

# Child Care and Development Fund (CCDF) Plan for Kansas

FFY 2022-24

This Plan describes the Child Care and Development Fund program to be administered by the state or territory for the period from 10/1/2021 to 9/30/2024, as provided for in the applicable statutes and regulations. The Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

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

## **The Paperwork Reduction Act of 1995 (Pub. L. 104–13)**

The purpose of this information collection is the application for CCDF funds and provides ACF and the public with a description of, and assurance about, the States' and Territories' child care programs. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and completing the form. This is a mandatory collection of information (Pub. L. 113–186), and 42 U.S.C 9858.

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



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## Introduction and How to Approach Plan Development

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The Child Care and Development Fund (CCDF) program provides resources to state, territory, and tribal grantees that enable low-income parents to work or pursue education and training so that they can better support their families while at the same time promoting the learning and development of their children. The CCDF program also provides funding to enhance the quality of child care for all children.

The CCDF Plan is how states and territories apply for CCDF funding (658E (a)) and is the primary mechanism that the Administration for Children and Families (ACF) uses to determine state and territory compliance with the requirements of the law and rule (98.16). ACF acknowledges that in the FY 2022 – 2024 Plan, states and territories may still be operating under approved waivers related to the COVID-19 pandemic and where appropriate plan responses should reflect the approved waivers. The CCDF Plan allows states and territories to describe their implementation of the CCDF program and it is organized into the following sections:

1. Define CCDF Leadership and Coordination with Relevant Systems and Funding Sources
2. Promote Family Engagement Through Outreach and Consumer Education
3. Provide Stable Child Care Financial Assistance to Families
4. Ensure Equal Access to Child Care for Low-Income Children
5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
6. Recruit and Retain a Qualified and Effective Child Care Workforce
7. Support Continuous Quality Improvement
8. Ensure Grantee Program Integrity and Accountability

These organizational categories reflect key goals of an integrated system of child care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine the need for technical assistance (TA), and determine compliance with specific requirements.

### *Citations*

ACF recognizes that Lead Agencies use different mechanisms to establish policies, such as state statute, regulations, administrative rules, or policy manuals or policy issuances. When asked to provide a citation in the CCDF Plan, Lead Agencies should list the citation(s) for the policy that clearly identifies and establishes the requirement and that allows the Lead Agency to enforce the requirement. Lead Agencies may list multiple sources as needed to cover all types of providers receiving CCDF (e.g., policies for licensed providers may be established in licensing regulations, and policies for license-exempt providers may be in subsidy rules). These citations are intended to provide documentation to support the requested information but not replace requested responses or descriptions.

*CCDF Plan Submission*

States and territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions on the ACF-118 site could be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities.

(See [section508.gov](https://www.section508.gov) for more information.)

In responding to questions, states and territories are asked to provide brief, specific summaries and/or bullet points only with specific language that responds to the question. Do not use tables or copy and paste charts, add attachments, or paste manuals into the Plan. All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing oversight and monitoring efforts.

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# 1 Define Leadership and Coordination with Relevant Systems and Funding Sources

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

## 1.1 CCDF Leadership

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

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

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

#### a. Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: [Kansas Department for Children and Families](#)

Street Address: [555 S. Kansas Avenue, 4th Floor](#)

City: [Topeka](#)

State: [Kansas](#)

ZIP Code: [66603-3444](#)

Web Address for Lead Agency: [dcf.ks.gov](#)

#### b. Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: [Laura](#)

Lead Agency Official Last Name: [Howard](#)

Title: [Secretary](#)

Phone Number: [785-296-3274](#)

Email Address: [Laura.Howard@ks.gov](#)

1.1.2 Who is the CCDF Administrator?

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

a. CCDF Administrator Contact Information:

CCDF Administrator First Name: [Carla](#)

CCDF Administrator Last Name: [Whiteside-Hicks](#)

Title of the CCDF Administrator: [Director of TANF and Early Childhood Programs](#)

Phone Number: [785-368-6352](#)

Email Address: [Carla.WhitesideHicks@ks.gov](mailto:Carla.WhitesideHicks@ks.gov)

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

CCDF Co-Administrator First Name:

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Phone Number:

Email Address:

Description of the Role of the Co-Administrator:

## 1.2 CCDF Policy Decision Authority

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

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

- ☒ a. All program rules and policies are set or established at the state or territory level.  
If checked, skip to question 1.2.2.

