



CHILD CARE AND DEVELOPMENT FUND PLAN

FOR: LOUISIANA

FFY 2010-2011

This Plan describes the CCDF program to be conducted by the State/Territory for the period 10/1/09 – 9/30/11. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

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

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

Form ACF 118 Approved OMB Number: [INSERT NUMBER] expires [INSERT DATE]

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AMENDMENTS LOG

**CHILD CARE AND DEVELOPMENT FUND PLAN FOR: LOUISIANA
FOR THE PERIOD: 10/1/09 – 9/30/11**

Lead Agencies must submit plan amendments within 60 days of the effective date of an amendment (§98.18 (b)).

Instructions for Amendments:

- 1) Lead Agency completes the first 3 columns of the Amendment Log and sends a photocopy of the Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional Office contact. Lead Agency also should indicate the Effective Date of the amended section in the footer at the bottom of the amended page(s). A copy of the Log, showing the latest amendment pending in ACF, is retained as part of the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain "old" plan pages that are superseded by amendments in a separate appendix to its Plan. This is especially important as auditors will review CCDF Plans and examine effective date of changes.

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

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PART 1
ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State/Territory Chief Executive Officer)

Name of Lead Agency: Department of Social Services
Address of Lead Agency: P. O. Box 3776, Baton Rouge, LA 70821
Name and Title of the Lead Agency's Chief Executive Officer: Kristy Nichols, Secretary
Phone Number: (225) 342-7475
Fax Number: (225) 342-8636
E-Mail Address: Kristy.Nichols@dss.state.la.us
Web Address for Lead Agency (if any): www.dss.state.la.us

1.2 State/Territory Child Care (CCDF) Contact Information (day-to-day contact)

Name of the State/Territory Child Care Contact (CCDF): Sherry S. Guarisco
Title of State/Territory Child Care Contact: Director, Division of Child Care and Early Childhood Education
Address: P. O. Box 94065, Baton Rouge, LA 70804-9065
Phone Number: (225) 342-0694
Fax Number: (225) 219-4248
E-Mail Address: sguarisc@dss.state.la.us
Phone Number for CCDF program information (for the public) (if any): (225) 342-2342
Web Address for CCDF program information (for the public) (if any):
www.dss.state.la.us

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2009 through September 30, 2010. (§98.13(a))

CCDF: \$66,075,685
Federal TANF Transfer to CCDF: \$37,702,500
Direct Federal TANF Spending on Child Care: \$17,300,000
State CCDF Maintenance of Effort Funds: \$5,219,488
State Matching Funds: \$5,128,571
Total Funds Available: \$131,426,244

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1.4 Estimated Administration Cost

The Lead Agency estimates that the following amount (and percentage) of Federal CCDF and State Matching Funds will be used to administer the program (not to exceed 5 percent): \$3,175,154 (2.3 %). (658E(c) (3), §§98.13(a), 98.52)

1.5 Administration of the Program

1.5.1 Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Targeted Funds and Set-Aside?

- Yes.
- No. If no, use **Table 1.5.1** below to **identify** the name and type of agency that delivers services and activities. If more than one agency performs the task, identify all agencies in the box under “Agency,” and **indicate** in the box to the right whether each is a non-government entity.

Table 1.5.1: Administration of the Program

Service/Activity	Agency	Non-Government Entity (see Guidance for definition)	
Determines individual eligibility:			
a) TANF families	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Non-TANF families	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assists parents in locating care	CCR&R Agencies	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Makes the provider payment	N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quality activities	CCR&R Agencies, non-profit organizations, colleges and universities, individuals, and DHH/OCDD providers as described below	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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1.5.2. Describe how the Lead Agency maintains overall internal control for ensuring that the CCDF program is administered according to the rules established for the program (§98.11).

The Department of Social Services (DSS) contracts with non-profit organizations, Child Care Resource and Referral (CCR&R) Agencies, colleges, individuals, and universities. A Request for Proposal (RFP) which outlines the terms and conditions is issued by DSS to solicit proposals from qualified prospective contractors. The RFP is advertised including a description of the service desired, the contracting agency, where and how the RFP may be obtained, where proposals are to be sent, information regarding a proposer's conference if one will be held, the date and time proposals must be received, and the date, time, and the place proposals will be accepted. All proposals are reviewed and evaluated by a Proposal Review Committee. Some contracts may be awarded by the Department without the necessity of competitive bidding or competitive negotiation. Negotiation for these services is completed by the Assistant Secretary/Director of the appropriate office within DSS or by a designee. Compensation must be determined in writing to be fair and reasonable to the State. Contracts are awarded for periods of not more than three years (36 months).

DSS monitors contractors to ensure compliance with performance standards. Annual on-site visits are conducted to evaluate performance, identify any problem areas, and provide practical support. Invoices and Measurement of Success (MOS) reports submitted by contractors are reviewed for compliance and to ensure funds are expended appropriately. Contracts are amended if circumstances change.

The Contract Accountability Review Team (CART) within DSS conducts reviews of the programmatic and fiscal provisions of a random sample of established contracts to ensure compliance with appropriate State and Federal guidelines. The Division of Child Care and Early Childhood Education also provides additional programmatic monitoring, oversight, and interaction related to services and deliverables.

1.5.3. Describe how the Lead Agency ensures adequate personnel, resources, systems, internal controls, and other components necessary for meeting CCDF reporting requirements (658K, §98.67, §§98.70 & 98.71, §98.100 to 102), including the Lead Agency's plans for addressing any reporting deficiencies, if applicable. At a minimum, the description should address efforts for the following reporting requirements:

a) Fiscal Reporting

The DSS' Fiscal Section is required by the Administration for Children and Families (ACF) to use Form ACF-696 to report estimates and expenditures for the three funding streams that comprise the Child Care and Development Fund (CCDF), the Mandatory Fund, the Matching Fund, and the Discretionary Fund. In order to comply with this requirement, written procedures are in place that captures the expenditures from the time it is incurred to the time it is submitted to ACF. The process begins with a Grants Management Accountant that is trained to prepare monthly expenditure statements based on information reflected in the state's accounting system known as ISIS. These monthly statements are reviewed and reconciled by another Cost Allocation Accountant and Revenue Accountant along with a supervisor and then combined on a quarterly basis to

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be reported on the Form ACF-696. Once quarterly computations are done, actual preparation of the Form ACF-696 begins. Once completed, the Form ACF-696 is reviewed by the supervisor of Grants Management and reconciled again to the Statement of Expenditures in order to assure the accuracy and completeness of information included in the reports. This is followed by a review as to the validity of the claims and estimates while monitoring the program's progress. This review is done by a member of the Department's Program Staff. Once this review and approval is completed, the Form ACF-696 is entered online by the Grants Management Accountant followed by certification and submission by the supervisor. Quarterly, the Form ACF-696 is also reconciled with the records of the Division of Payment Management. Annually, the Office of Legislative Auditors audits the fiscal reporting of the CCDF program.

b) Data Reporting

The DSS' Program Integrity and Reporting Section is required by the ACF to use Form ACF-800 Annual Aggregate Data Reporting for States and Territories to report State-level aggregate child care program information for the CCDF. It is required by Sec. 658K of the Child Care Development Block Grant Act as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This report collection was modified by the Balanced Budget Act of 1997. Aggregate data for the ACF-800 are required to be total, unduplicated counts of the State caseload. Therefore, each family, child, and provider must be counted only once during the reporting period as indicated. INFOPAC reports were developed by the Department's IT Section that provides the requested data. The report is electronically submitted on or before December 31 of each year.

c) Error Rate Reporting

The ACF issued the final rule for the CCDF error rate reporting. This rule requires states to measure, calculate, and report error rates in order to compute a nation error rate of improper authorizations for payment. Nationally, each state is in a reporting cycle, Louisiana is in "Cycle Year 2" of a three year reporting cycle. Louisiana Quality Assurance, Quality Control Section has submitted and received approval of our Federal Child Care Review Fieldwork Preparation and Sampling Plan. The Project Team was first approved as all of QC Staff however, since the 2009 hurricanes modification to the plan has changed and was approved by ACF. The Project accomplishments were to define an error and customize the record review worksheet. An Error is defined as any violation or misapplication of statutory, contractual, administrative, or other legally applicable requirements governing the administration of CCDF grant funds, regardless of whether such violations result in improper payment. An error definition must include all above applicable considerations. The QC Project Team reviewed all state laws and policies to establish Louisiana's definition. QC used the model record review worksheet and customized it to accommodate the State child care policy. QC also used the random selection of a total of 276 active Child Care cases for FY 2008 (10/07-09/08). All 276 active cases were selected at the same time on 10/1/2008 and Louisiana abided by the monthly sample instructions in "Measuring Improper Authorizations for Payment in the Child Care Program". Child Care case records will be requested and both the case

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record and electronic record will be reviewed for accuracy. The case record review process, data entry, computation of five error measures, analysis and response to the improper authorizations finding will be completed by QC. Each Child Care case will be reviewed for consistency of decisions and correct policy interpretation. Data reports of findings will be completed which will include transmit of worksheets, data forms and identify corrective action needed. A complete report of findings and a corrective action plan will be submitted at the end of the review process.

1.6 Funds Used to Match CCDF

1.6.1 Will the Lead Agency use public funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds: _____

No.

1.6.2 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2)?

Yes. If yes, are those funds: (**check one below**)

Donated directly to the State?

Donated to a separate entity or entities designated to receive private donated funds?

a) How many entities are designated to receive private donated fund?

b) **Provide** information below for each entity:

Name: _____

Address: _____

Contact: _____

Type: _____

No.

1.6.3 During this plan period, will State expenditures for pre-k programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

Yes (**respond to 1.6.5**), and:

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

b) (20 %) Estimated percentage of the MOE requirement that will be met with pre-k expenditures. (Not to exceed 20%.)

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If the Lead Agency uses pre-k expenditures to meet more than 10% of the MOE requirement, **describe** how the Lead Agency will coordinate its pre-k and child care services to expand the availability of child care (§98.53(h)(4)):

The LA 4 Pre-K Program can be offered in Class A licensed centers that have a three “working on four” star rating in Quality Start. The centers will continue to provide full day/full year child care services for working families. These before and after school day services will still be provided using CCDF funds where appropriate.

No.

1.6.4 During this plan period, will State expenditures for pre-k programs be used to meet any of the CCDF Matching Fund requirements? (§98.53(h))

Yes (**respond to 1.6.5**), and

a) (30 %) Estimated percentage of the Matching Fund requirement that will be met with pre-k expenditures. (Not to exceed 30%.)

If the State uses pre-k expenditures to meet more than 10% of the Matching Fund requirement, **describe** how the State will coordinate its pre-k and child care services to expand the availability of child care (§98.53(h)(4)):

The maximum amount allowed by CCDF regulations will be used to meet Matching Fund requirements.

No.

1.6.5 If the Lead Agency indicated “yes” to 1.6.3 or 1.6.4, **describe** Lead Agency efforts to ensure that pre-K programs meet the needs of working parents: (§98.53(h)(2))

Louisiana has aggressively expanded its public pre-k program and today almost 60% of four year olds are in state or federally funded pre-k. Additionally, Louisiana recently became the 15th state to establish a statewide star rating system for child care centers. After one full year of implementation, Louisiana already has 40% of child care centers participating in the voluntary Quality Start Child Care Rating System, a figure that exceeds expectations based on the experiences in other states. However, in Louisiana, less than 1% of children in publicly funded pre-k are in a private child care setting.

Act 876 of the 2008 Legislative Session enables the incremental expansion of the LA 4 program from the current 185% of the federal poverty level to no income restriction in the 2013-2014 school year, when all four year olds who want pre-k, regardless of income, can be served. The legislation also encourages, but does not require, collaboration with community providers for the provision of LA 4 classrooms in non-school settings, including child care centers and Head Start programs, while maintaining LA 4’s high quality standards.

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Beginning with the 2009-2010 school year, at least 10% of the total increase in LA 4 funding in excess of the 2008-2009 school year must be used to provide LA 4 classes through collaborative agreements with non-school system providers of early childhood education including child care centers and Head Start programs.

Act 876 of the 2008 regular session of the Legislature requires the school system to explore all feasible supports to enable non-school system providers of early childhood education to meet the requirements of the LA 4 Program, have a detailed plan that includes collaboration with non-school system providers, have at least quarterly meetings with child care providers and federal programs such as Head Start to discuss common issues and to coordinate programs to ensure that high quality early childhood education programs are available and to address the needs of working parents including before and after school, holiday, and summer care.

*The Department also contracts with Board of Elementary and Secondary Education (BESE)-regulated (public schools) or approved through *Brumfield vs Dodd* (non-public school) to provide before and after school care. These school settings allow parents the confidence to have their children cared for at one location throughout the school and after school day.*

To ensure that a mixed delivery model develops in Louisiana, DSS will work with the Department of Education (DOE) to convene a task force comprised of local school superintendents, local pre-k coordinators, child care providers, Head Start providers, DOE staff, DSS staff, and BESE staff. This task force will be directed to establish at least one pre-k collaboration with child care or Head Start in each region of the state by July 1, 2009. This task force will work to identify school districts most willing and able to achieve these collaborations, and work with the potential partners to find solutions to any barriers to success. To further ensure that these collaborations occur, an incentive program will need to be established.

1.6.6 Will the Lead Agency use any other funds to meet a part of the CCDF Match requirement pursuant to §98.53(e)(1)?

Yes, **describe** the activity and source of funds:

No.

1.7 Improper Payments

Has your State implemented any strategies to prevent, measure, identify, reduce, and collect improper payments? (§98.60(i), §98.65, §98.67)

Yes, and these strategies are:

Program specialist and local office supervisory reviews and case readings identify problematic areas of policy and staff development needs. New policy and major revisions to policy are reviewed to ensure staff understands the policy and can apply it correctly. Problematic areas of

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policy and staff development needs are addressed through periodic training sessions or workshops conducted by program specialists.

Underpayments are corrected by issuance of supplemental payment or manual payment.

Ineligible benefits or overpayments are reported to the Fraud and Recovery Section for recovery from the person responsible for the ineligible benefits or overpayment if the claim is over \$35 for participating clients/providers or over \$250 for non-participating clients/providers. The client and provider are contacted to discuss the overpayment. The client or provider may choose to repay the amount in full or agree on payment arrangements.

Disqualification periods have been implemented that result in termination of DSS payments to child care providers after determination that certain acts or violations have been committed. A provider may be disqualified for a period of one month to twelve months, or until the DSS provider is determined to be in compliance for reasons such as failure to collect co-payments, providing false information, providing false documents to obtain or maintain registration/certification/licensure, false recordkeeping/billing, charging more for CCAP children than for non-CCAP children, and other non-fraudulent violations of the Provider Agreement. In addition, a disqualification will be applied for Intentional Program Violations (IPVs) for a period of six months to twenty-four months.

CART conducts reviews each month of a sample of daycare centers to ensure compliance with program requirements. A sample of children's attendance records and supporting documentation are examined for payment accuracy. A conference is held with appropriate personnel at the child care center regarding the findings and any corrective measures required. A report is forwarded for the appropriate parish office to address any incorrect or ineligible payments discovered in the review. The parish office conducts a follow-up as needed to ensure that corrective action measures have been initiated by the child care provider and responds to CART with a report of the results of their follow-up review. In addition, during the review process by CART, if there is an indication of fraudulent activity, a referral is made to the Fraud and Recovery Section for investigation.

Parish offices are required to select five providers at random each month and request attendance logs that are matched to the invoice for correctness prior to payment.

