, and/or training.**
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **DCYF has two quality assurance audit teams. One team focuses on enrollment or correct eligibility and provider authorizations. The**

other team focuses on provider payments and billing records. Local lead workers conduct audits on new staff, until they reach 95% accuracy which includes an audit of eligibility and provider authorizations. The most recent audit results from IPIA and the State Auditor’s Office (SAO) show DCYF has an accuracy rate of 95%. The SAO audit, completed annually, has shown a steady decrease in errors year after year, as well as a decrease in the dollar amount of the error. The SAO audit for 2022 resulted in \$0 dollars of incorrect CCDF dollars used. Audit findings inform needed changes to rule, policy, procedure, IT, and/or training.

d. Conduct supervisory staff reviews or quality assurance reviews.

i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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. Supervisors also review all cases where the family needs more than full-time child care prior to additional care being authorized. DCYF has two quality assurance audit teams. One team focuses on enrollment or correct eligibility and provider authorizations. The other team focuses on provider payments and billing records. Local lead workers conduct audits on new staff, until they reach 95% accuracy which includes an audit of eligibility and provider authorizations. Audit findings inform needed changes to rule, policy, procedure, IT, and/or training. Providers found to have committed an intentional program violation are given technical assistance. When a provider has committed four intentional program violations, they are prohibited from participating in the child care subsidy program. Similarly, those convicted of fraud are prohibited from participating in the child care subsidy program.**

ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **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. Supervisors also review all cases where the family needs more than full-time child care prior to additional care being authorized. DCYF has two quality assurance audit teams. One team focuses on enrollment or correct eligibility and provider authorizations. The other team focuses on provider payments and billing records. Local lead workers conduct audits on new staff, until they reach 95% accuracy which includes an audit of eligibility and provider authorizations. The most recent audit results from IPIA and the State Auditor’s Office (SAO) show DCYF has an accuracy rate of 95%. The SAO audit, completed annually, has shown a steady decrease in errors year after year, as well as a decrease in the dollar amount of the error. The SAO audit for 2022 resulted in \$0 dollars of incorrect CCDF dollars used. Audit findings inform needed**

changes to rule, policy, procedure, IT, and/or training.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:
- e. Audit provider records.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DCYF’s quality assurance provider team conducts monthly audits of provider records. This team offers about 180 incidents of technical assistance, due to intentional program violations per month. The purpose behind the technical assistance is to provide correct billing practice guidance along with the overpayment being issued to the provider. After four instances of intentional program violations the provider is prohibited from participating in the child care subsidy program. Audits indicating potential fraud are sent to the Office of Fraud and Accountability for investigation. Results of these audits are used to support technical assistance to providers, resulting in improved billing practices.**
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
 - iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **DCYF’s eligibility staff and the quality assurance auditors will write overpayments to providers for agency errors. Overpayments written to the providers for agency errors are reviewed by the overpayment workgroup on a bi-monthly cases. The workgroup ensures correct application of rules and looks for measures to reduce the overpayment from being able to occur in the future. This could be changes to rule, policy, procedure, IT, and/or training. Agency errors identified through these audits are used to improve training for staff, resulting in fewer agency errors going forward.**
- f. Train staff on policy and/or audits.
 - i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **All new hires complete a comprehensive onboarding that includes an overview of the program and its expectations, the Washington Administrative Code, as well as the associated policies and procedures. Staff must pass an assessment of learning after each training course to demonstrate that they have understood the content and are able to apply the concepts to practice. In addition, as all new staff begin to work on cases, all their actions are audited by a team lead, thus providing another layer of quality assurance, and highlighting areas of growth in a supported environment. Since the program undergoes periodic policy changes that impact procedures, all staff are required to participate in an informational webinar and additional training, if necessary, to understand the program expectations. Intentional program violations and fraud are submitted to the Office of Fraud and Accountability for investigation. Investigation outcomes are used to inform needed process changes for staff.**
 - ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **All new hires complete a**

comprehensive onboarding that includes an overview of the program and its expectations, the Washington Administrative Code, as well as the associated policies and procedures. Staff must pass an assessment of learning after each training course to demonstrate that they have understood the content and are able to apply the concepts to practice. In addition, as all new staff begin to work on cases, all their actions are audited by a team lead, thus providing another layer of quality assurance, and highlighting areas of growth in a supported environment. Since the program undergoes periodic policy changes that impact procedures, all staff are required to participate in an informational webinar and additional training, if necessary, to understand the program expectations. This training results in improved staff accuracy in their determinations.

- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **All new hires complete a comprehensive onboarding that includes an overview of the program and its expectations, the Washington Administrative Code, as well as the associated policies and procedures. Staff must pass an assessment of learning after each training course to demonstrate that they have understood the content and are able to apply the concepts to practice. In addition, as all new staff begin to work on cases, all their actions are audited by a team lead, thus providing another layer of quality assurance, and highlighting areas of growth in a supported environment. Since the program undergoes periodic policy changes that impact procedures, all staff are required to participate in an informational webinar and additional training, if necessary, to understand the program expectations. This training results in improved staff accuracy in their determinations.**

g. Other. Describe the activity(ies):

- i. Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- ii. Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:
- iii. Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

- a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **The office of Fraud and Accountability is response for investigating intentional program violations and suspected fraud. The Office of Financial Recover is responsible for recouping funds.**
- 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. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. 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 based on the most recent analysis: **Office of Financial Recovery (OFR) sends a collection notice for overpayments of any amount. If the overpayment amount exceeds \$250, OFR collection staff engage in formal debt collection. In state fiscal year 2023 OFR collected \$2,300,087 for DCYF.**
 - 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 based on the most recent analysis: **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 1,303 cases to OFA for investigation in 2023. DCYF wrote 1,229 overpayments which were referred to OFR in 2023.**
 - iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **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 does not have a way to identify specific cases with a repayment plan but in state fiscal year 2023 OFR collected \$2,300,087 for DCYF.**
 - iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **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. In state fiscal year 2023 OFR collected \$430,333 through offset payments to providers.**
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **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.**
 - viii. Other. Describe the activities and the results of these activities:
- c. Does the Lead Agency investigate and recover improper payments due to unintentional

program violations?

No.

Yes.

If yes, check and describe below 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.

- 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 based on the most recent analysis: **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. In state fiscal year 2023 OFR collected \$2,300,087 for DCYF.**
- 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 based on the most recent analysis: **DCYF sends overpayment referrals to OFR, who will send collection notices for the overpayments. DCYF wrote 1,229 overpayments which were referred to OFR in 2023.**
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **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. OFR does have a way to identify specific cases with a repayment plan but in state fiscal year 2023 OFR collected \$2,300,087 for DCYF.**
- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **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. In state fiscal year 2023 OFR collected \$430,333 through offset payments to providers.**
- v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
- vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis: **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 provider 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.

DCYF QA has 6 eligibility auditors who conduct about 400 audits per month. These audits provide technical assistance to the eligibility worker including instructions when an overpayment needs to be made, or a referral to OFA is needed.

- vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **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. In state fiscal year 2023 OFR collected \$2,300,087 for DCYF.

- viii. Other. Describe the activities and the results of these activities:

- d. Does the Lead Agency investigate and recover improper payments due to agency errors?

No.

Yes.

If yes, 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. 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 based on the most recent analysis: **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 102 overpayments per month. In state fiscal year 2023 OFR collected \$2,300,087 for DCYF.**
- 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 based on the most recent analysis: **DCYF refers client and provider overpayments to OFR for recovery. DCYF refers about 102 overpayments per month to OFR for collection. In state fiscal year 2023 OFR collected \$2,300,087 for DCYF.**
- iii. Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **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. OFR does have a way to identify specific cases with a repayment plan but in state fiscal year 2023 OFR collected \$2,300,087 for DCYF.**

- iv. Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **OFR has authority to reduce provider subsidy reimbursement in subsequent months 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 occurs between the OFR revenue agent and the provider. In state fiscal year 2023 OFR collected \$430,333 through offset payments to providers.**
 - v. Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:
 - vi. Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:
 - vii. Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **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. For SFY2023 DCYF wrote 96 overpayments to consumers for \$223,921 and 1,133 overpayments to providers for \$650,086.**
 - viii. Other. Describe the activities and the results of these activities:
- e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:
- i. Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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 client's request for a hearing. The disqualification rule has eliminated the need to have additional investigations done due to the family continuing to reapply for child care benefits after a criminal conviction when they were not eligible. DCYF disqualified 6 families during FY 2023 due to being criminally prosecuted and found guilty.**
 - ii. Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **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 2019 so do not have a sample size large enough to point to results.

- iii. Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **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 6 families and 0 providers during FY2023 due to criminal convictions.**
- iv. Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
 - **Responsible Entity:** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
 - **Expected Completion Date:** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		