- ☐ b. Some or all program rules and policies are set or established by local entities or agencies. If checked, indicate which entities establish the following policies. Check all that apply.
- i. Eligibility rules and policies (e.g., income limits) are set by the:
- A. ☐ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- C. ☐ Other. Describe:
- ii. Sliding-fee scale is set by the:
- A. ☐ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- C. ☐ Other. Describe:
- iii. Payment rates and payment policies are set by the:
- A. ☐ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- C. ☐ Other. Describe:
- iv. Licensing standards and processes are set by the:
- A. ☐ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- C. ☐ Other. Describe.
- v. Standards and monitoring processes for license-exempt providers are set by the:
- A. ☐ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- C. ☐ Other. Describe:



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

- A. ☐ State or territory
- B. ☐ Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
- C. ☐ Other. Describe:

viii. Other. List and describe any other program rules and policies (e.g., quality rating and improvement systems [QRIS], payment practices) that are set at a level other than the state or territory level:

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

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

CCDF Activity	CCDF Lead Agency	TANF agency	Other state or territory agency	Local government agencies	CCR&R	Community-based organizations
Who conducts eligibility determinations?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who assists parents in locating child care (consumer education)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Who issues payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors licensed providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who monitors license-exempt providers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who operates the quality improvement activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Other. List and describe any other partners that implement or perform CCDF services and identify their responsibilities. *CCDF Lead Agency issues child care benefits to eligible parents. Parents pay child care providers through an Electronic Benefit Transfer (EBT) system, so parents issue payments.*

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

- Written agreements. Note: The contents of the written agreement may vary based on

the role the agency is asked to assume or type of project but must include at a minimum the elements below (98.11(a)(3)).

- Tasks to be performed
  - Schedule for completing tasks
  - Budget which itemizes categorical expenditures in accordance with CCDF requirements
  - Monitoring and auditing procedures
  - Indicators or measures to assess performance of those agencies (98.16(b))
  - Any other processes to oversee and monitor other agencies.
- Grant and Contract award processes and reporting requirements can be found at the DCF Contractor resources website at: [dcf.ks.gov/Agency/Operations/Pages/Grantee-Resources.aspx](https://dcf.ks.gov/Agency/Operations/Pages/Grantee-Resources.aspx) and [dcf.ks.gov/Agency/Operations/Pages/Contractor--Resources.aspx](https://dcf.ks.gov/Agency/Operations/Pages/Contractor--Resources.aspx). The Grantee's/Sub-Grantee's responsibilities regarding obtaining an independent audit of any grant or sub-grant awarded by DCF are found in DCF's Recipient Monitoring Policy, which can be found on DCF's Audit Services webpage at [dcf.ks.gov/Agency/GC/Pages/Audits/AuditPolicies.aspx](https://dcf.ks.gov/Agency/GC/Pages/Audits/AuditPolicies.aspx). Detail on the level of monitoring required is included in each specific Notice of Grant Awards (NOGA). The specific work required by the grant must be completed in accordance with the Scope of Work specified in the NOGA, or as requested by DCF. All Grantee and Sub-Grantee awards issued by DCF are also subject to federal and state audit. The Grantee Agency must submit required reports to the DCF Program Manager designated in their NOGA. Failure to submit the required reporting, regardless of the level of progress or expenditures during the reporting period, could lead to non-payment of the Budget Transaction Report requested funds, suspension of the grant, and/or termination of the grant, at the discretion of DCF. The specific work required by a contract must also be completed in accordance with the Scope of Work specified in the Contracting Agency's Agreement, or as requested by DCF. Program staff provide additional monitoring through site visits, conference calls, and program desk audits.

- 1.2.4 Upon request, and to the extent practicable and appropriate, Lead Agencies must ensure any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available to other public agencies. This includes public agencies in other states, for their use in administering child care or related programs (98.15(a)(11)). Assure by describing how the Lead Agency makes child care information systems (e.g., subsidy, registry, and QRIS systems) available to public agencies in other states. Systems developed using CCDF funds will be made available to other public agencies upon request to the extent practicable and appropriate. The requesting agency should forward their information to the CCDF State Administrator for further information. These systems include: Kansas Eligibility Enforcement System (KEES), Client and Provider Portal (CAPP), and CLARIS. To the extent practicable and appropriate, any additional or new code or software for child care information systems or information technology that a Lead Agency or other agency expends CCDF funds to develop will be made available upon request to other public agencies.