DSS will be conducting training sessions for child care providers that receive payments from CCAP. These training sessions will be held in each region of the state so that providers can attend a session as near as possible to their home or center. Attendance at this training will be mandatory for CCAP providers in order to become eligible or to continue to be eligible to receive CCAP payments. This training will cover proper sign-in/out procedures, completion of invoices for payment, holiday pay, absences, and other necessary information.

Payments are made electronically through direct deposit into the child care provider's bank account or by stored value card.

DSS is seeking through RFP a contractor to provide an electronic system for accurate and timely capturing, tracking and reporting of time and attendance data utilizing primarily biometric technology, specifically, finger imaging. It will provide the time and attendance data information

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needed to facilitate payment, eliminate manual processes, save time for staff and providers, assist in ensuring safety of the children in care and improve the accuracy of payments to providers. Implementation is anticipated by 2010.

- No. If no, are there plans underway to determine and implement such strategies?
- Yes, and these planned strategies are: _____
- No.

PART 2 DEVELOPING THE CHILD CARE PROGRAM

2.1 Consultation and Coordination

2.1.1 Lead Agencies are required to *consult* with appropriate agencies and *coordinate* with other Federal, State, local, tribal (if applicable) and private agencies providing child care and early childhood development services (§98.12, §98.14(a),(b), §98.16(d)).

Indicate the entities with which the Lead Agency has a) **consulted** and b) **coordinated** (as defined below), by checking the appropriate box(es) in Table 2.1.1.

Consultation involves the meeting with or otherwise obtaining input from an appropriate agency in the development of the State Plan. **At a minimum, Lead Agencies must consult with representatives of general purpose local governments (noted by the asterisk in the chart below).**

Coordination involves the coordination of child care and early childhood development services, including efforts to coordinate across multiple entities, both public and private (for instance, in connection with a State Early Childhood Comprehensive System (SECCS) grant or infant-toddler initiative). **At a minimum, Lead Agencies must coordinate with** (1) other Federal, State, local, Tribal (if applicable), and/or private agencies responsible for providing child care and early childhood development services, (2) public health (including the agency responsible for immunizations and programs that promote children’s emotional and mental health), (3) employment services / workforce development, (4) public education, and (5) Temporary Assistance for Needy Families (TANF), and (6) any Indian Tribes in the State receiving CCDF funds (noted by the asterisks in the chart below).

Table 2.1.1 Consultation and Coordination

Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Representatives of local government	<input checked="" type="checkbox"/> *	<input type="checkbox"/>
Other Federal, State, local, Tribal (if applicable), and/or private agencies providing child care and early childhood development services.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Public health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
Employment services / workforce development	<input type="checkbox"/>	<input checked="" type="checkbox"/> *
Public education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
TANF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *

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Agency	a) Consultation in Development of the Plan	b) Coordination with Service Delivery
Indian Tribes/Tribal Organizations, when such entities exist within the boundaries of the State	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> *
State/Tribal agency (agencies) responsible for:		
State pre-kindergarten programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Head Start programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Programs that promote inclusion for children with special needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (See guidance): Louisiana Department of Revenue (LDR)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

* Required.

For each box checked in Table 2.1.1, (a) identify the agency(ies) providing the service and **(b) describe** the consultation and coordination efforts. Descriptions must be provided for any consultation or coordination required by statute or regulation.

DSS has been and will continue to coordinate child care and early childhood development service delivery across multiple entities, both public and private, through the Louisiana State Early Childhood Comprehensive System initiative, known in Louisiana as BrightStart.

BrightStart is conducted under the auspices and guidance of the Louisiana Children’s Cabinet. To support this effort, the Louisiana Legislature in the 2008 Regular Session, passed SCR 83, which specifically calls on the following state entities to work together in support of an early childhood system: the Office of Family Support and Office of Community Services and the Louisiana Children’s Trust Fund within DSS; the Office of Public Health, the children’s special health services program, the Office of Mental Health, the Part C – Early Steps program in the Office of Citizens with Developmental Disabilities (OCDD), and the Bureau of Health Services financing in the Department of Health and Hospitals (DHH); the Pre-kindergarten and Early Childhood Education Program section and the Office of School and Community Support in the DOE; the Board of Elementary and Secondary Education; the Department of Economic Development; Louisiana Workforce Commission (formerly the Louisiana Department of Labor); the Division of Administration; a member of the Louisiana House of Representatives and the Louisiana Senate; and the executive director of the Governor’s Children’s Cabinet. SCR 83 urges and requests that these entities work together to implement the BrightStart strategic and implementation plans.

OFS and specifically, the Director of the Division of Child Care and Early Childhood Education, is a member of the Steering Committee of BrightStart, chairs the Child Care Workgroup, and has been actively involved in the initiative since its inception.

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Louisiana is implementing the goals and strategies of BrightStart which specifically address professional development for early care and education professionals, a Quality Rating System for child care, child care licensing, public engagement with regard to child care and Quality Start, financing to support early care and education, and mental health consultation for early care and education providers. Quality Start has been developed and was implemented statewide effective October 2007.

Representatives of Local Government:

DSS works with representatives of local government through CCR&R Agencies' participation in the Children and Youth Planning Boards. CCR&R Agencies also work with local emergency preparedness officials and local Volunteer Organizations Active in Disaster (VOAD) in planning for shelter child care as described below.

Other Federal, State, local Tribal (if applicable) and private agencies providing child care and early childhood development services:

OFS Division of Child Care and Early Childhood Education has been a lead partner in the development of the BrightStart Strategic Plan and continues to work on its implementation. Prevent Child Abuse Louisiana, the Louisiana Children's Trust Fund and the Children's Defense Fund are all part of the BrightStart Steering Committee and also the agency's QRS Steering Committee.

The Tulane Institute of Infant and Early Childhood Mental Health in the Department of Psychiatry and Neurology at Tulane University School of Medicine (Institute) has worked closely with DSS in the work of BrightStart and the development of the quality rating system. The Director of the Institute is state coordinator of the BrightStart initiative.

The Institute also has been providing a Mental Health Consultation Program to child care providers in Louisiana for DSS. Additionally, the Louisiana DHH/OMH through its Early Childhood Supports and Services program provides mental health services to children ages zero to five.

There are five CCR&R Agencies which are housed in local agencies throughout the state and provide child care support services to their regions. These include the Children's Coalition of Northeast Louisiana, First Three Years, Volunteers of America of Greater Baton Rouge, Agenda for Children and Northwestern State University Child and Family Network. Many of the CCR&Rs are active in the BrightStart initiative as well. Collaboration is underway with the CCR&R agencies to plan, prepare, and if necessary, provide child-safe spaces and respite services in DSS Critical Transportation Needs Shelters.

DSS works closely with the Child and Adult Care Food Program (CACFP), administered by DOE. Agency staff present updates on child care at all CACFP conferences and consult in policy development and changes.

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Public Health:

The Title V – Maternal and Child Health program in the Louisiana Office of Public Health (OPH) is the administrative entity for the BrightStart Initiative. The Louisiana Child Health Medical Director leads this effort, serves on the QRS Steering Committee, and also leads the Child Care Health Consultant (CCHC) program in Louisiana. The development and implementation of Quality Start has been a major priority of BrightStart resulting in active coordination between OPH and DSS. Working with OPH has helped integrate enrollment efforts into the Children’s Health Insurance Program (LaCHIP) through Quality Start. A requirement of Quality Start at the second star level is the provision that child care centers give every parent enrolling a child in the center information on LaCHIP, Medicaid, and the necessity of a child to have a personal physician (medical home). Additionally, OPH assists DSS in general with health issues such as immunization campaigns and the safety and sanitary conditions of facilities.

DSS supports the Child Care Health Consultants program and is a sponsor of the annual training provided by OPH/MCH. This collaboration results in trained CCHC and the increased availability of training required by DHH for child care programs. Future collaboration related to safe sleep practices, emergency preparedness and planning, and routine statewide video conferences focused on child care health and safety.

Employment Services/Workforce Development:

The Louisiana Community and Technical College System (LCTCS) has been an active participant in the development of Quality Start, and its Vice-President for Academic and Student Affairs is on the QRS Steering Committee and Professional Development Advisory Council. The need for more child care teachers, and especially better qualified teachers, is of great concern to both entities. Additionally, staff qualifications comprise one of the most weighted components of Quality Start standards, and the LCTCS has been working closely with DSS to ensure that its system supports the goals and requirements of Quality Start and is ready to meet the demand for classes.

Through the Louisiana Pathways Child Care Career Development System (LA Pathways), DSS provides scholarships to individuals who work with, or want to work with, Louisiana children age birth to eight years of age in all settings.

Collaboration is taking place between CCR&R and Workforce Development efforts as they meet and explore the needs of their communities for high quality child care. Notably in Northeast Louisiana a collaboration of the 15 top employers and the Workforce Investment Board and other key community partners are working with the Children’s Coalition for Northeast Louisiana, the regional CCR&R, to develop a task force to assess and suggest remedies related to child care capacity.

Louisiana Workforce Commission is a valued partner for both the parents served by child care and the early childhood workforce and participated by reviewing this plan.

Public Education and State Pre-Kindergarten Program:

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A DSS representative is part of the DOE committee to revise the pre-k early learning standards and their alignment with K-12 grade standards. Additionally, in Louisiana, the most extensive pre-k program is through the DOE. The Section Administrator for pre-k through Grade Four serves on the Steering Committee for BrightStart, the QRS Steering Committee and the Professional Development Advisory Council. This Section Administrator and the OFS Executive Director of the Division of Child Care and Early Childhood Education/State Child Care Administrator, as well as the Director of the State Head Start Collaboration Office and the Assistant BrightStart Coordinator, together attended the Strengthening State Systems Meeting in January 2007 in Washington D.C. There has been much collaboration with the DOE throughout BrightStart and the development of Quality Start to facilitate the coordination of Quality Start and the pre-k program. For example, the pre-k programs use the Early Childhood Environment Rating Scale, Revised edition, and this is also used by Quality Start to determine program quality. DSS and DOE have shared the expenses of bringing national trainers to Louisiana to train staff for both programs on the scales.

Pre-K for All and Pre-K Louisiana partnered with DOE and DSS to share information with local school systems and child care providers about diverse/mixed delivery of pre-k services. An informational meeting included presentations by representatives from Oklahoma, Georgia, Arkansas, and Louisiana. Additionally regional meetings (hosted by CCR&R agencies) included representatives of the school systems as well as State DOE staff and child care centers were the invited guests to discuss how mixed delivery might work.

Collaboration is further enhanced through the School Readiness Tax Credit (SRTC) for teachers and staff available to teachers working in child care centers. This credit may remove a barrier to mixed delivery since some qualified teachers would normally not select work in a child care center environment.

TANF

The TANF program is housed in DSS. Hence, there has been ample opportunity for consultation and coordination on the use and administration of child care services with the TANF program including quality initiatives.

STEP parenting contracts might be changed to require they offer parent training for centers participating in Quality Start. This collaboration would support quality and expand the resources of the centers.

Indian Tribes/Tribal Organizations when such entities exist within the State:

DSS has invited members of the Tunica-Biloxi, Coushatta, and Chitimacha tribes to participate on the Louisiana Advisory Council on Child Care and Early Childhood Education. The Yaamahana Chitimacha Child Development Center became a Class A licensed child care center in August 2006 and is the only center on the reservation. Yaamahana Chitimacha Child Development Center attained a four star rating in their first year of

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participation in Quality Start. DSS has used the Yaamahana Chitimacha Child Development Center as a study site and training location.

The Chitimacha Tribe worked with state Licensing to establish and maintain cooperative agreements with the state.

State/Tribal agency (agencies) responsible for:

State pre-kindergarten programs:

In addition to the DOE pre-k program described in #4 above, DSS works with the Governor's Office of Community Programs, called the Non-Public School Early Childhood Program (NSECD) which has a much smaller pre-k program for four year olds. TANF provides the funding for this program. These pre-k classrooms are operated in child care centers and parochial schools.

Head Start programs:

The Director of the State Head Start Collaboration Office is housed within DSS, facilitating maximum cooperation and coordination. The Director serves on the BrightStart Steering Committee.

Head Start State Collaboration Office provided scholarships to the Louisiana DOE State Pre-K conference for Head Start staff and child care center staff to attend and the conference hours earned could be used for Child Care Licensing and Regulatory Section training hours.

Head Start Collaboration has been heavily engaged in encouraging Head Start centers for the first time to apply for participation in Quality Start. Many Head Start programs are in the process of program review and application for additional stars. These higher stars pave the way for Head Start's participation with state funded pre-k.

Participation in Quality Start also supports the Head Start program through SRTCs if the program provides before and after school care. Two tax credits would be available: the parent credit as well as a credit for the provider based on Child Care Assistance payments made for before and after school care as well as for care provided during the summer. However the most significant benefit is realized by the Head Start teachers and directors who may be eligible for the credit based on their level of education, experience, and involvement in professional activities.

Additionally, representatives from local Head Start programs serve on the QRS Steering Committee and the Professional Development Advisory Council. The input of these committee members has been extremely valuable in guiding the development and implementation of Quality Start. Their involvement in the

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Professional Development Advisory Council ensures that the needs of Head Start programs are an integral part of the plan revision.

Programs that promote inclusion for children with special needs:

The State Head Start Collaboration Office Director and the Director of the Quality Improvement Unit within the DSS Division of Child Care and Early Childhood Education represent the Department on the State Interagency Coordinating Council (SICC) for the early intervention program Early Steps that is a program of the Office for Citizens with Developmental Disabilities (OCDD).

They also are participating on the Special Quest Louisiana Leadership Team with the goal of integrating the vision of inclusive child care and the Special Quest materials into professional development in Louisiana.

DSS has entered into contracts with Special Quest members who are DHH, OCDD providers to furnish training and technical assistance to promote inclusive child care for children with developmental disabilities. These highly qualified trainers will infuse Special Quest materials into training and technical assistance for child care providers to improve their skills and abilities in dealing with children with developmental disabilities. These inclusive practices will provide technical assistance to child care staff in order to solve specific issues related to an individual child or group of children with developmental disabilities. Extensive collaboration and coordination related to these contracts will continue between OCDD and the Lead Agency.

The BrightStart Strategic Plan calls for increased access in early care and education settings for children with special needs by providing greater funding and training with a focus on inclusion. The Directors of Children's Services of the ARC of Caddo / Bossier and of ARC of Greater Baton Rouge serve on the QRS Steering Committee. Additionally, representatives from these organizations and the Children's Special Health Services program are on the BrightStart Steering Committee.

Department representatives have participated with DHH in the development of regulations for Pediatric Day Health Care Facilities for medically fragile individuals under the age of twenty-one.

Other: Continuing the goals of BrightStart and building on stakeholder participation, the Lead Agency partnered with the Louisiana Partnership for Children and Families to support the SRTC legislation in the 2007 session. This legislation required extension coordination with the Louisiana Department of Revenue and resulted in joint rulemaking. During 2008 (the first year of implementation) communication and consultation with LDR has expedited development of the policies and processes as well as answered many questions of providers and parents related to the credits.

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2.1.2 Emergency Preparedness and Response Plan for Child Care and Early Childhood Programs. Lead Agencies are encouraged to develop an emergency preparedness and response plan for child care and other early childhood programs operating in the State/Territory. The plan should include provisions for continuity of services and child care assistance payments to families and providers in the event of an emergency or disaster. Indicate which of the following best describes the current status of your efforts in this area. **Check only ONE.**

- Planning.** Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated and how the plan will be coordinated with other emergency planning efforts within the State/Territory.
- Developing.** A plan is being drafted. Include the plan as Attachment 2.1.2, if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as Attachment 2.1.2, if available.
- Implementing.** A plan has been written and is now in the process of being implemented. The plan is included as Attachment 2.1.2.
- Other. Describe:**

- a) **Describe** the progress made by the State/Territory in planning for an emergency or disaster event with regards to the operation of child care and early childhood education programs.