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- 1.2.5 Lead Agencies must have in effect policies to govern the use and disclosure of confidential and personally identifiable information about children and families receiving CCDF assistance and child care providers receiving CCDF funds (98.15(b)(13)). Certify by describing the Lead Agency's policies related to the use and disclosure of confidential and personally identifiable information. Kansas Statutes Annotated 39-709b describes the confidentiality requirements regarding information concerning applicants for and recipients of assistance, including child care. This information shall be confidential and only available to the secretary and officers and employees of the secretary except as described in the statute. The statute allows for disclosure for post audits, to the applicant or recipient, or outside source in limited situations. Those limited outside source situations require written consent, direct connection to administration of the program, direct connection to investigation, prosecution, or criminal or civil proceedings, is pursuant to the federal social security act, or concerns the intent to commit a crime. The Kansas Economic and Employment Services Manual, the policy manual which incorporates policies and procedures affecting the cash, food assistance, employment services, and child care programs, has details for staff regarding the expectations around the use and disclosure of confidential and personally-identifiable information. These policies are found in KEESM 1221-1229. Information concerning applicants or recipients (present and past) is confidential and may not be disclosed to another Department for Children and Family (DCF) employee, the client, or any other nonagency personnel except as specifically detailed in the manual. Disclosure of confidential information is allowed when the purpose is directly related to the administration of the DCF program; an investigation, prosecution, or criminal or civil proceeding conducted in connection with the administration of the DCF program or the SSI program; or the administration of any federal or federally assisted program which provides assistance (in cash or in kind) or services directly to individuals on the basis of need. Information contained in applications, reports of investigations, reports of medical examinations, correspondence, and other records concerning the condition or circumstances of any person for whom or about whom information is obtained, and including all such information whether or not it is recorded must be safeguarded and kept confidential. Information entered in the case record is to be made available to the client upon request, for inspection at a time mutually agreeable to the agency and the client, except information provided by other DCF program, medical and psychiatric records, names and addresses of complainants, and investigative reports. Information is not to be disclosed to another DCF employee unless the employee has a need for the information in the performance of his official duties. The client's signature on the application form authorizes the disclosure of information concerning a TANF, Child Care, and/or Food Assistance client if the purpose of such disclosure is connected with the administration of any of the aforementioned programs, the Child Welfare or Child Support programs (under titles IV-B, IV-D, and XX), or any other federal or federally assisted program which provides assistance, in cash or in kind, or services directly to individuals on the basis of need. (Example: SSI, LIEAP.) Information is not to be disclosed to nonagency personnel such as courts, school boards, legislators, prosecuting attorneys, policemen, FBI agents, doctors, social service agencies, state employment offices, public housing authorities, landlords, creditors, relatives, etc., except as set forth below. Information not otherwise authorized to be disclosed by this provision may only be disclosed if the client has the authority to disclose such information and the agency has a signed, written consent on file authorizing the agency to disclose the information to the specific person requesting such information, excepting that such information may be disclosed without signed, written consent in an emergency situation such as death or other serious crises to an appropriate person if the agency deems such unauthorized disclosure to be in the best interest of the client. If such information is disclosed without signed, written consent, the client shall be notified of such disclosure as soon thereafter as possible. Since all information relative to a client is by law confidential and since clients are advised that any information they reveal is held confidential, any information received by the worker or other person connected with the agency, is by statute, in the nature of a privileged communication just as is the information received by an attorney or physician from his client, or received by a minister in the performance of his function as a spiritual advisor. When there is some question as to the disclosure of information to another DCF employee, the client or other nonagency personnel, the question is to be referred to the legal division for clearance. An DCF employee who discloses confidential information concerning an applicant or recipient (present and past) shall be

subject to appropriate disciplinary action. Further, any individual who discloses confidential information concerning an applicant or recipient (present, past) shall be subject to criminal prosecution, and if convicted, may be fined up to \$1,000 and/or sentenced to the county jail for a period not to exceed six months. Child Care Providers records such as health assessments are not retained. Licensing surveyors review facility files to determine records are on file. The information available on the portal only provides the address of the provider if the provider chooses to opt in to having this information displayed. Both staff and surveyors are trained that information cannot be shared. Kansas statute K.S.A. 38-2212 and K.S.A. 38-2213 give authority for the exchange of information to be shared, only as appropriate and necessary access; exchange of information; court ordered disclosure; and limited public information. When child care providers enroll with DCF and provide the information necessary for the completion of the Adult Abuse, Neglect, Exploitation Central Registry check, the signed agreement assures providers that the information will be kept confidential by the DCF Child Care Provider Enrollment Unit. KEESM 1223 discusses the nature of information that must be safeguarded by DCF employees and indicates that this includes information of any person for whom or about whom information is obtained. This would include information obtained for the enrollment of providers with DCF.

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

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

- (1) Appropriate representatives of units of general purpose local government— (658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at [census.gov/newsroom/cspan/govts/20120301\\_cspan\\_govts\\_def\\_3.pdf](https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf)
- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

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

#### 1.3.1 Describe the Lead Agency's consultation efforts in the development of the CCDF Plan.

- a. Describe how the Lead Agency consulted with appropriate representatives of general purpose local governments.
- b. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body.
- c. Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for states to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many states and tribes have consultation policies and procedures in place.
- d. Describe any other entities, agencies, or organizations consulted on the development of the CCDF Plan.

- 1.3.2 Describe the statewide or territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C); 98.16(f)). Reminder: Lead Agencies are required to hold at least one public hearing in the state or territory, with sufficient statewide or territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:
- a. Date of the public hearing.
  - b. Reminder: Must be no earlier than January 1, 2021, which is 9 months prior to the October 1, 2021, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g., the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).
  - c. Date of notice of public hearing (date for the notice of public hearing identified in (a). Reminder: Must be at least 20 calendar days prior to the date of the public hearing. If more than one public hearing was held, enter one date of notice (e.g., the date of the first notice, the most recent notice or any date of notice that demonstrates this requirement).
  - d. How was the public notified about the public hearing? Please include specific website links if used to provide notice.
  - e. Hearing site or method, including how geographic regions of the state or territory were addressed.
  - f. How the content of the Plan was made available to the public in advance of the public hearing. (e.g., the Plan was made available in other languages, in multiple formats, etc.)
  - g. How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan?
- 1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found at [acf.hhs.gov/occ/resource/pi-2009-01](https://acf.hhs.gov/occ/resource/pi-2009-01).)
- a. Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed. [Links to the plan, amendments and/or waivers are available via links on the agency website \[dcf.ks.gov/services/ees/Pages/Child\\\_Care/Child-care-and-early-education.aspx\]\(https://dcf.ks.gov/services/ees/Pages/Child\_Care/Child-care-and-early-education.aspx\) and a link to this direct site can also be found at the Kansas Quality Network at \[ksqualitynetwork.org/laws-regulations\]\(https://ksqualitynetwork.org/laws-regulations\).](https://dcf.ks.gov/services/ees/Pages/Child_Care/Child-care-and-early-education.aspx)
  - b. Describe any other strategies that the Lead Agency uses to make the CCDF Plan and Plan amendments available to the public (98.14(d)). Check all that apply and describe the strategies below, including any relevant website links as examples.
    - ☐ Working with advisory committees. Describe:
    - ☐ Working with child care resource and referral agencies. Describe:
    - ☐ Providing translation in other languages. Describe:
    - ☐ Sharing through social media (e.g., Twitter, Facebook, Instagram, email). Describe:
    - ☐ Providing notification to stakeholders (e.g., provider groups, parent groups). Describe:
    - ☐ Other. Describe:

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

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

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

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

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

- extending the day or year of services for families.
  - smoothing transitions for children between programs or as they age into school.
  - enhancing and aligning the quality of services for infants and toddlers through school-age children.
  - linking comprehensive services to children in child care or school-age settings.
  - developing the supply of quality care for vulnerable populations (as defined by the Lead Agency) in child care and out-of-school time settings.
- a. The Lead Agency is required to coordinate with the following agencies. Provide a description for how coordination occurred.
- i. Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals, processes, and results: *(Update with new information after collaborating-County Health Department staff and Child Care Licensing System Improvement Team were used in the past) Goals included recommended proposed regulation changes regarding orientation and on-going training for child care provider caring for children ages infancy through school age.*
  - ii. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(1)(A)(i) of the Head Start Act). Describe the coordination goals and process: *The Children's Cabinet and Trust Fund plays the statutory role to assist the Governor in developing and implementing a coordinated, comprehensive service delivery system to the children and families of Kansas and meets every other month. The Secretary of DCF serves as an ex-officio member on the Children's Cabinet. There is a state directors' team that meets every two weeks and is composed of designees from the Children's Cabinet. The lead agency has representation at these meetings. There is a recommendations panel who provide an advisory role to the Cabinet and the lead agency has required membership on the panel and has current members serving a one-year term. The recommendations panel meets monthly. DCF and KDHE consult with many different group within the state on plan content throughout the year. These*



groups include but are not limited to: the Child Care Licensing Systems Improvement Team, Home Visiting Leadership group, workforce development committee, State Interagency Coordinating Council, Kansas Enrichment Network (KEN) Executive Committee, ongoing coordination with tribal representatives and Links to Quality (QRIS) Advisory Group and implementation workgroups. The Lead Agency also coordinates internally with the monthly policy planning team, monthly implementation planning team, and at the quarterly Economic and Employment Services Program Administrator's meeting. The Lead Agency's goal is to coordinate with relevant groups regarding CCDF reauthorization and topic areas impacted by the CCDBG Act of 2014. Groups address goals for children ages infancy through school age. Policy, licensing regulations, and quality initiatives are all addressed within these groups. The final draft of the CCDF State Plan was made available for review and comment to these entities also.

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

- iii. Indian tribe(s) and/or tribal organization(s), at the option of individual tribes. Describe the coordination goals and process, including which tribe(s) was consulted:

As items warrant, ongoing coordination occurs between tribal representatives and DCF representatives. (share how draft was shared) DCF shared the draft state plan for comment and input with the Iowa Tribe of Kansas and Nebraska, the Kickapoo Tribe and the Prairie Band of Potawatomi Nation. Goals included increased input and coordination with Tribes around the topic areas of professional development opportunities and Links to Quality.

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

- iv. State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Part B, Section 619 for preschool). Describe the coordination goals and process: (share how draft was shared with group) On-going planning and consultation occurs between DCF and KDHE staff and representatives of this agency through the Early Childhood Recommendations Panel monthly meetings and work. Goal is to continue support and agency participation in the State Interagency Coordinating Council. The council is to ensure that a comprehensive service delivery system of integrated services is available in Kansas to all children with, or at risk of, developmental delays from birth through age five and their families.
- v. State/territory office/director for Head Start state collaboration. Describe the coordination goals and process: On-going planning and coordination occurs with the Head Start State Collaboration office located within the Economic Employment Services/ TANF and Early Childhood Programs Section of DCF. The Director actively participates in the development and completion of the CCDF state plan. Goal is for HSSCO to continue to support and facilitate coordination between agency, Federal Head Start grantees, and the Kansas Head Start Association.
- vi. State/territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination goals and process: (Share how draft was shared with this group) This office is located within the child care licensing agency KDHE. Goal is continue the ongoing coordination with KDHE, and provide resources regarding immunizations thru individual consultations with child care providers as requested during licensing surveys, technical assistance visits and the KQN website.
- vii. State/territory agency responsible for employment services/workforce development. Describe the coordination goals and process: The CCDF Administrator is the TANF and Early Childhood Program Director. Employment services are provided for TANF recipients and Food



Assistant recipients. These programs are within the Economic Employment Services. Regular meetings discussing policy occur with the staff actively involved in providing services and regarding the state plan. Goal is to continue on-going coordination and resource sharing with the employment services staff located within DCF.