Efforts are underway to develop a coordinated plan to support child care providers in the event of an emergency or disaster. The plan will include automated information messaging supported by geo-mapping of child care and family child care homes as well as contingency contracts with CCR&R agencies to provide child safe spaces in DSS Critical Transportation Needs Shelters. Coordination with the Governor's Office of State Emergency Management (GOSEP) as well as local emergency systems is a high priority.

Proposed changes to child care licensing regulations and CCAP participation will require providers to develop Shelter in Place plans in addition to an evacuation plan. This includes the requirement that providers subscribe to emergency notifications of local emergencies if available.

It is anticipated that a plan will be drafted by October 1 and approved by January 2010.

- b) **Describe** provisions the Lead Agency has in place for the continuation of core child care functions during and after a disaster or emergency.

Currently a provider is paid for only 5 days absence in any calendar month; however, rule making is being discussed to make payment available to providers in the event of closure.

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- c) **Describe** efforts the Lead Agency has undertaken to provide resources and information to families and child care providers about ways to plan and prepare for an emergency or disaster situation.

Emergency preparation and response resources were sent to providers in early June that included information for families. These included tip sheets for child care providers and ways that families can plan. Ongoing training is available through the CCR&R agencies and technical assistance to Family Child Day Care Homes includes information about emergency planning and preparation.

- d) **Describe** how the Lead Agency is coordinating with other State/Territory agencies, private, and/or non-profit charitable organizations to ensure that child care and early childhood programs are included in planning, response, and recovery efforts.

At the state level, DSS is engaging DHH Office of Public Health and Maternal Child Health, Office of the State Fire Marshal, and the DOE Child and Adult Care Food Program in development of the plan.

Local efforts are being coordinated by the CCR&R agencies in their communities and include interactions with the Volunteer Organizations Active in Disaster (VOAD) and local non-profit charitable organizations as well as faith-based organizations.

2.1.3 Plan for Early Childhood Program Coordination. Lead Agencies are encouraged to develop a plan for coordination across early childhood programs. **Indicate** which of the following best describes the current status of your efforts in this area. **Note: Check only ONE.**

- Planning.** Are there steps under way to develop a plan?
- Yes, and **describe** the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.

- Developing.** A plan is being drafted. Include the draft as **Attachment 2.1.3** if available.
- Developed.** A plan has been written but has not yet been implemented. Include the plan as **Attachment 2.1.3** if available.
- Implementing.** A plan has been written and is now in the process of being implemented. Include the plan as **Attachment 2.1.3**.
- Other (describe):**

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a) Describe the progress made by the State/Territory in planning for coordination across early childhood programs since the date of submission of the 2008-2009 State Plan.

As described above, in Section 2.1.1, the State Early Childhood Comprehensive System initiative in Louisiana is called BrightStart. Funding for the implementation of BrightStart is through the federal Maternal and Child Health Bureau.

BrightStart began with a broad Needs Assessment of early childhood services in Louisiana. This assessment identified many deficiencies and gaps in services to young children and families. The information revealed by the Needs Assessment guided the next stage of the initiative, which was an extensive strategic planning process. With participation and input from over one hundred public and private stakeholders, the Strategic Plan was designed around the premise that in order to build a sustainable, comprehensive, coordinated and effective system that results in high quality services, a simultaneous and appropriate investment must be made to build and maintain an infrastructure to support the system. BrightStart used the components described by Kagan and Cohen¹ and Kagan and Neuman² to shape the planning for Louisiana's comprehensive early childhood system and to set the foundation for its infrastructure. These components include professional development, public engagement, program licensing and accountability, and funding/financing, as well as the quality programs themselves. Critical to the strategic planning process were state leaders, agency staff, and stakeholders who provided input, direction, and expertise throughout the process.

The BrightStart Initiative then designed an Implementation Plan around the goals and strategies detailed in their Strategic Plan. This work has been guided by the BrightStart Steering Committee, comprised of representatives from state agencies and child serving organizations including DSS.

b) Indicate whether there is an entity that is, or will be, responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

BrightStart is an initiative of the Governor's Children's Cabinet. SCR 83 of the 2008 Regular Session, described in Section 2.1.1 above, urges and requests that the state agencies serving young children work together to execute the Implementation Plan of BrightStart. SCR 83 also requires that BrightStart and the Children's Cabinet report to the Legislature on the progress of the Implementation Plan biannually until the end of the grant initiative.

c) Describe the results or expected results of this coordination. Discuss how these results relate to the development and implementation of the State/Territory's early learning guidelines, plans for professional development, and outcomes for children.

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The expected results of BrightStart include the implementation of the many goals and strategies set forth in the Strategic and Implementation Plans resulting ultimately in an early childhood comprehensive system. As described above, BrightStart has focused on infrastructure, as well as, quality programs and professional development as components of that infrastructure. A general goal is to “strengthen and support the continued development of a coordinated system of personnel preparation and ongoing professional development for early care and education providers and administrators.” One strategy under this goal provides for the development of a continuum of training linked to the Louisiana Early Learning Guidelines and Program Standards for Children Birth to Three and Louisiana Standards for Programs Serving Four Year Olds, and that this continuum be tied to the training required by Licensing and LA Pathways. There are many other strategies, as well, related to the training and education of early care and education professionals and other professionals who work with young children.

The Department has convened the Professional Development Advisory Council composed of a diverse group of stakeholders. This group serves as the professional development component of the BrightStart initiative assuring that there is coordination and integration in planning and implementation.

d) Describe how the State/Territory's plan supports, or will support, continued coordination among the programs. Are changes anticipated in the plan?

BrightStart will continue its work on the Strategic and Implementation Plans. DSS will continue to be an active participant in this multi-agency effort to create a comprehensive early childhood system across funding streams and departments. Quality Start has been implemented and the model may be adjusted as feedback is received and lessons are learned.

2.2 Public Hearing Process

Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. (658D(b)(1)(C), §98.14(c)) At a minimum, the description must provide:

- a) Date(s) of notice of public hearing: **May 17, 2009 and May 19, 2009.**
- b) Manner of notifying the public about the public hearing: **The public is notified about statewide hearings through the use of three major newspapers throughout the State and the World Wide Web.**
- c) Date(s) of public hearing(s): **June 9, 2009**
- d) Hearing site(s): **Baton Rouge, Louisiana**

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e) How the content of the plan was made available to the public in advance of the public hearing(s): **A draft of the plan was made available on the World Wide Web.**

f) **Attach** a brief summary of the public comment process as **Attachment 2.2.**

2.3 Public-Private Partnerships

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

Yes. If yes, **describe** these activities or planned activities, including the results or expected results.\

DSS has contracted with Tulane University to provide several components of Quality Start. This includes the Environment Rating Scales component, the mental health consultation supports, and the evaluation of the system. Additionally, DSS will also continue its efforts working with BrightStart. Much of the work with BrightStart is through the private sector and specific objectives will be achieved through the continued involvement of both the public and private sectors. One specific example is the School Readiness Tax Credits (SRTC).

BrightStart has worked closely with a variety of stakeholders to develop and build consensus around these tax credits to support Quality Start and the child care system. This package of tax credits was passed by the legislature in 2007 and took effect January 1, 2008. Therefore, the benefits of these credits, earned in 2008, are being realized as providers, teachers and directors, parents, businesses, and the CCR&Rs filed their 2008 taxes in the Spring of 2009.

The SRTCs are a comprehensive effort to support Quality Start by offering incentives to families, child care providers, child care professionals, and employers, through state tax credits that vary based on the quality of the child care setting as determined by Quality Start. Response to the credits by providers has resulted in more than 70 programs being potentially eligible for refundable tax credits ranging from \$750 to \$81,000. More than 1250 teachers and directors may be eligible to receive the refundable credit amounting to between \$1500 and \$3000 depending on their educational attainment, experience, and professional organization involvement. CCR&R agencies across the state benefited through donations (more than \$50,000 statewide) while each of the contributors received a credit of up to \$5000.

No.

PART 3
CHILD CARE SERVICES OFFERED

3.1 Description of Child Care Services

3.1.1 Certificate Payment System. Describe the overall child care certificate process, including, at a minimum:

- a) a description of the form(s) of the certificate (§98.16(k)):

The certificate is a paper document that identifies the child who is eligible for assistance and states a date by which information about that child's care situation must be returned. The child care provider completes the form by entering the date that child care began or is scheduled to begin, the number of hours each week that the child is scheduled to be in care, and the dollar amount of fees charged for child care services. See Attachment.

- b) a description of how the certificate permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to choice of the provider; (658E(c)(2)(A)(iii), 658P(2), §98.2, §98.30(c)(4) & (e)(1) & (2))

The certificate is given or mailed to the parent/guardian for an eligible child. Parents/guardians are given contact information for their regional CCR&R Agency in case they need assistance in selecting a child care provider that meets their needs. The parent/guardian takes the certificate to his/her chosen provider who completes the appropriate section of the form. The parent/guardian is responsible for returning the form to the designated office.

- c) if the Lead Agency is also providing child care services through grants and contracts, **estimate** the proportion of §98.50 services available through certificates versus grants/contracts (this may be expressed in terms of dollars, number of slots, or percentages of services), and **explain** how the Lead Agency ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b)).

N/A

- d) **Attach** a copy of your eligibility worker's manual, policy handbook, administrative rules or other printed guidelines for administering the child care subsidy program as **Attachment 3.1.1**.

Note: If these materials are available on the web, the Lead Agency may provide the appropriate Web site address in lieu of attaching hard copies to the Plan.

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3.1.2 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

- Yes, and **describe** the type(s) of child care services available through the grant or contract, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))
- No.

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

- Yes.
- No, and **identify** the localities (political subdivisions) and services that are not offered:

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

- Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

To help ensure the safety of children in in-home care, In-Home child care providers are required to have Infant/Child/Adult Cardiopulmonary Resuscitation (CPR) training, Pediatric First Aid training, and a criminal background check. In-Home child care providers are also required to ensure that a telephone that can receive incoming and place outgoing calls is available in the home at all times. Payment rates for In-Home providers are slightly lower than for other provider types as In-Home providers are not required to obtain additional training required for Family Child Day Care Home (FCDCH) providers or obtain a Fire Marshal inspection.

- No.

3.2 Payment Rates for the Provision of Child Care

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

3.2.1 Provide a copy of your payment rates as **Attachment 3.2.1**. The attached payment rates were or will be effective as of: April 1, 2008.

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3.2.2 Are the attached payment rates provided in Attachment 3.2.1 used in all parts of the State/Territory?

- Yes.
- No, and other payment rates and their effective date(s) are provided as **Attachment 3.2.3**.

3.2.3 Provide a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- a) The month and year when the local market rate survey(s) was completed (§98.43(b)(2)): *April 2009*.
- b) A copy of the **Market Rate Survey instrument** and a **summary of the results** of the survey are provided as **Attachment 3.2.3**. At a minimum, this summary should include a description of the sample population, data source, the type of methodology used, response rate, description of analyses, and key findings.

3.2.4 Does the Lead Agency use its **current** Market Rate Survey (a survey completed no earlier than 10/1/07) to set payment rates?

- Yes.
- No.

3.2.5 At what percentile of the **current** Market Rate Survey is the State payment rate ceiling set?

Note: If you do not use your current Market Rate Survey to set your rate ceilings or your percentile(s) varies across categories of care (e.g., type of setting, region, or age of children), **describe** and provide the range of variation in relation to your current survey.

A new market rate survey was completed in April 2009. Based on the April 2009 Market Rate Survey, rates for infants and toddlers and for children age 3 and over in Class A centers, family child care homes, and in-home care are set below the 75th percentile. Rates for children age 3 and over in school based programs (school age care) are set above the 75th percentile.

3.2.6 Describe the relationship between the attached payment rates and the market rates observed in the current survey, including at a minimum how payment rates are adequate to ensure equal access to the full range of providers based on the results of the above noted local market rate survey: a market rate survey was conducted in 2009 to determine the rates utilized in various parts of the state and in diverse child care settings. The

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sample population included licensed child care centers, school based programs, registered Family Child Day Care Homes, and certified in home providers listed in the CCAP Provider Directory and family child care homes listed with the DOE CACFP throughout the state. Data gathered reflected age groups served, rates charged for these groups, whether providers did or would provide child care for special needs children and the current or anticipated cost for these services. The survey data was weighted by enrollment so the rates reflect the cost of child care for different age groups. The state regional structure was used in determining geographical variations and costs between urban, suburban, and rural areas. The state consists of 9 regions.

The state maximum rate for services to eligible child care providers was increased effective January 2007. (§98.43(b))

3.2.7 Does the Lead Agency consider any additional facts to determine that its payment rates ensure equal access? (§98.43(d))

Yes. If, yes, **describe**.

In an effort to increase the quality of services provided while keeping the rates affordable for families, including families who do not qualify for subsidies, the agency implemented quality incentive bonus payments for certain quality criteria.

Another measure provided to support child care centers participating in Quality Start are bonuses based on quality attainment. These quarterly bonuses encourage providers to accept low income children and children in protective services. The bonus amounts are 3, 8, 13.5, and 20 percent for 2 – 5 star-rated centers respectively, of all payments received for care provided during the quarter. These efforts are designed to support equal access to quality care for low income children.

Higher maximum rates may be paid to eligible providers for the care of children with special needs and for the care of infants and toddlers.

No.

3.2.8 Does the State have any type of tiered reimbursement or differential rates?

Yes. If yes, **describe**:

To increase access to care for low-income children with special needs, higher special needs rates may be paid for children up to age 18 if verified by a physician or licensed psychologist that special care is required and verification is obtained that the provider is delivering that specialized care. This special needs care includes, but is not limited to, specialized facilities/equipment, lower staff ratio, and/or specially trained staff.

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To encourage the availability of infant and toddler care for low income families, separate higher maximum rates may be paid for the care of infants and toddlers (children under the age of three) if the child care provider charges a higher rate for those children.

No.

3.2.9 Describe how the Lead Agency ensures that payment rates do not exceed the amount paid by the general public for the same service. (§98.43(a))

When a provider reports a change in rate, he/she is required to complete a new Provider Agreement and furnish verification of the method of notifying all parents of the rates such as a copy of the notice to parents of rates, newsletter, bulletin, memo, etc.

3.3 Eligibility Criteria for Child Care

3.3.1 Age Eligibility

a) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

Yes. If yes, **define** physical and mental incapacity in Appendix 2, and **provide** the upper age limit

End of the month of their 18th birthday

No.

b) Does the Lead Agency allow CCDF-funded child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

Yes, and the upper age is

End of the month of their 18th birthday

No.

3.3.2 Income Eligibility

Complete columns (a) and (b) in Table 3.3.2 below based upon initial entry into the **CCDF program**. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits **lower** than 85% of the SMI.

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Table 3.3.2 Income Eligibility

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	IF APPLICABLE	
			Income Level if lower than 85% SMI	
			(c) \$/month	(d) % of SMI [Divide (d) by (a), multiply by 100]
1	N/A	N/A	N/A	N/A
2	3409	2898	2557	75
3	4211	3579	3158	75
4	5013	4261	3760	75
5	5816	4944	4362	75

Note: Table 3.3.2 should reflect maximum eligibility upon initial entry into the CCDF program.

a) Does the Lead Agency have “tiered eligibility” (i.e., a separate income limit for remaining eligible for the CCDF program)?