- viii. State/territory agency responsible for public education, including Prekindergarten (PreK). Describe the coordination goals and process: (talk about state plan draft work together) On-going planning and consultation occurs between DCF and KDHE staff and representatives of this agency through Early Childhood Directors meetings, the Early Childhood Recommendations Panel monthly meetings
- ix. State/territory agency responsible for child care licensing. Describe the coordination goals and process: (talk about state plan draft work together) On-going planning and consultation occurs between DCF and KDHE staff and representatives of this agency through Early Childhood Directors meetings, the Early Childhood Recommendations Panel monthly meetings, weekly CCDF Early Childhood Program meetings, and through the development and completion of the CCDF state plan work. DCF is coordinating with Child Care Licensing within KDHE in the development of a statewide Quality Rating Improvement System (QRIS). Links to KDHE child care resources, including regulations, are accessible on DCF's Kansas Quality Network (KQN). Goal is to continue the coordination and the agreement between the state agencies to provide child care licensing across the state. The lead agency has staff on the KDHE Child Care Systems Improvement team and the work of the team is to lead to outcomes that will increase the effectiveness of the Child Care Licensing Program and increase the availability of quality child care.
- x. State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination goals and process: (Update: The final draft of the state plan was posted and made available for review and comment). Goal is for on-going communication, to continue to provide CACFP links on the KQN website and promote participation in CACFP with child care providers
- xi. McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination goals and process: The office was consulted with specific plans for services to homeless families, training for child care providers and providing consumer education on the KQN website. Goal to increase consumer education regarding homeless thru child care professional development opportunities. DCF met with Kansas Department of Education's (KSDE) McKinney Vento Homeless Act Liaison regarding the development of online training coursework for child care providers. Serving homeless families is included within the Kansas Early Learning Standards toolkits, created thru a collaborative effort with members of the Kansas State Agencies Early Childhood team and the Kansas Inservice Training Service (KITS) project. (Update once updates are made to 6.2.5)
- xii. State/territory agency responsible for the Temporary Assistance for Needy Families (TANF) program. Describe the coordination goals and process: The CCDF Administrator is the TANF and Early Childhood Program Director. These programs are within the Economic Employment Services. Regular meetings discussing policy occur with the staff actively involved in providing services and regarding the state plan. Goal is to continue on-going coordination and resource sharing with the TANF staff located within DCF.
- xiii. Agency responsible for Medicaid and the state Children's Health Insurance Program. Describe the coordination goals and process: (add when coordinated) Goal is to continue coordination with the Kansas Department for Health and Environment (KDHE) Maternal Health team and provide consumer resources on agency's Kansas Quality Network (KQN) regarding Medicaid, CHIP program, and immunization resources.

- xiv. State/territory agency responsible for mental health. Describe the coordination goals and process: Goal is to continue planning and coordination between DCF and statewide entities involved in direct mental health services, which include EHS/HS, KDHE- MIECHV, Part C Infant Toddler Services; KSDE- Part B 619, Parents As Teachers, through the Early Childhood Recommendation Panel work to support children and their families. Lead Agency staff also participate on Family First Kansas Strong Statewide Interagency Advisory Boards at a state and local level with the goal to establish a collaborative and effective initiative that develops, implements, and evaluates strategies that will improve safety, permanency, and well-being outcomes, by enhancing agency and court/legal practices and reducing systemic barriers. The Early Childhood Recommendation Panel, which the lead agency has representatives on, has mutual representatives on the Governor's Behavioral Health Services Planning Council's Children's Subcommittee which makes recommendations to improve the Kansas public mental health system and ensure the needs of children and families are met.
- xv. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination goals and process: The lead agency has staff that serve on the Workforce Development Advisory Group to advocate for interests of the early childhood workforce through conversations surrounding quality, continuing education, industry culture and workforce equality. Staff is actively involved in the current subgroups concerning a workforce registry, career pathways, and diversity, equity and inclusion.
- xvi. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination goals and process: Goal is to continue planning and coordinating with the Kansas Enrichment Network, as they build and expand school-based programs to enhance learning opportunities for students and provide technical assistance to new and established programs. The lead agency has staff that serves on the Kansas Enrichment Network Executive Committee.
- xvii. Agency responsible for emergency management and response. Describe the coordination goals and process: Staff with Kansas Division of Emergency Management share the goal with the Lead Agency and other agencies to address preparedness, response, and recovery efforts specific to child care services and programs through several processes. The main process used to reach this goal is the development and updating of the Kansas Response Plan, which is the framework for the coordination of emergency management plans at all levels and provides the pre-assigned responsibilities to State agencies and organizations to support local agencies. Kansas Division of Emergency Management develops this plan in coordination with representatives from various agency and organizations, including Kansas Department for Children and Families, the Lead Agency and the child care licensing agency, Kansas Department of Health and Environment. Staff with the Kansas Division of Emergency Management have agreed to aid in the development and updating of the Statewide Child Care Disaster Plan to ensure that the plan accurately reflects the division of responsibility and coordination efforts that have been agreed on throughout the state of Kansas. DCF works with KDEM staff regarding continuity of operations planning and feeding and mass care in response to emergencies and disasters that occur in Kansas. DCF is a member of the Kansas Continuation of Operation Plan Committee which is comprised of representatives of state cabinet level agencies. The committee sets standards for state agency Continuation of Operation Plan plans and provides guidance and assistance to state agencies regarding their Continuation of Operation Plan efforts. DCF is also the state agency lead for feeding and mass care during disasters. DCF representatives travel to the State Emergency Operations Center during State Emergency Operations Center trainings, exercises and activations. In response to a disaster, DCF coordinates with volunteer organizations such as the Red Cross and Salvation Army, as well as KDEM and county emergency management staff. This coordination helps ensure adequate shelters and other necessities such as food, water and clothing are available to all Kansas citizens impacted by a