Yes. If yes, **provide** the requested information from Table 3.3.2 and **describe**. **Note:** This information can be included in a separate table, or by placing a “/” between the entry and exit levels in the above table.

No.

b) If the Lead Agency does not use the SMI from the most current year, **indicate** the year used:

c) These eligibility limits in column (c) became or will become effective on: *May 2009*.

d) How does the Lead Agency define “income” for the purposes of eligibility? **Provide** the Lead Agencies definition of “income” for purposes of eligibility determination. (§§98.16(g)(5), 98.20(b))

Income is defined as the gross earnings of the head of household, that person’s legal spouse or non-legal spouse, and any minor unmarried parent who is not legally emancipated and whose children are in need of Child Care Assistance, and recurring unearned income of the following types for all household members: Social Security Administration benefits, Supplemental Security Income, Veterans Administration benefits, retirement benefits, disability benefits, child support/alimony, unemployment compensation benefits, adoption subsidy payments, and worker’s compensation benefits.

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Income is not a consideration for FITAP recipients or protective services cases as they are categorically eligible if child care is needed.

e) Is any income deducted or excluded from total family income (e.g., work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments)?

Yes. If yes, **describe** what type of income is deducted or excluded from total family income.

Loans, gifts, contributions, reimbursements, foster care income payments, earned income tax credits, Family Independence Temporary Assistance Program (FITAP) and Kinship Care subsidy payments, in-kind income, disaster relief employment income; disaster relief unemployment compensation, allowable expenses associated with producing self-employment income; and unearned income other than Social Security Administration benefits, Supplemental Security Income, Veterans Administration benefits, retirement benefits, disability benefits, child support/alimony, unemployment compensation benefits, adoption subsidy payments, and worker's compensation benefits.

No.

f) **Describe** whose income is excluded for purposes of eligibility determination.

Earned income of a household member under the age of 18 and earned income of a minor unmarried parent who is not legally emancipated and whose children do not need Child Care Assistance.

3.3.3 Work/Job Training or Educational Program Eligibility

a) How does the Lead Agency define “working” for the purposes of eligibility? **Describe** the specific activities that are considered “working” for purposes of eligibility determination, including minimum number of hours. (§§98.16(f)(6), 98.20(b))

Employed an average of 25 hours or more per week and paid at least at the federal minimum hourly wage, except for those receiving cash assistance, or looking for employment for an average of 25 hours or more per week (limited to four months per state fiscal year).

b) Does the Lead Agency provide CCDF child care assistance to parents who are attending job training or an educational program?

Yes. If yes, how does the Lead Agency define “attending job training or educational program” for the purposes of eligibility? **Describe**, the

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specific activities that are considered “job training and/or educational program”, including minimum number of hours. (§§98.16(f)(3), 98.20(b))

JOB TRAINING – Pre-employment vocational training in technical job skills and knowledge of a specific occupational area that is offered by a public employer, an agency approved private employer, or a facility or institution for a minimum average of 25 hours per week.

EDUCATIONAL PROGRAM - A structured program of education designed to prepare a person to qualify for a high school equivalency certificate (GED), or high school diploma, post-secondary education, online, or correspondence course that is offered by a facility or institution for a minimum average of 25 hours per week.

The employment or training requirement can be met by employment or job search, or attendance at job training and/or educational program or any combination of these for a minimum average of 25 hours per week.

No.

3.3.4 Eligibility Based Upon Receiving or Needing to Receive Protective Services

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

Yes. If yes, **provide** a definition of “protective services” in Appendix 2. Does the Lead Agency waive, on a case-by-case basis, the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

Yes.

No.

No.

b) Does the Lead Agency provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

Yes. (**NOTE:** This means that for CCDF purposes the Lead Agency considers these children to be in protective services.)

No.

3.3.5 Additional Conditions for Determining CCDF Eligibility

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Has the Lead Agency established any additional eligibility conditions for determining CCDF eligibility? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional eligibility conditions are:

Job search is a countable activity for a maximum of four calendar months per state fiscal year for each eligible individual. These months do not have to be consecutive months.

An applicant/recipient of Low-Income Child Care (LI-CC) is not eligible if any co-payment is past due to a current or previous CCAP provider.

An applicant/recipient is not eligible if they fail or refuse to choose an eligible CCAP provider.

TANF: Strategies to Empower People (STEP) participants receiving TANF/FITAP are categorically eligible for child care services if they select an eligible provider. Families transitioning off of TANF/FITAP because of excess income who were working at the time of TANF/FITAP closure receive one month of child care. These families are eligible for 100% payment of eligible child care costs if they select an eligible provider and the costs do not exceed the maximum allowable rates.

(Terms must be defined in Appendix 2)

No.

3.4 Priorities for Serving Children and Families

3.4.1 At a minimum, CCDF requires Lead Agencies to give priority for child care services to children with special needs, or in families with very low incomes. **Complete** Table 3.4.1 below regarding eligibility priority rules. For columns (a) through (c), **check** only one box if reply is “Yes”. Leave blank if “No”. **Complete** column (e) only if you check column (d).

Table 3.4.1 Priorities for Serving Children

	How does the Lead Agency prioritize the eligibility categories in Column 1?	
	CHECK ONLY ONE	CHECK ONLY IF APPLICABLE

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	(a)	(b)	(c)	(d)	(e)
Eligibility Categories	Priority over other CCDF-eligible families	Same priority as other CCDF-eligible families	Guaranteed subsidy eligibility	Is there a time limit on the priority or guarantee?	How long is time limit?
Children with special needs*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Children in families with very low incomes*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Families receiving Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Families transitioning from TANF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	one month
Families at risk of becoming dependent on TANF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** Required**

3.4.2 Describe how the Lead Agency prioritizes service for the following CCDF-eligible children: (a) children with special needs, (b) children in families with very low incomes, and (c) other. Terms must be defined in Appendix 2. (658E(c)(3)(B))

(a) To help to ensure access to quality care, children with special needs who require specialized services may qualify for higher incentive rates for child care. Also children with special needs will not go on the waiting list should a waiting list become necessary.

(b) To help to ensure access to quality care, children in families with very low incomes qualify for the highest percentage of agency payment.

3.4.3 Describe how CCDF funds will be used to meet the needs of: (a) families receiving Temporary Assistance for Needy Families (TANF), (b) those attempting to transition off TANF through work activities, and (c) those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

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(a) TANF/STEP applicants and participants are eligible for 100% payment of the child care costs up to the appropriate state maximum allowable rate if they select an eligible provider.

(b) Families transitioning off of TANF/FITAP who are earning income at the time of TANF/FITAP closure receive one month of child care while their application is being considered for eligibility under the rules for low-income child care. These families continue to be eligible for 100% payment of eligible child care costs with an eligible provider during this month if the costs do not exceed the maximum allowable rates.

(c) Families with very low income are eligible for assistance at 80% which is the highest percentage of agency payment.

3.4.4 Has the Lead Agency established additional priority rules that are not reflected in the table completed for Section 3.4.1? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

Yes, and the additional priority rules are:

If it were necessary to activate a waiting list, children in protective services, TANF/STEP applicants, and children with special needs would be served without being placed on the waiting list.

(Terms must be listed and defined in Appendix 2)

No.

3.4.5 Does the Lead Agency serve all eligible families that apply?

Yes.

No.

3.4.6 Does the Lead Agency have a waiting list of eligible families that they are unable to serve?

Yes. If yes, **describe**. At a minimum, the description should indicate:

a) Whether the waiting list is maintained for all eligible families or for certain populations?

b) Whether the waiting list is maintained for the entire State/Territory or for individual localities?

c) What methods are employed to keep the list current?

No.

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3.5 Sliding Fee Scale for Child Care Services

3.5.1 The statute and regulations require Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (co-payment) to the cost of child care (§98.42).

a) **Attach** the sliding fee scale as **Attachment 3.5.1**.

b) **Describe** how the sliding fee scale is administered, including how the family's contribution is determined and how the co-payment is assessed and collected:

TANF participants and protective services cases are categorically eligible if child care is needed. The child care costs charged by the provider are paid at 100%, not to exceed the state maximum rate.

The agency pays a certain percentage of authorized low-income child care costs that are charged by the provider. The sliding fee scale is used to determine the percentage that the agency will pay, based on the household's monthly income and the household size. The difference between the amount that the agency pays and the total amount charged by the provider for each child in care must be paid by the participant in the form of a co-payment. The provider is responsible for collecting this co-payment.

c) The attached sliding fee scale was or will be effective as of May 1, 2009.

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

Yes, and **describe** those additional factors:

LI-CC: Child care that is authorized for payment by the agency is based on the part-time or full-time employment and training activity hours, travel allowance (if applicable), and the time that care is actually needed and available. The family contribution is also based on the number of children in care. The agency does not set a maximum amount or family cap.

TANF: All STEP participants are categorically eligible if they select an eligible provider. These participants are eligible for 100% payment of eligible child care costs if the costs do not exceed the maximum allowable rates. This care can be either full-time or part-time.

Children in protective services may be eligible for 100% payment of eligible child care costs. Eligibility is determined on a case-by-case basis.

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No.

3.5.2 Is the sliding fee scale provided as Attachment 3.5.1 used in all parts of the State? (658E(c)(3)(B))

Yes.

No, and other scale(s) and their effective date(s) are provided as **Attachment 3.5.2.**

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$1526.

The Lead Agency must **select ONE** of these options:

ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

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

SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. **Describe** these families:

TANF: Families who are STEP participants are not required to pay a fee if they select an eligible provider and the provider's charge does not exceed the maximum allowable rate.

Children in protective services, on a case-by-case basis, are eligible for 100% payment. Providers caring for children in protective services are not allowed to charge an amount that exceeds the maximum allowable state rate.

3.5.4 Does the Lead Agency allow providers to charge parents the difference between the maximum reimbursement rate and their private pay rate?

Yes.

No.

Unless the child is in protective services. Providers caring for children in protective services are not allowed to charge an amount that exceeds the maximum allowable state rate.

3.5.5 Describe how the co-payments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

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Currently a household of three with two children in care pays from 18% to 21% of their countable income in co-payments.

May 1, 2009 the sliding fee scale used for low-income recipients was adjusted based on changes in the Federal Poverty Level and State Median Income (SMI) for Louisiana. This adjustment may result in an increase in the number of clients eligible for LI-CC as well as an increase in the percentage paid by the Child Care Assistance Program (CCAP).

In addition, a change was implemented to provide for revising the sliding fee scale for non-FITAP recipients annually, to the extent that funds are available, based on the state median income and poverty level.

PART 4
PARENTAL RIGHTS AND RESPONSIBILITIES

4.1 Application Process / Parental Choice

4.1.1 Describe the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §98.16(k), 98.30(a) through (e)). At minimum, describe:

- a) How parents are informed of the availability of child care services under CCDF (i.e., parental choice of child care services through a certificate or grant of contract)

Child Care Resource and Referral Agencies
Child care providers
Agency website
Parish/district offices statewide
Office of Citizens with Developmental Disabilities
OFS Family Assistance Call Center
Media releases
Public awareness initiatives
Head Start Collaboration
Other Social Services agencies
DSS Employees
Brochures

- b) How parents can apply for CCDF services

The application process for LI-CC consists of completing and submitting an application form, along with required verification, to any Office of Family Support parish/district office. Applications may be submitted in person, by mail, or through electronic transmission (such as fax). The application date is the date the application form is received in the parish/district office. Clients are not required to come into the office or have an interview to apply for CCAP. The client is contacted by phone or mail if verification or information is required. A written notice is sent informing the client of the decision reached.

TANF/FITAP applicants and recipients who need Child Care Assistance in order to satisfactorily participate in the STEP Program, as determined by their worker, are categorically eligible for CCAP payments when they select an eligible provider. The need for Child Care Assistance is explored with the participant during the Family Assessment (OFS 4FA) which is completed at initial application. Participants are eligible back to the first day of the month in which application for FITAP is made or the first day of participation in an approved eligible activity.

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The need for child care in protective services cases is explored at the Family Services assessment.

c) What documentation parents provide as part of their application to determine eligibility

Verification of wages for all jobs for household members who are working; verification of the following types of income received by any household members: child support, adoption subsidy, alimony, SSI, Social Security, Veteran's Administration benefits, Unemployment Compensation, Worker's Compensation, and any other retirement or disability benefits; a written statement signed by any adult or parent seeking employment indicating the number of hours each week he will actively look for work; a statement from the educational or job training program for any adult or parent attending school verifying hours of attendance each week, and the anticipated date of completion; age verification for all children in the home; proof of citizenship or alien status and immunization verification for all children in need of care; verification of disability (doctor's statement, etc) if not receiving SSI, Social Security Disability benefits, or VA Disability benefits.

d) How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4.

The worker verbally informs the parents who receive TANF/FITAP benefits of exceptions to individual penalties (good cause) during a face-to-face interview at the time the STEP 6 (Family Success Agreement) or the STEP 1 (Application Activity Agreement) is completed.

e) What steps the Lead Agency has taken to reduce barriers to initial and continuing eligibility for child care subsidies

LI-CC cases are assigned certification periods of up to 12 months. Households are assigned the longest possible certification period based on the predictability of the household's circumstances. At recertification an eligibility determination must be made for continued eligibility. Clients are not required to come into an office for an interview. Any needed verification or information is requested by mail and a written notice is sent to inform the client of the decision reached and how to proceed in choosing a child care provider. Offices also have extended hours of operation should clients wish to drop of an application or speak to a worker.

STEP participants receiving TANF/FITAP cash assistance remain eligible as long as the client meets TANF/FITAP/STEP eligibility requirements and there is a need for child care. The certification period matches the certification period of the TANF/FITAP case. Families transitioning off of TANF/FITAP who are earning income at the time of TANF/FITAP closure receive one month of child care while their application is being considered for eligibility under the rules for

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low-income child care. These families continue to be eligible for 100% payment of eligible child care costs with an eligible provider during this month if the costs do not exceed the maximum allowable rates.

For protective services cases, the Case Plan is reviewed every six months including the need for child care and if indicated child care would be reauthorized for an additional three to six months.

f) **Attach** a copy of your parent application for the child care subsidy program as **Attachment 4.1.1**.

4.1.2 Is the application process different for families receiving TANF?

Yes, and **describe** how the process is different:

TANF/FITAP applicants and recipients who need Child Care Assistance in order to satisfactorily participate in the STEP Program, as determined by their worker, are categorically eligible for CCAP payments when they select an eligible provider. An application form is not required. The need for Child Care Assistance is explored with the participant during the Family Assessment (OFS 4FA) which is completed at initial application.

No.

4.1.3 What is the length of eligibility period upon initial authorization of CCDF services?

Eligible LI-CC cases are assigned certification periods of up to 12 months. Certification periods may be shortened if it is known that a change is expected to occur within 12 months that affects eligibility or the amount of benefits, such as the only child in care will reach age 13 and is not disabled, a participant will complete a job training or educational program, or for a FITAP case no later than the month following the expected date of delivery for a case in which the participant is expecting.

Eligible STEP-CC cases can, in rare instances, be certified for a period not to exceed 24 months.

For protective services cases, the Case Plan is reviewed every six months including the need for child care and, if indicated, child care could be reauthorized for an additional three to six months.

a) Is the initial authorization for eligibility the same for all CCDF eligible families?

Yes.

No and **describe** any variations that relate to the services provided (e.g., through collaborations with Head Start or pre-kindergarten programs or differences for TANF families):

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LI-CC case certification periods may be assigned to align with the Food Stamp certification or Food Stamp semi-annual report month. The redetermination date may be less than the maximum allowable in order for the CCAP redetermination to occur in the same month that the next Food Stamp redetermination or Food Stamp semi-annual report is due. The total certification period must not exceed 12 months.

The certification date of a STEP-CC case is coordinated with the certification date of the FITAP case. The participant is categorically eligible for child care needed to participate in an eligible activity. The date is automatically populated by the system interface.

For protective services cases, the Case Plan is reviewed every six months including the need for child care and if indicated child care could be reauthorized for an additional three to six months.

4.1.4 Describe how the Lead Agency ensures that parents are informed about their ability to choose from among family child care and group home child care, center-based care and in-home care, including faith-based providers in each of these categories.

The agency contracts with CCR&R agencies that educate parents on how to recognize quality child care and refer them to child care providers that meet their specific needs. When they are determined eligible for CCAP and a certificate is issued, parents are given contact information for their regional CCR&R agency for assistance in selecting a child care provider.

A Child Care Assistance Program flyer that informs parents of the various provider types they may select from is given or mailed with each application form. The flyer also lists the contracted CCR&R agencies for parents to contact for information if they need assistance with finding a child care provider.

The agency website informs parents of the provider types they may select from and lists the contracted CCR&R agencies for parents to contact for information about selecting a child care provider.

The application form for CCAP lists provider types.

Parish/district office employees refer clients to their regional CCR&R agency for assistance in selecting a provider.

4.1.5 Describe how the Lead Agency reaches out and provides services to eligible families with limited English proficiency, including how the Lead Agency overcomes language barriers with families and providers.

Staff will provide language assistance for any applicant or recipient identified as needing language assistance services.

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Our contracted CCR&R Agencies, as part of their responsiveness to community needs, continue to identify needs for multi-cultural services. Agenda for Children most recently employed a staff member who speaks Spanish in response to the increase of Spanish speaking families in the New Orleans area. Their goal is to translate at least some materials into Spanish and Vietnamese and provide training in Spanish.

4.2 Records of Parental Complaints

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

The Child Care Licensing and Regulatory Section investigates complaints (other than abuse and neglect) regarding a licensed facility. If the complaint is substantiated, a deficiency is written. Such deficiencies must be corrected to the satisfaction of the Child Care Licensing and Regulatory Section. Deficiencies involving Class A centers become part of the licensing file (except for names of individual children, etc.) which is public information and may be reviewed upon request.

The Child Care Licensing and Regulatory Section maintains files on all parental complaints and is the contact agency for information on parental complaints. The general public can request, in writing, information from complaint files. When the Child Care Licensing and Regulatory Section receives a request for information from a complaint file, the request is routed to the DSS Bureau of General Council. The DSS Bureau of General Council then determines what information contained in the file is public information and what information is not public information. The DSS Bureau of General Council then mails a disclosure response letter to the requester detailing what information in the complaint file is available for viewing and/or copying.

DSS Office of Community Services investigates complaints alleging abuse and/or neglect involving Class A Centers and Family Child Day Care Homes. Under the provisions of La. R. S. 46:1426 and 46:56(F)(4)(c), a parent is entitled to know of each valid finding of child abuse, neglect or exploitation occurring at a facility or residence. La. R. S. 14:403 of the Louisiana Criminal Code prohibits disclosure of this information to any unauthorized person and provides criminal penalties of up to \$500 in fines/imprisonment for up to six months or both. If a complaint is not found valid, all information concerning the unsubstantiated complaint must be destroyed. Records/files of substantiated complaints of abuse and/or neglect are maintained by the DSS Office of Community Services.

Complaints regarding abuse/neglect at FCDCHs is reported to local law enforcement.

4.3 Unlimited Access to Children in Child Care Settings

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Provide a detailed description of the Lead Agency procedures for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

By statute licensed Class A centers are required to be open to inspection during working hours by parents or legal guardians of children in care and by authorized personnel and registered Family Child Day Care Homes are required to be open to inspection by the Department, parents, and by other authorized personnel during normal working hours or when children are in care.

A licensed facility must inform parents that they are welcome to visit the center anytime during regular hours of operation as long as their child is enrolled. This written policy must be posted. Also licensing regulations require centers to advise parents of the licensing authority of DSS, give them the telephone number and address of the Department, and advise them that they may call or write the Department if they have significant, unresolved licensing complaints. This written policy as well as the current telephone number and address of the Department shall be posted.

All of DSS' Provider Agreements include a requirement that the provider will permit parents to see and be with their children at all times. Provider Agreements are completed and signed before payment is initiated.

4.4 Criteria or Definitions Applied by TANF Agency to Determine Inability to Obtain Child Care

The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

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

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is:

Department of Social Services Office of Family Support.

- "appropriate child care":
 - *child care provided by any state-licensed facility*
 - *child care provided by a state-registered provider*
 - *child care provided by a state-certified relative or private party of the parent's choice*

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- "reasonable distance":

child care is unavailable unless it is located within a reasonable distance, which is defined as within 30 minutes, from the participant's home or worksite

- "unsuitability of informal child care":

child care is unavailable or unsuitable if basic health and safety standards are not met

- "affordable child care arrangements":

child care is unavailable if costs exceed established maximum limits for the state-administered CCAP.

PART 5
ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF
CHILD CARE

5.1 Quality Targeted Funds and Set-Asides

Federal appropriations law has targeted portions of the CCDF for quality improvement and for services for infants and toddlers, child care resource and referral (CCR&R) and school-age child care. For each targeted fund, provide the following information.

5.1.1 Infants and Toddlers:

Note: For the infant and toddler targeted funds, the Lead Agency must **provide** the maximum age of a child who may be served with such targeted funds (not to exceed 36 months).

- a) **Describe** the activities provided with these targeted funds

Separate higher maximum rates may be paid for the care of infants and toddlers (children under age 3) if the child care provider charges a higher rate for those children.

The Quality Start Child Care Rating System has created an awareness of the importance of the infant toddler years due to the focus on the “Social Emotional Subscale” items in the ITERS-R and the ECERS-R and the efforts of the mental health consultants. This awareness has led to increased interest in training related to the ITERS-R and infant toddler development.

The Tulane Environment Rating Scales (ERS) Assessment Team provides quarterly training statewide on ITERS-R. All training conducted references the ITERS-R subscale and items during training.

CCR&R agencies are providing increased access to Child Development Associate (CDA) training and support in attaining the credential especially the Infant Toddler credential. This coupled with the SRTC that recognizes the CDA as the first level of credit has produced interest from providers.

CCR&R training on topics related to infant and toddler issues such as growth and development, room arrangement, challenging behaviors, special needs of parents of infants and toddlers and so on is linked to the ITERS-R and the Early Learning Guidelines.

First Teacher Louisiana has piloted training materials for family child care homes that provide information and insight into the unique needs of infants and toddlers within the group.

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Infant toddler experts participated in the development of Quality Start and are included in Professional Development Advisory Council.

b) **Identify** the entities providing the activities

Tulane University Institute of Infant and Early Childhood Mental Health
Contracted CCR&R agencies

Describe the expected results of the activities.

Increased ERS scores and centers with higher stars due to their improved ITERS-R scores.

Increased CDA credentials awarded with Infant Toddler specialization

5.1.2 Resource and Referral Services:

a) **Describe** the activities provided with these targeted funds

The nine DSS regions are served by five CCR&R Agencies with offices in nine regions. Each agency provides consumer education and referrals to child care, training of child care providers, and technical assistance to child care providers.

All CCR&R Agencies collect data from child care providers (center based, school program providers, family child day care home providers and in-home providers) and in 2006, upgraded to NACCRRAware, a software data collection system designed by the National Association of Child Care Resource & Referral Agencies specifically to support planning and parent choice in identifying suitable and available child care. A statewide data team has identified common data elements and definitions for data collection and reporting. With the addition of the Training Tracking module, the Department will develop an online calendar of training statewide to include training for pre-k, early intervention, and other professionals. Additionally the Technical Assistance module (when available) will provide valuable information related to this service. A state user license will allow efficiencies and better monitoring and reporting of this valuable information.

CCR&R Agencies have been primary partners in the development and implementation of Quality Start. Frequent CCR&R interactions with the DSS Child Care Quality Start Specialists, the ERS Assessment Team, and the Mental Health Consultants have built capacity and respect throughout the Quality Start system. Through training and technical assistance to centers, CCR&R agencies assist child care providers in understanding Quality Start and improving the quality of their services.

CCR&R agencies participated in training from the Center for Social Emotional Foundations of Early Learning (CSEFEL). One anticipated outcome is to develop

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expertise and provider training related to social emotional development and challenging behaviors. This expertise would support providers and help them connect with mental health consultants providing a continuum of support to providers and parents.

Trainers in CCR&R agencies or contracted trainers must be approved by LA Pathways attesting to their education and experience. Professional Development plans are required for trainers not meeting the LA Pathways requirement. This expectation raises the bar related to training provided through the CCR&R system.

NSU Child and Family Network and Children's Coalition of Northeast Louisiana responded to requests to provide child safe spaces during the evacuations before Hurricane Gustav in fall 2008. Planning is underway to add these services as a contingency to CCR&R contracts.

b) Identify the entities providing the activities

*Children's Coalition of Northeast Louisiana,
First Three Years,
Volunteers of America of Greater Baton Rouge,
Agenda for Children and
Northwestern State University Child and Family Network*

c) Describe the expected results of the activities.

The goal of these activities is to create a comprehensive professional CCR&R system in Louisiana that provides accurate and timely data related to child care supply and demand, provide families with information they can use and appropriate referrals, and support providers to improve the quality of their services.

5.1.3 School-Age Child Care:

a) Describe the activities provided with these targeted funds

b) Identify the entities providing the activities

c) Describe the expected results of the activities.

5.1.4 The law requires that not less than 4% of the CCDF be set aside for quality activities. (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51) The Lead Agency estimates that the following amount and percentage will be used for the quality activities

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(not including targeted funds) during the 1-year period: October 1, 2009 through September 30, 2010:

\$11,200,000 (8.0 %)

5.1.5 Check each activity in Table 5.1.5 that the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the targeted funds for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h)). **CHECK ALL THAT APPLY.**

Table 5.1.5 Activities to Improve the Availability and Quality of Child Care

Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Comprehensive consumer education	<input checked="" type="checkbox"/>	CCR&R	<input checked="" type="checkbox"/>
Grants or loans to providers to assist in meeting State and local standards	<input type="checkbox"/>		<input type="checkbox"/>
Monitoring compliance with licensing and regulatory requirements	<input checked="" type="checkbox"/>	DSS	<input type="checkbox"/>
Professional development, including training, education, and technical assistance	<input checked="" type="checkbox"/>	CCR&R and universities	<input checked="" type="checkbox"/>
Improving salaries and other compensation for child care providers	<input checked="" type="checkbox"/>	BrightStart initiative SRTCs,	<input checked="" type="checkbox"/>
Activities to support a Quality Rating System	<input checked="" type="checkbox"/>	DSS	<input type="checkbox"/>
Activities in support of early language, literacy, pre-reading, and early math concepts development	<input checked="" type="checkbox"/>	CCR&R, universities, DSS through CCLRS	<input checked="" type="checkbox"/>
Activities to promote inclusive child care	<input checked="" type="checkbox"/>	CCR&R and contractors	<input checked="" type="checkbox"/>

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Activity	Check if undertaking/ will undertake	Name and type of entity providing activity	Check if non-governmental entity
Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children	<input checked="" type="checkbox"/>	Tulane Institute, DHH/MCH/CCHC, and DSS	<input checked="" type="checkbox"/>
Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))	<input checked="" type="checkbox"/>	SRTC Parent tax credit, Provider tax credit	<input type="checkbox"/>

5.1.6 For each activity checked in Table 5.1.5, a) **describe** the expected results of the activity. b) If you have conducted an evaluation of this activity, **describe the results**. If you have not conducted an evaluation, **describe** how you will evaluate the activities.

Comprehensive Consumer Education

- a) *CCR&R agencies provide ongoing education, training and resources to parents, businesses and interested citizens.*
- b) *Information related to the Quality Start Child Care Rating System and specific indicators will be disseminated through child care referrals and community outreach events. Information about the School Readiness Tax Credits (SRTCs) and their impact on quality and availability will also be available through community outreach and technology.*

Grants to providers to assist in meeting state and local standards

Monitoring compliance with licensing and regulatory requirements

- a) *The Child Care Licensing and Regulatory Section (CCLRS) oversees the statewide licensing program of 1,732 child care facilities, enforcing licensing standards and regulations for Class A child care facilities in order to protect the health, safety, and well being of children who are in out-of-home care on a regular or consistent basis.*
- b) *Participation in Quality Start is based on licensing compliance with zero deficiencies. CCR&R agencies and Quality Start field staff work closely with programs and the CCLRS to ensure compliance and promote best practice.*

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- c) *The Centralized Provider Directory registers Family Child Day Care Home providers, school programs, and In-Home providers for participation in CCAP in accordance with established policy.*
- d) *The Louisiana Legislature passed a study resolution regarding Family Child Day Care Homes to consider best practices related to licensure and participation in the quality rating system for Family Child Day Care Homes in Louisiana.*

Professional development including training, education and technical assistance

- a) *Through training contracts with CCR&R agencies and universities, DSS will provide ongoing training for child care providers. The implementation of Quality Start and the incentives of the SRTC's have increased awareness and demand for college credits and the Child Development Associate (CDA) credential. DSS will work with the Louisiana Community and Technical College System (LCTCS) and universities to increase access including online access.*

Another component of the professional development support is the LA Pathways Scholarship Program which offers assistance for tuition as well as other costs associated with higher education credits. Scholarships are also available to support child care providers in obtaining the CDA and other child care professional national credentials such as the National Administrators Credential (NAC).

Each CCR&R agency has also identified a LA Pathways contact in their office to provide additional support related to professional development. This person understands the CDA process and the various local/regional options as well as the community and technical colleges offering courses for either the CDA or AA.

- b) *Technical assistance is available to child care providers to improve quality as measured by the Environment Rating Scale (ERS) and Quality Start. This assistance is available through the CCR&R agencies. Evaluation of this assistance is in process as the evaluation of Quality Start continues. Technical assistance is also available to Family Child Day Care Home providers to improve their knowledge of child development, as well as support their understanding of early language, literacy, pre-reading and early math concepts. In addition, technical assistance also focuses on helping providers understand CCAP procedures and requirements.*

Another on-site technical assistance service is Mental Health Consultation (MHC) that is available to centers participating in Quality Start. MHC establishes a relationship with the center through on-site visits twice each month of up to four hours over a six month period. This time is spent supporting teachers as they improve their knowledge of children's social emotional development and how the classroom schedule and environment as well as interactions support this development. The MH Consultant also provides didactic sessions using the Center for the Social Emotional Foundations of Early Learning (CSEFEL) curriculum and materials.

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Improving salaries and other compensation for child care providers

- a) *A tax credit, known as the School Readiness Tax Credit (SRTC) for child care center owners/providers, teachers and directors was passed and enacted in the 2007 Louisiana Legislative session. Contributions by businesses and employers are recognized through a tax credit as well as a credit for parents who choose star-rated (2-5 stars) child care.*

In this first year, use of the SRTC has been impressive. The number of providers who may be eligible for the credit is over 70 amounting to potential refundable credits of between \$750 and \$81,000. Teachers and directors also benefited (between \$1500 and \$3000) based on their educational attainment and their service in a center participating in Quality Start. For tax year 2008, approximately 1250 professionals may be eligible for this refundable credit.