disaster. The citizens assisted include vulnerable populations such as children and those with functional needs.

- b. The following are examples of optional partners a state might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination goals, processes and results.
- i. ☒ State/territory/local agencies with Early Head Start – Child Care Partnership grants.  
Describe: Agency has a Memorandum of Agreement with The Family Conservancy (TFC), the only federal EHS-CCP grantee in Kansas. Per the MOA a DCF CCDF team member is a community member on the TFC policy council, and participates in EHS/CC partnership calls, webinars and meetings. Agency CCDF staff regularly coordinate and consult with TFC regarding child care subsidy eligibility. The DCF TANF and Early Childhood Programs team meets regularly with TFC project management team, with the goal to meet at a minimum quarterly.
  - ii. ☒ State/territory institutions for higher education, including community colleges.  
Describe: The lead agency staff participate in the Early Childhood Higher education Options consortium (ECHO) which has the goal to support and enhance development and delivery of programs to meet the standards for the Kansas early childhood unified license. This group consist mainly of four year university faculty. The lead agency also has staff that participate in Early Childhood Quality Instructional Partners (EQIP), which is a consortium of community college faculty collaboratively supporting articulation and the development of early childhood programs that lead to endorsement or certification. Members of these groups are also on the Early Childhood Recommendation Panel.
  - iii. ☐ Other federal, state, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: Lead agency staff are members of the State Interagency Coordinating Council (SICC) and agency provides funding to support SICC staffing. This council is responsible for advising and assisting the KS Governor and legislature on matters that impact Kansas families with children, ages birth to five who have, or are at risk for, developmental delays. SICC members include state and local level early childhood special education staff, agencies, community members, governor appointments, elected officials and parents of children with special needs.
  - iv. ☒ State/territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe:  
Lead agency staff are members of the Home Visiting State Workgroup (MIECHV Advisory Group) with the mission to develop and advance a unified statewide system of home visiting services to improve outcomes for families and children, prenatal to five years of age.
  - v. ☒ Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: lead agency staff are members of the Kansas State Interagency Coordinating Council with KSDE-Part B 619 and KDHE-Part C staff during monthly meetings and thru the development and completion of the CCDF state plan work.
  - vi. ☒ State/territory agency responsible for child welfare. Describe:  
The final draft of the CCDF state plan was posted and made available for review and comment. The Kansas Department for Children and Families Protection and Prevention Services (PPS) division and the Economic and Employment Services (EES) division has partnered together to offer child care benefits to foster families who have at least one eligible child who is in the custody of the State. A specialized team

of eligibility staff in EES works with PPS staff and by extension the Case Management Providers (CMP's) and Child Placing Agencies (CPA's) to coordinate benefits for foster families that have an eligible child(ren) and demonstrate an allowable need. The goal is to serve foster families as quickly as possible since this population is typically more transient by comparison and their needs can shift rapidly. An internal goal of the FCCC unit is to fully process any correspondence received to the unit within three business days. There are no significant changes planned to the program and its functionality. The only planned changes are to the eligibility system used by FCCC staff and this will only impact efficiency to process applications or changes to deliver benefits.