Activities to support a Quality Rating System

- a) *The Division of Child Care and Early Childhood Education was developed to support the activities of a quality rating and improvement system. Included in the division are the Child Care Licensing and Regulatory Section, the CCAP Provider Directory, and the Quality Improvement Unit (QIU). The QIU is responsible for administration of Quality Start as well as coordination of the supports and services related to its operation. Beginning with a statewide meeting in 2006 and engaging a diverse group of stakeholders in the development of the Quality Start Child Care Rating System model and continuing with implementation beginning in October 2007, the QRS Steering Committee will become part of the Louisiana Advisory Council on Child Care and Early Childhood Education. Foundations Up was conducted in 2007 to inform centers about the system's requirements and benefits and included materials (copies of the Early Childhood Environment Rating Scale and the Infant toddler Environment Rating Scale as well as the All About books supporting each scale) and a \$500 participation grant. More than 500 centers participated. The QIU has been fully staffed since November 2008 providing additional support related to administration, professional development, and quality initiatives through programmatic contract review.*
- b) *Environment Rating Scale Assessment – Administered by Tulane University, this support uses reliable assessors to determine scores which are used in determination of star ratings (at 3-5 stars). Practice assessments have been offered since 2007 to support the professional development of staff as they make quality improvements. These practice assessments have reduced staff stress during official assessments and increased involvement of staff in the Quality Start process.*
- c) *Mental Health Consultation - Mental health consultation to child care programs is an innovative approach to supporting the healthy development of young children and is an essential quality support component for child care centers working to maximize the quality of their services. The consultation is designed to be a resource for child care centers to support teachers in developing and sustaining classroom*

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environments that promote optimal social emotional development. Furthermore, child care centers that have incorporated mental health consultants into their programs have found a decrease in staff turnover rates, a decrease in reports of staff stress and feelings of burnout, and an increase in job satisfaction. The duties of the Mental Health Consultant are tailored to meet the needs of the child care center staff, including assisting caregivers in promoting healthy development, helping centers establish linkages with other agencies as well as referral sources for children with special needs, and providing proactive coaching on techniques designed to prevent the development of problematic behavior. It should be noted that the Mental Health Consultant does not provide direct clinical service to individual children. A mental health consultant is available to centers participating in Quality Start at no cost to the center. The consultation occurs one day per week, every other week, for 6 months.

- d) System wide training provided through the CCR&R agencies has been implemented related to understanding the requirements and benefits of Quality Start. Certain sessions are required for staff seeking points in Staff Qualifications. Training on the Environment Rating Scales (two sessions) is required. Other sessions provide required information on the LA Early Learning Guidelines and Program Standards for Children birth through five, as well as training on the benefits and suggested tools for the screening of children's social emotional development and community resources for referral. A warm line is also available to support centers conducting the screenings.*
- b) LA Pathways is a formal mechanism to track training and educational attainment, experience, and professional affiliation as it applies to the Quality Start model. LA Pathways provides Staff Qualification audits to inform the Quality Improvement Unit's decision of star rating.*
- c) School Readiness Tax Credits have provided an invaluable incentive to programs to encourage involvement in Quality Start. The multiple incentives of the tax credits have touched the provider, professional staff, parents, and businesses as well as offering a credit to businesses making a contribution to CCR&R agencies.*

Administration of the SRTC has included interaction with the staff at the Louisiana Department of Revenue, rule making, contracted regional trainings about the credits in 2008, website updates, printed materials to providers and the public, as well as response to numerous calls from individuals, providers and parents inquiring about the credits.

Activities supporting early language, literacy, pre-reading and early math concepts

CCR&R training is linked to CDA competency areas and to comprehensive Louisiana Early Learning Guidelines (ELG) and Program Standards Birth Through Three and Standards for Programs Serving Four Year Olds. This link integrates these documents into practice and models intentionality in teaching. This demonstrated link to the ELG and Program Standards is required as teachers document their use in

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lesson planning as part of Quality Start. These tools are also linked to all training provided through the community and technical college system.

Proposed licensing regulation requires that centers offer activities to address six areas of development: social, physical, language/literacy, cognitive/intellectual, emotional and cultural. This requirement will increase provider awareness of the importance of offering various activities and materials as well as the tools provided in the ELG and Program Standards.

Activities promoting inclusive child care

- a) *DSS has contracts with agencies and individuals with expertise serving children with special needs. These individuals and the agencies they represent are members of Special Quest. The goal of these contracts is to infuse the Special Quest materials into all training but to especially use it to provide training and technical assistance to support child care providers in serving children with special needs.*
- b) *The effectiveness of these services and their correlation to the use of the special needs incentive rate offered through the CCAP is being reviewed. This review will result in a revision of the outcomes and contracts to achieve the best use of the resource.*

Activities promoting social emotional development of children

- a) *The Center for the Social Emotional Foundations of Early Learning (CSEFEL) trained the CCR&R contracted agencies in 2006. Since that time the principles of social emotional development have been part of the training provided.*
- b) *Mental health consultation is offered to child care centers as a supporting service for centers participating in Quality Start. Child Care Health Consultants also provide information and training to child care providers in many areas of the state. The mental health consultants have developed didactics using the CSEFEL model and materials.*
- c) *At higher star rating levels, Quality Start requires training on social emotional development of children and use of a screening tool. This training is provided by a mental health consultant. This training focuses on identifying the importance of social emotional development and how to support that development.*

Mental health consultants provide quarterly trainings on topics including School Readiness and additional topics related to social emotional development. Trainings are available quarterly.

Activities improving quality of child care

- a) *The Quality Start Child Care Rating System, a voluntary five-star system, will continue to support child care centers, through training, technical assistance, Environment Rating Scale assessments and bonus payments for child care centers participating in the CCAP.*

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- b) *The Tulane Institute for Infant and Early Childhood Mental Health will conduct an evaluation of Quality Start, to determine its effect on child care quality in Louisiana.*

5.2 Early Learning Guidelines and Professional Development Plans

5.2.1 Status of Voluntary Early Learning Guidelines. Indicate which of the following best describes the current status of the State's efforts to develop, implement, or revise research-based early learning guidelines (content standards) for three-to-five year-olds.

NOTE: Check only one box that best describes the status of your State/Territory's three-to-five-year-old guidelines.

- Planning.** The State is planning for the development of early learning guidelines. Expected date of plan completion: _____. If possible, respond to questions 5.2.2 through 5.2.4.
- Developing.** The State is in the process of developing early learning guidelines. Expected date of completion: _____. If possible, respond to questions 5.2.2 through 5.2.4.
- Developed.** The State has approved the early learning guidelines, but has not yet developed or initiated an implementation plan. The early learning guidelines are included as **Attachment 5.2.1, if available**.
- Implementing.** In addition to having developed early learning guidelines, the State has embarked on implementation efforts which may include dissemination, training or embedding guidelines in the professional development system. The guidelines are included as **Attachment 5.2.1**.
- Revising.** The State has previously developed early learning guidelines and is now revising those guidelines. The guidelines are included as **Attachment 5.2.1**.
- Other. Describe:**

a) Describe the progress made by the State/Territory in developing, implementing, or revising early learning guidelines for early learning since the date of submission of the 2008-2009 State Plan. Efforts to develop early learning guidelines for children birth to three or older than five may be described here.

DSS published the Louisiana Early learning Guidelines Birth through Three in 2005 following the Louisiana Department of Education's (LDE) release of Standards for Programs Serving Four Year Old Children in 2003. LDE redesigned and made minor revisions in 2007. LDE is currently planning a revision of the standards for four year old children to be completed by January 2010.

The Louisiana Early Learning Guidelines Birth through Three (DSS 2005) used a developmental checklist found in the Creative Curriculum for Infants and Toddlers (revised edition). In 2006 Teaching Strategies, Inc. publisher of the Creative Curriculum published the Developmental Continuum for Infants, Toddlers, and Twos, a research based child assessment tool. In conjunction with the LDE's revision of standards for four year old children, the Department will

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undertake a revision of the birth through three year old guidelines. The goal of this project will be to create a comprehensive set of early learning guidelines and program standards for children birth to five.

b) If developed, are the guidelines aligned with K-12 content standards or other standards (e.g., Head Start Child Outcomes, State Performance Standards)

Yes. If yes, **identify standards:**

Standards for Programs Serving Four Year Old Children are aligned with Head Start Performance Standards and Head Start Child Outcomes, Louisiana K-4 Content Standards. References to Environment Rating Scales and NAEYC Accreditation Criteria are also included.

No.

c) If developed, are the guidelines aligned with early childhood curricula?

Yes. If yes, **describe:**

The Louisiana Early Learning Guidelines for Children Birth through Three were based on the Creative Curriculum for Infants and Toddlers (revised edition) Developmental Checklist.

No.

d) Have guidelines been developed for children in the following age groups:

- Birth to three. Guidelines are included as **Attachment 5.2.1 (Part I)**
 Birth to five. Guidelines are included as **Attachment 5.2.1 (Part II)**
 Five years or older. Guidelines are included as **Attachment 5.2.1**

If any of your guidelines are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

<http://www.doe.state.la.us/lde/uploads/3014.pdf>

<http://www.dss.state.la.us/assets/docs/searchable/OFS/LAEarlyLearningGuide.pdf>

5.2.2 Domains of Voluntary Early Learning Guidelines. Do the guidelines for three-to-five-year-olds address language, literacy, pre-reading, and early math concepts?

Yes.

No.

a) Do the guidelines for children three-to-five-year-olds address other domains such as social/emotional, cognitive, physical, health, or creative arts?

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Yes. If yes, **describe**.

Social and Emotional Development, Cognitive Math, Cognitive Science, Cognitive Social Studies, Creative Development, Health and Physical Development.

No.

5.2.3 Implementation of Voluntary Early Learning Guidelines.

a) **Indicate** which strategies the State used, or expects to use, in implementing its early learning guidelines.

Check all that apply:

- Disseminating materials to practitioners and families
- Developing training curricula
- Partnering with other training entities to deliver training
- Aligning early learning guidelines with licensing, core competencies, and/or quality rating systems
- Other. **Describe:**

b) **Indicate** which stakeholders are, or are expected to, actively support(ing) the implementation of early learning guidelines:

Check all that apply:

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:** *Professional Organizations: LA Association for the Education of Young Children, Louisiana Early Childhood Association*

c) **Indicate** the programs that mandate or require the use of early learning guidelines

- Publicly funded (or subsidized) child care
- Head Start
- Education/Public pre-k
- Early Intervention
- Child Care Resource and Referral
- Higher Education
- Parent Associations
- Other. **Describe:** Quality Start requires implementation of ELGs and Program Standards as referenced in lesson planning.

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d) **Describe** how cultural, linguistic and individual variations are (or will be) acknowledged in implementation.

Relationship-based individualized practices are encouraged for all children in all training and discussion of the ELG/PS.

d) Describe how the diversity of child care settings is (or will be) acknowledged in implementation.

Training will support the implementation of ELG/PS in child care centers and Family Child Day Care Homes based on individualized practices in all settings.

Materials developed to support implementation of the guidelines are included as **Attachment 5.2.3**. If these are available on the web, provide the appropriate Web site address (guidelines must still be attached to Plan):

N/A

5.2.4 Assessment of Voluntary Early Learning Guidelines. As applicable, **describe** the State's plan for:

a) Validating the content of the early learning guidelines

Assessment of the effectiveness of the Louisiana Standards for Programs serving 4 year olds and the accompanying grade level expectations is performed by the Department of Education by testing, observation and portfolio assessment in programs funded by DOE. Program quality is determined through the use of the Early Childhood Environment Rating Scale Revised (ECERS-R).

As mentioned above the birth through three guidelines will be revised using the research based tool which has been found to be valid and reliable when implemented appropriately.

b) Assessing the effectiveness and/or implementation of the guidelines

c) Assessing the progress of children using measures aligned with the guidelines

d) Aligning the guidelines with accountability initiatives

Written reports of these efforts are included as **Attachment 5.2.4**. If these are available on the web, **provide** the appropriate Web site address (reports must still be attached to Plan):

5.2.5 Plans for Professional Development. **Indicate** which of the following best describes the current status of the Lead Agency's efforts to develop a professional

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development plan for early childhood providers that includes all the primary sectors: child care, Head Start, and public education. **NOTE: Check ONLY ONE box that best describes the status of your State's professional development plan.**

- Planning.** Are steps underway to develop a plan?
- Yes, and **describe** the entities involved in the planning process, the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and early math concepts.
- No.
- Developing.** A plan is being drafted. The draft or planning documents are included as **Attachment 5.2.5**, if applicable.
- Developed.** A plan has been written but has not yet been implemented. The plan is included as **Attachment 5.2.5**, if applicable.
- Implementing.** A plan has been written and is now in the process of being implemented, or has been implemented. The plan is included as **Attachment 5.2.5**.
- Revising.** The State previously developed a professional development plan and is now revising that plan, or has revised it since submitting the 08-09 State Plan. The revisions or the revised plan are included as **Attachment 5.2.5**.
- Other. Describe:**

- c) **Describe** the progress made by the State in planning, developing, implementing, or revising the professional development plan since the date of submission of the 2008-2009 State Plan.

Methodology: This revision builds on the plan developed by the Early Care and Education committee of BrightStart Louisiana's Early Childhood Comprehensive Systems grant. The decision to revise the plan was based on careful review of the existing plan, organizational capacity, and the availability of new resources.

Review of Plan – The BrightStart plan was seen as a tool that addressed only one or two elements rather than encompassing the scope of elements that should be integrated into a professional development system. The issues identified were related to a narrow segment (mainly teachers in child care) of the population of teachers, interventionists, and specialists.

Organizational Capacity – As of Nov 2008, the Division of Child Care and Early Childhood Education's Quality Improvement Unit was fully staffed. This Unit is charged with the implementation of the quality rating and improvement system, the Quality Start Child Care Rating System, which includes the integration and coordination of the various supports and services including:

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- *Child Care Resource and Referral (CCR&R) Agencies: consumer referral and education, training and technical assistance*
- *Environment Rating Scale assessments*
- *Mental Health Consultation to child care centers*
- *School Readiness Tax Credits (SRTC's)*
- *LA Pathways Child Care Career Development System*
- *LA Pathways Scholarships*

Included in the Unit staff is a dedicated Workforce Development Program Coordinator charged with support for efforts related to professional development that include convening and staffing the LA Professional Development Advisory Council (PDAC), reviewing research and reporting findings to the Council and the Division. This position provides a focus on professional development that makes plan revision possible.

Availability of New Resources – Louisiana participated in the NAEYC Second Annual State Professional development Leadership Team Work Day in June 2008. Our team consisted of representatives from CCR&R, Head Start, Dept of Education Pre-K, community and technical colleges, and early intervention. Following this work day, NAEYC continued work on their Workforce Designs project and released the Workforce Designs: A Policy Blueprint for State Early Childhood Professional Development Systems in late 2008.

This resource has provided a structure for review of current initiatives. The format supports interaction and discourse with stakeholders and policy makers around essential policy areas:

1. *Professional Standards*
2. *Career Pathways*
3. *Articulation*
4. *Advisory Structure*
5. *Data*
6. *Financing*

In addition, the four questions or guiding principles below are used to assure that policies:

- *Increase integration among sectors of early childhood care and education*
- *Include quality assurances*
- *Support diversity, inclusion, and access and*
- *Increase compensation parity.*

Use of this format has and will enable us to ensure that planning and policy is comprehensive and coherent.

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Quarterly meetings of the PDAC have been scheduled to complete the revision of the plan in 2009.

b) If developed, does the plan include (**Check EITHER yes or no for each item**):

	Yes	No
Specific goals or desired outcomes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A link to Early Learning Guidelines	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Continuum of training and education to form a career path	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articulation from one type of training to the next	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality assurance through approval of trainers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality assurance through approval of training content	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A system to track practitioners' training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessment or evaluation of training effectiveness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
State Credentials – Please state for which roles (e.g. infant and toddler credential, directors' credential, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specialized strategies to reach family, friend and neighbor caregivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>

c) For each **Yes** response, **reference** the page(s) in the plan and briefly **describe**.

A Link to Early Learning Guidelines is being established through use of the ELG's for children birth through three developed by the Lead Agency and the Content Standards for four year old children developed and provided through the Louisiana Department of Education (LDE). The LDE also has developed Grade Level Expectations (GLE) for four year olds which align with their GLE's for K-12 education. These documents have been distributed widely and training and implementation are part of the Quality Start Child Care Rating System model.

As Louisiana moves forward with the Quality Start system and its components of professional development, the ELGs will be imbedded in training provided by CCR&R and aligned with the proposed Licensing regulation related to development areas (social, physical, language/literacy, cognitive/intellectual, emotional, and cultural).

Louisiana has a continuum of training and education to a career path. LA Pathways has identified career ladders and an approval process for qualified trainers of clock hour training accepted by Licensing and used by those seeking the CDA credential. CCR&R agencies link interested teachers to CDA information and classes. Conferences open to child care and Head Start providers are offered by LA Department of Education Professional Development (18 hours per year) in public schools. LA DOE Pre-Kindergarten and Regional Coordinators are certified LA Pathways trainers providing professional

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development in school systems. Scholarships are available to support attainment of the CDA and higher education for those in early childhood education.

LA Pathways is the primary vehicle for quality assurance through approval of trainers. LA Pathways approves trainers through an assessment of the trainer's education, continued education in adult learning and train-the-trainer practices.

Using a specific set of criteria for conference approval, DSS provides quality assurance through approval of training content. This criteria has been developed in conjunction with the LA Pathways topic criteria used in trainer approval. The Professional Development Advisory Council has also reviewed these criteria. In addition training sessions required for the staff participating in Quality Start and delivered by the CCR&R agencies and the Environment Rating Scale Assessment Team have been approved by DSS to ensure accurate information and consistency statewide.

LA Pathways is the Louisiana voluntary tracking system for practitioners' training. LA Pathways services include a training registry. This registry includes all training (clock) hours as well as transcript review. LA Pathways provides the Staff Qualifications audits needed for Quality Start as well as the verification of education, experience, and participation in professional organization needed for the Teacher and Director School Readiness Tax Credit.

Specialized strategies to reach family, friend, and neighbor caregivers – First Teacher Louisiana will be provided as an online resource for information and activities. An option to check for more information and to receive invitations to subscribe or participate in informal networking sessions will be provided. Family child care Technical Assistance Specialists from CCR&R will also disseminate the information through community outreach.

d) For each **No** response, **indicate** any plans the Lead Agency has to incorporate these components.

Specific goals and desired outcomes for professional development are embedded in the LA Pathways career ladders. However, Core Competencies or Professional Standards have not been adopted. This means that training participants cannot identify sessions that build on previous knowledge or enhance the basic skills training that has been provided.

The Professional Development Advisory Council will review the core competencies developed by other states and recommend next steps.

State Credentials - The Professional Development Advisory Council will investigate and prepare recommendations for an Infant Toddler credential based on research and best practice from other state systems.

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e) Are the professional development opportunities described in the plan available:

Note: Check either yes or no for each item):

	Yes	No
Statewide	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Center-based Child Care Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To Group Home Providers	<input type="checkbox"/>	<input type="checkbox"/>
To Family Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
To In-Home Providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>

f) **Describe** how the plan addresses early language, literacy, pre-reading, and early math concepts development.

These components are included in the Professional Standards and Career Pathways as the information is embedded in training and expectations of teacher behavior.

g) Are program or provider-level incentives offered to encourage provider training and education?

- Yes. **Describe**, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts.

Scholarships are offered to child care providers to support career development in meeting the qualifications for Quality Start. These qualifications include the CDA credential and its competency areas include training on early language, literacy, pre-reading and early math concepts. Quality Start also requires 3 to 9 semester hours of training and the LA Community and Technical college system has worked with DSS to make courses available across the state. These classes include these topics.

In addition the School Readiness Tax Credits encourage teachers and directors to advance their education. The CDA, Associates, BA, and beyond in Early Childhood Education represent the increasing levels (1-4) of the credit. These teacher preparation courses include these topics.

- No. **Describe** any plans to offer incentives to encourage provider training and education, including any connections between the incentives and training relating to early language, literacy, pre-reading and early math concepts?

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h) As applicable, does the State assess the effectiveness of its professional development plan, including the achievement of any specified goals or desired outcomes?

- Yes. **Describe** how the professional development plan's effectiveness/goal is assessed.
- No. **Describe** any plans to include assessments of the professional development plan's effectiveness/goal achievement.

The evaluation of Quality Start will provide insight into the impact of specific elements related to professional development and inform the planning of evaluation and assessment of initiatives and outcomes directly related to professional development.

i) Does the State assess the effectiveness of specific professional development initiatives or components?

- Yes. **Describe** how specific professional development initiatives or components' effectiveness is assessed.
- No. **Describe** any plans to include assessments of specific professional development initiatives or components' effectiveness.

The Professional Development Advisory Council (PDAC) will serve as the Advisory Council for LA Pathways. In this capacity they will identify outputs and review reports making recommendations and identifying next steps.

j) As applicable, does (or will) the State use assessment to help shape or revise its professional development plan?

- Yes. **Describe** how assessment informs the professional development plan.

The evaluation of Quality Start will inform the revision of the Quality Start model and system including staff qualifications. Ongoing review and assessment will continue to help the plan evolve.

- No. **Describe** any plans to include assessment to inform the professional development plan.

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PART 6
HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(Only the 50 States and the District of Columbia complete Part 6.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. **Note: This database typically contains information on licensing requirements for meeting State or local law to operate (§98.40). This database does not contain registration or certification requirements specific only to participation in the CCDF program.**

In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements.

The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>.

CCDF regulations (§98.2) define the following categories of care:

- **Center-based child care provider:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

6.1 Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §98.41, §98.16(j))

- 6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law per the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not

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check “Yes” if center-based providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

- Yes. Answer 6.1.2, skip 6.1.3, and go to 6.2.
- No. **Describe** which center-based providers are exempt from licensing under State law and answer 6.1.2 and 6.1.3.

Public and non-public schools which operate pre-kindergarten, before-and-after school care programs, and summer programs. The State Board of Elementary and Secondary Education (BESE) governs the operation of public schools and non-public schools must be in compliance with Brumfield vs. Dodd.

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2)&(3))

- Yes, and the changes are as follows:
- No.

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

Public and non-public schools are mandated by DOE to provide pertinent health services and screening that are essential for the promotion of health and for the protection of the children and staff. The principal at each school is responsible for checking student records to ensure that immunization requirements are enforced.

b) Building and physical premises safety

DOE mandates that annual health and safety inspections be conducted at each public and non-public school facility to assess compliance with Federal, State, and local regulations. The site and building must include adequate physical facilities and custodial services to safeguard the health and safety of the students. Facilities and grounds must be kept clean through regular preventive and corrective maintenance. A designated safety officer at each school is charged with the supervision of safe practice in the storage, use, and distribution of all chemicals. A redistribution plan for any unsafe substances must be kept on file in the office of each school, with an inventory of remaining chemicals maintained on site and at the local fire chief's office.

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c) Health and safety training

BESE requires pertinent health and safety training for school personnel, such as the following:

- *Instruction in the principal modes by which communicable diseases, including HIV infection, are spread and the best methods for prevention of these diseases.*
- *Proper procedures for handling blood and body fluids.*
- *Proper procedures for administration, storage, and disposal of medications, including controlled substances.*
- *Child CPR procedures and other emergency procedures.*
- *Recognition of the signs of child abuse.*
- *Each school is also required to employ a certified school nurse.*

d) Other requirements for center-based child care services provided under the CCDF

6.2 Health and Safety Requirements for Group Home Child Care Providers

(658E(c)(2)(F), §§98.41, 98.16(j))

6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if group home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.2.2, skip 6.2.3, and go to 6.3.

No. **Describe** which group home providers are exempt from licensing under State law and answer 6.2.2 and 6.2.3.

N/A. Group home child care is not a category of care in this State. Skip to Question 6.3.1

6.2.2 Have group home licensing requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

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6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

b) Building and physical premises safety

c) Health and safety training

d) Other requirements for group home child care services provided under the CCDF

6.3 Health and Safety Requirements for Family Child Care Providers (658E(c)(2)(F), §§98.41, 98.16(j))

6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? **Note:** Some States use the term certification or registration to refer to their licensing regulatory process. Do not check “Yes” if family child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

Yes. Answer 6.3.2, skip 6.3.3, and go to 6.4.

No. **Describe** which family child care providers are exempt from licensing under State law and answer 6.3.2 and 6.3.3.

FCDCH providers are not required to be licensed in Louisiana. State law requires that all FCDCH providers that receive state or federal funds must be registered.

6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.3.3 For family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

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- a) The prevention and control of infectious disease (including age-appropriate immunizations)

FCDCH providers must be inspected and approved annually by the Office of State Fire Marshal to assure that they meet minimum standards of sanitation to help prevent and control infectious diseases. See Attachment 6.3.3. FCDCH providers certify on their request for registration that they have received all appropriate immunizations. See Attachment 6.3.3A

- b) Building and physical premises safety

The Department of Public Safety, Office of the State Fire Marshal, makes an inspection of the home. A checklist is used in the inspection to assure that building and physical premises safety standards are met. See Attachment 6.3.3. FCDCH providers are required to certify that they will cooperate with the State Fire Marshal inspectors who come to their homes to conduct the fire safety inspection. See Attachment 6.3.3A.

- c) Health and safety training

DSS issues training materials on health and safety topics in a format that can be understood and used by FCDCH providers.

FCDCH providers are required to attend training available through contracts funded by DSS. FCDCH providers are required to provide proof of current certification in Infant/Child/Adult Cardiopulmonary Resuscitation (CPR) and Pediatric First Aid training at registration and at every renewal. FCDCH providers are required to have criminal background checks completed on all adults living at the provider's residence or employed by the provider and working in the provider's home or on the provider's home property, including the provider, at registration and at every renewal. FCDCH providers are required to report any new persons 18 or older who move into the provider's home or who begin working in the provider's home or on the provider's home property. A criminal background check must be done on these persons.

FCDCH providers are required to furnish verification of 12 clock hours of training in job-related subject areas approved by DSS, which includes a one-time orientation training, by the provider's renewal date.

- d) Other requirements for family child care services provided under the CCDF

FCDCH providers must retain a statement of good health signed by a physician or his designee, which must have been obtained within the past three years and be obtained every three years thereafter.

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6.4 Health and Safety Requirements for In-Home Child Care Providers (658E(c)(2)(F), §§98.41, 98.16(j))

Note: Before responding to Question 6.4.1, **check** the NRCHSCC's compilation of licensing requirements to verify if **in-home child care** as defined by CCDF and your State is covered. If not, **check** no for 6.4.1. Do not check "Yes" if in-home child care providers simply must *register* or *be certified* to participate in the CCDF program separate from the State regulatory requirements.

6.4.1 Are all In-Home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation?

Yes. Answer 6.4.2, skip 6.4.3, and go to 6.5.

No. **Describe** which In-Home child care providers are exempt from licensing under State law and answer 6.4.2 and 6.4.3.

In-Home providers are not required to be licensed. In-Home child care providers are certified by DSS.

6.4.2 Have In-Home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

Yes, and the changes are as follows:

No.

6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

a) The prevention and control of infectious disease (including age-appropriate immunizations)

In-Home providers are required to perform a self-inspection of the home in which care will be provided using the same standards utilized by the Office of State Fire Marshal for a FCDCH. The In-Home provider certifies on the inspection form that they have received all age-appropriate immunizations. See Attachment 6.4.3

b) Building and physical premises safety

By their signature on the inspection form, the In-Home provider assures, to the best of their ability, that they will maintain a clean and safe environment for the child(ren) in their care. The checklist must be signed and returned to the agency before payment can begin.

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c) Health and safety training

*In-Home child care providers are required to submit verification of current certification in Infant/Child/Adult CPR and **Pediatric First Aid** training at certification and at every renewal. In-Home providers are required to have a criminal background check completed. In-Home providers are encouraged to attend training offered through contracts funded by DSS.*

e) Other requirements for child care services provided under the CCDF

N/A

6.5 Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements. (658P(4)(B), §98.41(a)(1)(ii)(A))

Indicate the Lead Agency's policy regarding these relative providers:

- All** relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All** relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following a) describes those requirements and b) identifies the relatives they apply to:

6.6 Enforcement of Health and Safety Requirements

6.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d))

Describe how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:

No.

b) Are child care providers subject to background checks?

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- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:

Class A centers – each paid and non-paid staff person prior to employment, therapeutic professionals and extracurricular personnel such as computer instructor, dance instructor, librarian, etc. prior to being present in the center.

School-based child care programs – all persons employed; teachers, substitute teachers, bus drivers, substitute bus drivers, janitors, any employee who might reasonably be expected to be placed in a position of supervisory or disciplinary authority over children at the time of employment.

Family Child Day Care Home providers – the provider and all adults living at the provider's residence or employed by the provider in the provider's home or on the provider's home property, at registration and at every renewal of registration.

In-Home providers – In-home child care providers are required to have a criminal background check for initial certification and at every renewal.

- No.

c) Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

- Yes, and **describe** the State's reporting requirements and how such injuries are tracked (if applicable):

Class A providers must notify the Child Care Licensing and Regulatory Section and document within 24 hours of the next workday of any death of a child while in care at the center, any serious illness or injury requiring hospitalization or professional medical attention other than first aid of a child while in care at the center. Other types of child care providers are not required to report such injuries.

- No.

f) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

Licensed Class A Facility

Disqualification periods apply resulting in termination of CCAP payments to child care providers after determination that certain acts or violations have been committed. Permanent disqualification applies if the child care provider fails a Criminal Background Check (CBC) or for certain validated complaints of abuse or neglect on the provider. A Class A center is disqualified if a person employed in the center fails a CBC or for certain validated complaints of abuse or neglect

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on an individual employed in the center until that person is no longer working there.

Disqualification periods for certain other validated complaints of abuse or neglect and for other acts or violations such as caring for more children than the licensed capacity and other non-fraudulent violations of the CCAP Provider Agreement remain in effect for a specified period or until the CCAP provider is determined to be in compliance. The Director shall ensure that the center has procedures for emergencies and evacuation as appropriate for the area in which the center is located and that staff is trained in these procedures. The Director shall report any cases or suspected cases of notifiable communicable diseases to the local Office of Public Health.

The entire center shall be checked after the last child departs to ensure that no child is left unattended at the center. Documentation shall include date, time, and signature of staff conducting the visual check and shall be reviewed and signed/initialed by the Director.

Family Child Day Care Home Providers

A FCDCH provider is permanently disqualified if the provider fails a Criminal Background Check (CBC) or for certain validated complaints of abuse or neglect on the provider. A FCDCH provider is disqualified if a person living in the provider's home or working at the provider's home fails a CBC or for certain validated complaints of abuse or neglect on that person until that person is no longer living in or working at the provider's home.

Disqualification periods for certain other validated complaints of abuse or neglect and for other acts or violations such as caring for more than six children and other non-fraudulent violations of the CCAP Provider Agreement remain in effect for a specified period or until the CCAP provider is determined to be in compliance.

Public and Non-public Schools

Permanent disqualification applies if the child care provider fails a Criminal Background Check (CBC) or for certain validated complaints of abuse or neglect on the provider. A school program provider is disqualified if a person employed in the facility fails a CBC or for certain validated complaints of abuse or neglect on an individual employed in the facility until that person is no longer working there. Disqualification periods for certain other validated complaints of abuse or neglect and other non-fraudulent violations of the CCAP Provider Agreement remain in effect for a specified period or until the CCAP provider is determined to be in compliance.

In-Home Providers

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An In-Home provider is permanently disqualified if the provider fails a Criminal Background Check (CBC) or for certain validated complaints of abuse or neglect on the provider. Disqualification periods for certain other validated complaints of abuse or neglect and for other non-fraudulent violations of the CCAP Provider Agreement remain in effect for a specified period or until the CCAP provider is determined to be in compliance.

6.7 Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

PART 7

HEALTH AND SAFETY REQUIREMENTS IN THE TERRITORIES

(Only the Territories complete Part 7)

CCDF regulations (§98.2) define the following categories of care:

- **Center-based care:** Provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Group home child care provider:** Two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work.
- **Family child care provider:** One individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)'s work.
- **In-home child care provider:** Individual who provides child care services in the child's own home.

7.1 Health and Safety Requirements for Center-Based Providers in the Territories

(658E(c)(2)(F), §98.41(a), §98.16(j))

7.1.1 For all center-based care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.2 Health and Safety Requirements for Group Home Child Care Providers in the Territories (658E(c)(2)(F), §98.41(a), §98.16(j))

7.2.1 For all group home child care, the following health and safety requirements apply to child care services provided under the CCDF for:

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- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.3 Health and Safety Requirements for Family Child Care Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

7.3.1 For all family child care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.4 Health and Safety Requirements for In-Home Child Care Providers in the Territories
(658E(c)(2)(F), §98.41(a), §98.16(j))

7.4.1 For all in-home care, the following health and safety requirements apply to child care services provided under the CCDF for:

- a) The prevention and control of infectious disease (including age-appropriate immunizations)
- b) Building and physical premises safety
- c) Health and safety training
- d) Other requirements for child care services provided under the CCDF

7.5 Exemptions to Territorial Health and Safety Requirements

At Lead Agency option, the following relatives may be exempted from health and safety requirements: grandparents, great grandparents, aunts, uncles, or siblings (who live in a

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separate residence from the child in care). (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- All relative providers are subject to the same requirements as described in sections 7.1 - 7.4 above, as appropriate; there are **no exemptions** for relatives or different requirements for them.
- All relative providers are **exempt** from all health and safety requirements.
- Some or all** relative providers are subject to **different** health and safety requirements from those described in sections 7.1 - 7.4 and the following describes those different requirements and the relatives they apply to:

7.6 Enforcement of Territorial Health and Safety Requirements

7.6.1 Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) **Describe** how health and safety requirements are effectively enforced, including at a minimum:

a) Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?

- Yes, and **indicate** the provider categories subject to routine unannounced visits and the frequency of those visits:
- No.

b) Are child care providers subject to background checks?

- Yes, and **indicate** the types of providers subject to background checks and when such checks are conducted:
- No.

c) Does the Territory require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)

- Yes, and **describe** the Territory's reporting requirements and how such injuries are tracked (if applicable):
- No.

d) Describe any other methods used to ensure that health and safety requirements are effectively enforced:

7.7 Exemptions from Territorial Immunization Requirements

The Territory assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the Territorial public health agency. (§98.41(a)(1))

The Territory exempts the following children from immunization (check all that apply):

- Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- Children who receive care in their own homes.
- Children whose parents object to immunization on religious grounds.
- Children whose medical condition contraindicates immunization.

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APPENDIX 1
CCDF PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures (§98.15) that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 109-149)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))

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- (3) it will collect and disseminate to parents of eligible children and the general public consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

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APPENDIX 2
ELIGIBILITY AND PRIORITY TERMINOLOGY

For purposes of determining eligibility and/or priority for CCDF-funded child care services, Lead Agencies must **define** the following *italicized* terms. (658P, 658E(c)(3)(B))

in loco parentis – an individual who is responsible for the care, supervision, and financial support of a child residing with the individual more than half of the time, if the child’s parent is not living in the home .

physical or mental incapacity (if the Lead Agency provides such services to children age 13 and older) - physically, mentally, or emotionally incapable of caring for oneself as verified by a physician or licensed psychologist, or by receipt of SSI (applies to children age 13 through 17).

protective services – those services offered on behalf of individuals under 13 years of age who are in danger, or threatened with danger, of abuse, neglect or exploitation, or are without proper custody or guardianship; and need for such services has been determined by the state agency charged with responsibility for the provision of abuse/neglect complaint investigations. Only children in protective care are eligible for respite care. The State considers children in foster care to be in protective services.

residing with - customarily residing more than half of the time with the parent or guardian who is applying for Child Care Assistance. A child is considered to be residing with a parent or guardian during scheduled absences lasting up to six weeks, if there are definite plans for the child to return to live with that parent or guardian.

special needs child – a child through age 17 who, because of a mental, physical, or emotional handicap, requires specialized facilities, lower staff ratio, and/or specially trained staff to meet his or her developmental and physical needs, as verified by a physician or licensed psychologist.

very low income – families with income at or below the poverty level. (see table in section 3.3.1)

- **List and define** any additional terminology related to conditions of eligibility and/or priority established by the Lead Agency:

Strategies to Empower People (STEP) Program - The STEP Program provides recipients of TANF/FITAP with job preparation, work and supportive services to enable them to leave the program and become self-sufficient.

TANF families - those families with dependent children who are eligible for cash assistance grants administered by the Office of Family Support, Family Independence Temporary Assistance Program (FITAP).

APPENDIX 3: ADDITIONAL CERTIFICATIONS

CCDF Regulations 45 CFR §98.13(b)(2)-(6) require the following certifications.

1. **Assurance of compliance with Title VI of the Civil Rights Act of 1964:**
<http://www.hhs.gov/ocr/ps690.pdf>
2. **Certification regarding debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
3. **Definitions for use with certification of debarment:**
<http://www.acf.hhs.gov/programs/ofs/grants/debar.htm>
4. **HHS certification regarding drug-free workplace requirements:**
<http://www.acf.hhs.gov/programs/ofs/grants/drugfree.htm>
5. **Certification of Compliance with the Pro-Children Act of 1994:**
<http://www.acf.hhs.gov/programs/ofs/grants/tobacco.htm>
6. **Certification regarding lobbying:**
<http://www.acf.hhs.gov/programs/ofs/grants/lobby.htm>

These certifications were obtained in the 1997 Plan and need not be collected again if there has been no change in Lead Agency. If there has been a change in Lead Agency, these certifications must be completed and submitted with the Plan.

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REQUIRED ATTACHMENTS

List all attachments included with this Plan.

Attachment 2.1.3

To access Attachment 2.1.3, **BRIGHTSTART: The Early Childhood Comprehensive System, Strategic Plan for Louisiana**, copy and paste the link below:

<http://www.dss.state.la.us/assets/docs/searchable/OFS/Brightstart.pdf>

Attachment 3.1.1

To access Attachment 3.1.1, CCAP 7, Child Care Assistance Certificate, on the web copy and paste the following link:

<http://stellent:8080/LADSS/outlineDocuments.do?partID=114&agency=OFS&chapterID=6§ionID=2644>

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See Attachment 3.2.1

To access Attachment 3.2.1, D-130, Authorized Rate (LI-CC and STEP-CC), on the web copy and paste the following link:

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fpdf&docName=046762&rendition=web&noSaveAs=true&id=73873>

See Attachment 3.2.3

2009 Market Rate Survey – Louisiana

The 2009 Market Rate Survey is the survey currently used for CCDF Plan purposes. A hard copy of this survey is provided.

PLAN FOR CCDF SERVICES IN: [Louisiana]
FOR THE PERIOD 10/1/09 – 9/30/11

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Attachment 3.5.1

	Agency Name	Office of Family Support (OFS)			
	Chapter No./Name	08 - Child Care Assistance Program (CCAP) Manual			
	Part No./Name	J. Sliding Fee Scale (LI-CC)			
	Section No./Name	J-100 Sliding Fee Scale (LI-CC)			
	Document No./Name	J-110 Sliding Fee Scale (LI-CC)			
	Dates	Issue	May 1, 2009	Effective	May 1, 2009

Sliding Fee Scale

STEP participants are categorically eligible. The child care costs charged by the provider are paid at 100%, not to exceed the state maximum rate.

The agency pays a certain percentage of authorized low-income child care costs that are charged by the provider. The sliding fee scale below is used to determine the percentage that the agency will pay, based on the household's monthly income and the household size. The provider must charge the participant no more and no less than the amount shown on the certificate if the provider wishes to remain an eligible CCAP provider. The difference between the amount that the agency pays and the total amount charged by the provider must be paid by the participant in the form of a co-payment. The provider is responsible for collecting this co-payment.

No. in HH	2	3	4	5	Agency %
	0-1214	0-1526	0-1838	0-2149	80%
	1215-1886	1527-2342	1839-2799	2150-3256	60%
	1887-2557	2343-3158	2800-3760	3257-4362	40%
	ABOVE	ABOVE	ABOVE	ABOVE	0%
	2557	3158	3760	4362	
No. in HH	6	7	8	9	Agency %
	0-2461	0-2773	0-3084	0-3396	80%
	2462-3713	2774-3925	3085-4137	3397-4349	60%
	3714-4964	3926-5076	4138-5189	4350-5302	40%
	ABOVE	ABOVE	ABOVE	ABOVE	0%
	4964	5076	5189	5302	
No. in HH	10	11	12	13	Agency %
	0-3708	0-4019	0-4331	0-4643	80%
	3709-4561	4020-4774	4332-4986	4644-5198	60%
	4562-5414	4775-5528	4987-5640	5199-5753	40%
	ABOVE	ABOVE	ABOVE	ABOVE	0%
	5414	5528	5640	5753	
No. in HH	14	15	16	17	Agency %
	0-4954	0-5266	0-5578	0-5889	80%
	4955-5410	5267-5622	5579-5835	5890-6047	60%
	5411-5866	5623-5978	5836-6092	6048-6204	40%
	ABOVE	ABOVE	ABOVE	ABOVE	0%
	5866	5978	6092	6204	
No. in HH	18				
	0-6201				

Attachment 4.1.1

Form CCAP 2 – Application for Child Care Assistance

To access the CCAP 2 on the web copy and paste the following link:

<http://stellent:8080/LADSS/outlineDocuments.do?partID=114&agency=OFS&chapterID=6§ionID=2644>

Attachment 5.2.1 Part I

Louisiana’s Early Learning Guidelines and Program Standards: Birth through Three

To access Louisiana’s Early Learning Guidelines and Program Standards: Birth through Three on the web copy and paste the following link:

<http://www.dss.state.la.us/assets/docs/searchable/OFS/LAEarlyLearningGuide.pdf>

Attachment 5.2.1 Part II

The Louisiana Standards for Programs Serving Four-Year-Old Children

To access “The Louisiana Standards for Programs Serving Four-Year-Old Children” on the web copy and paste the following link:

<http://www.doe.state.la.us/lde/uploads/5381.doc>

Attachment 5.2.3 – **Part I** - Materials developed to support implementation of the Voluntary Early Learning Guidelines.

Applying the Document to Your Practice

Attachment 5.2.3 – **Part II** - Materials developed to support implementation of the Voluntary Early Learning Guidelines.

Looking at the Document – ELG 1

Attachment 5.2.3 – **Part III** - Materials developed to support implementation of the Voluntary Early Learning Guidelines.

Applying the Document to Your Practice – ELG 2

Attachment 5.2.4

Report on the Assessment of Voluntary Early Learning Guidelines (LA 4/Starting Points).

To access the report on the web copy and paste the following link:

<http://www.doe.state.la.us/lde/uploads/11141.pdf>

Attachment 5.2.5

BrightStart Implementation Timeline
Goals and Strategies related to Professional Development-Early Care and Education

Section I: Professional Development

	To Be Completed Year One	To Be Completed Year Two	To Be Completed Year Three
Goal I. 3: Develop statewide trainings for early childhood providers in the social-emotional development of young children as well as the assessment and intervention principles appropriate to the type of provider and setting (e.g. early care and education, health, family services, child welfare).			
I. 3. b. Embed training on emotional, behavioral and social development of children and relationship based practices into all programs serving children birth through five (e.g., Early Head Start/Head Start, Part C-Early Steps, early care and education providers) with special emphasis on the birth to three population.	X	X	
Goal I. 6: Strengthen and support the continued development of a coordinated system of personnel preparation and ongoing professional development for early care and education providers and administrators.			
I. 6. a. Develop a continuum of training linked to the LA Early Learning Guidelines and Program Standards for Children Birth to Three and the LA Standards for Programs Serving Four Year Olds and tie this continuum to training required by licensing and the Louisiana Pathways Child Care Career Development System.		X	
I. 6. b. Develop core competencies that are age and position specific to guide required training.	X		
I. 6. c. Develop and maintain a comprehensive database of learning opportunities including training, educational and other professional development activities.	X		
I. 6. d. Encourage child care providers to earn at a minimum the Child Development Associate (CDA) credential relevant to their work setting (i.e. infant toddler, preschool or family child care).	X		

PLAN FOR CCDF SERVICES IN: [Louisiana]
FOR THE PERIOD 10/1/09 – 9/30/11

DRAFT

Attachment 5.2.5, Page 2

	To Be Completed	To Be Completed	To Be Completed
I. 6. e. Improve professional development and higher education opportunities to support and enhance the Louisiana Pathways Child Care Career Development System paying particular attention to the barriers that inhibit advancement, specifically articulation with institutions of higher education.		X	
I. 6. f. Facilitate the communication and collaboration between early care and education professional organizations on professional development activities and opportunities.		X	
I. 6. g. Provide three hours of health and safety training through the Child Care Health Consultants Program at low cost, and at convenient times, to early care and education providers.	X		
I. 6. h. Train early care and education providers in how to work with families and how to involve families.	X	X	
I. 6. i. Provide information and training to early care and education providers regarding recognizing signs of child and family violence and how to refer when necessary.	X	X	
I. 6. j. Explore changes to child care licensing regulations to include minimum qualifications for all early care and education trainers who provide required training.	X		
I. 6. k. Develop with Child Care Licensing recommended changes to child care training requirements to include the requirement that both staff and directors receive yearly training in all areas of development (social-emotional, physical and cognitive), cultural diversity and inclusion of children with disabilities.	X		
I. 6. l. Develop training for child care directors in relationship-based management practices and reflective supervision.		X	
I. 6. m. Explore compensation strategies which reward early care and education providers who advance in the Louisiana Pathways Child Care Career Development System.	X		

Attachment 6.3.3

Form CCAP 16B, Health and Safety Standards for Family Child Day Care Homes

To access the form CCAP 16B on the web copy and paste the following link:

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fpdf&docName=046890&rendition=web&noSaveAs=true&id=66462>

Attachment 6.3.3A

Form CCAP 16C, CCAP Application for Family Child Day Care Home Registration

To access the form CCAP 16C on the web copy and paste the following link:

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fpdf&docName=046901&rendition=web&noSaveAs=true&id=47338>

Attachment 6.4.3

Form CCAP 17B, Health And Safety Standards For In-Home Child Care Providers

To access form CCAP 17B on the web copy and paste the following link:

<http://stellent:8080/LADSS/getContent?mimeType=application%2Fword&docName=047009&rendition=primary&noSaveAs=true&id=47834>