- vii. ☒ **State/territory liaison for military child care programs. Describe:** The final draft of the CCDF state plan was posted and made available for review and comment by the public and other entities.
- viii. ☒ **Provider groups or associations. Describe:**  
The final draft of the CCDF state plan was posted and made available for review and comment to multiple early childhood stakeholders across the state, including yet not limited to: Kansas Head Start Association, Kansas Parents as Teachers Association, Families Together, the Child Care Provider Coalition, the Kansas State Home Visitation Work Group, the Early Childhood Recommendations Panel, Child Care Aware of Kansas, the Children's Cabinet and Kansas Parent Information Resource Center. Groups and associations were notified of the posting via email, Facebook, twitter and/or in person during DCF participation/attendance in group and association meetings.
- ix. ☒ **Parent groups or organizations. Describe:**  
The final draft of the CCDF state plan was posted and made available for review and comment. Members of the lead agency coordinate with staff from the Kansas Parent Information Resource Center (KPIRC) . KPIRC promotes meaningful family engagement at all levels of education and resources to help parents, educators and other organizations promote the educational of every Kansas child. Members of the lead agency also participate on the Family Advisory Council through KDHE, the Family First/Kansas Strong Statewide Interagency Advisory Board on a state and local level, Local Interagency Coordinating Councils, and Community and Family Engagement Coalition.
- x. ☒ **Other. Describe:** The lead agency coordinates within the agency with the DCF employment services program, currently serving families receiving TANF and SNAP assistance. Child Care services are coordinated to ensure supports are available to families working toward the goal of self-sufficiency.

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

*Optional Use of Combined Funds:* States and territories have the option to combine CCDF funds with any required program in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care (658E(c)(2)(O)(ii)).

Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of

comprehensive quality care that meets the needs of children and families. For example, state/territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a state/territory may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or state/territory Prekindergarten requirements in addition to state/territory child care licensing requirements.

As a reminder, CCDF funds may be used in collaborative efforts with Head Start programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and CCDF is strongly encouraged by sections 640(g)(1)(D) and (E); 640(h); 641(d)(2)(H)(v); and 642(e)(3) of the Head Start Act in the provision of full working day, full calendar year comprehensive services. To implement such collaborative programs, which share, for example, space, equipment, or materials, grantees may layer several funding streams so that seamless services are provided (Policy and Program Guidance for the Early Head Start – Child Care Partnerships: [acf.hhs.gov/sites/default/files/occ/acf\\_im\\_ohs\\_15\\_03.pdf](https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf)).

1.5.1 Does the Lead Agency choose to combine funding for CCDF services for any programs identified in 1.4.1 (98.14(a)(3))?

☐ No (If no, skip to question 1.5.2)

☒ Yes. If yes, describe at a minimum:

- a. How you define “combine”? *Child Care Subsidy is available to wrap around both state and federal funded early childhood programs and is provided to serve as the basic child care rate for both state and federal Early Head Start Child Care Partnerships Grantees.*
- b. Which funds you will combine? *Child Care Subsidy and Kansas Early Head Start, Head Start and the Kansas Preschool Programs.*
- c. What is your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? *Outcomes of combining Funding includes: extending the day for services available to children in Head Start and Preschool Programs; increase services to families experiencing homelessness, increase high supply and quality services to infants and toddlers in high need areas (high unemployment, high poverty and high out of home placements); and increasing comprehensive services to children in child care.*
- d. How you will be combining multiple sets of funding, such as at the state/territory level, local level, program level? *Funds are combined at the program level.*
- e. How are the funds tracked and method of oversight? *Subsidy funds utilized for Kansas Early Head Start Child Care Partnership and Federal Early Head Start Child Care Partnership Grantees are tracked by DCF. Wraparound funds for Head Start and Preschool Programs are not tracked.*

1.5.2 Which of the following funds does the Lead Agency intend to use to meet the CCDF matching and MOE requirements described in 98.55(e) and 98.55(h)? Check all that apply.

*Note: The Lead Agency must check at least public and/or private funds as matching, even if Prekindergarten funds also will be used.*



Use of PreK for Maintenance of Effort: The CCDF Final Rule clarifies that public PreK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate PreK and child care services to expand the availability of child care while using public Prekindergarten funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for PreK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

- a. ☐ N/A—The territory is not required to meet CCDF matching and MOE requirements.
- b. ☒ Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state-/territory-specific funds (tobacco tax, lottery), or any other public funds.
- i. If checked, identify the source of funds: Matching: [State General Funds](#); MOE: [Children's Initiative Funds \(tobacco settlement funds\)/State General Funds](#).
- ii. If known, identify the estimated amount of public funds that the Lead Agency will receive: Matching: [\\$8,790,514](#); MOE: [\\$6,673,024 total \(\\$5,033,679 CIF Funding/\\$1,639,345 State General Funds\)](#).
- c. ☐ Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).
- i. If checked, are those funds:
- ☐ A. Donated directly to the state?
- ☐ B. Donated to a separate entity(ies) designated to receive private donated funds?
- ii. If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
- iii. If known, identify the estimated amount of private donated funds that the Lead Agency will receive:
- d. ☐ State expenditures for PreK programs are used to meet the CCDF matching funds requirement. If checked, provide the estimated percentage of the matching fund requirement that will be met with Prekindergarten expenditures (not to exceed 30 percent):
- i. If the percentage is more than 10 percent of the matching fund requirement, describe how the state will coordinate its Prekindergarten and child care services:
- ii. If known, identify the estimated amount of Prekindergarten funds that the Lead Agency will receive for the matching funds requirement:
- iii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:

- e. ☐ State expenditures for Prekindergarten programs are used to meet the CCDF maintenance-of-effort requirements. If checked,
- i. Assure by describing how the Lead Agency did not reduce its level of effort in full-day/full-year child care services, pursuant to 98.55(h)(1) and 98.15(a)(6).
  - ii. Describe the Lead Agency efforts to ensure that Prekindergarten programs meet the needs of working parents:
  - iii. Estimated percentage of the MOE Fund requirement that will be met with Prekindergarten expenditures (not to exceed 20 percent):
  - iv. If the percentage is more than 10 percent of the MOE requirement, describe how the state will coordinate its Prekindergarten and child care services to expand the availability of child care:
  - v. If known, identify the estimated amount of Prekindergarten funds that the Lead Agency will receive for the MOE Fund requirement:

## **1.6 Public-Private Partnerships**

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

- 1.6.1 Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of the CCDBG Act. Include in the response any public-private partnerships that have emerged from the response to the COVID-19 pandemic (98.16(d)(2)). [Kansas Quality Network](#), a website offered by DCF, the lead agency, provides child care providers tools and shared resources to support their continuous quality improvement efforts, supporting their licensing applications and DCF enrollment requirements, help them find a wide range of resources to support their staff and families, provide child development information, regulations, and professional development information all in one location. Kansas Quality Network has received feedback from providers indicating that the website has “valuable information in an organized and easy to understand” way. The Kansas Quality Network provides links to each partner organization so that they control and edit the content delivered. Kansas Quality Network serves as an entry point to connect people to the services provided by partner organizations with a shared purpose of strengthen families and improving children’s lives.

The lead agency, DCF, continues to coordinate with many partners on the development and implementation of a statewide Quality Rating Improvement System (QRIS) known as Links to Quality. As the advisory group is reinstated after the pilot, this group will consist of representatives from the Kansas Child Care Training Opportunities (KCCTO), Child Care Aware of Kansas, KDHE-Part C, Head Start, Children’s Cabinet, Center for Public Partnerships & Research - KU, KSDE-Early Childhood, Special Education and Title Services, Mid-America Regional Council (MARC), Local Tribe, a Child Care Center, a Family Child Care Provider, a parent, KDHE Licensing, business leaders, community and family advocacy groups, and the Preschool Development Grant along with DCF to provide critical input in the QRIS design. These representatives have a wide range of knowledge and expertise, as well as, specific agency goals and interests that strengthen the quality of the QRIS system. Currently, Links to Quality, is in transition from pilot to state wide rollout.

Links to Quality also partners closely with other state quality focused projects and programs including the Mid-America Regional Council (MARC), Child Care Provider Coalition (CCPC), and Kansas Association for the Education of Young Children (KSAEYC). Links to Quality Staff are actively attending meetings, workgroups and functions to support quality early education including but not limited to All in for Kansas Kids Recommendation Panel, Child Care System Improvement Team (CC SIT), and Community and Family Engagement Coalition (CAFÉ). Involvement in these groups and many more support the trust and relationship building necessary for current and future partnership opportunities.

The lead agency, DCF, partners with Early Head Start programs within our state funded Kansas Early Head Start Child Care Partnership Program. This allows subsidy dollars to be utilized for basic child care cost and additional funds to be used to increase quality. It also allows subsidy payments to be made by parents in a timely manner. These partnerships increase the supply of high-quality child care services. DCF also has a memorandum of agreement with The Family Conservancy, an Early Head Start-Child Care Partnership Federal grantee, to improve coordination of child care services for participating children and reduce duplication of application processes. Kansas Early Head Start Child Care Partnerships work with their child care partners to complete their Child Development Associate Credential, as this is required for their teachers due to the Head Start Performance Standards.

The lead agency, DCF, has staff serving on a wide range of committees and groups. DCF staff coordinate with representatives of higher education and community colleges on the state career ladder, early learning guidelines, and professional development opportunities on the . DCF staff serves on, Early Childhood Higher Education Options, Early Childhood Quality Instructional Partners, Kansas Head Start Association Health Literacy, Kansas Association of Infant Mental Health, Kansas Early Head Start Director’s meetings, Child Care Licensing System Improvement Team, The Children’s Cabinet and Trust Fund, Early Childhood State Directors Team, Early Childhood Recommendations Panel, Kansas Quality Improvement Advisory Council, Kansas Head Start Association Affiliate Program Member meetings, Kansas Head Start Association Board, Kansas Family Leadership Team, Safe Kids Kansas, State Interagency Coordinating Council, Local Interagency Coordinating Council, Kansas Department of Health and Environment and Child and Adult Care Food Program coordination, DCF child care provider enrollment staff meetings, State



Home Visitation Team, Early Child Care and Education Workforce Development Committee, and Region VII Head Start Association Meetings.

## **1.7 Coordination with Child Care Resource and Referral Systems**

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

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

- Provide parents in the state with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).
- Collect data and provide information on the coordination of services and supports, including services under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act.
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the state.
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

*Note:* Use 1.7.1 to address if a state/territory funds a CCR&R organization, describe what services are provided and how it is structured. Use section 7.5.2 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

1.7.1 Does the Lead Agency fund local or regional CCR&R organizations?

- ☐ No. The state/territory does not fund a CCR&R organization(s) and has no plans to establish one.
- ☐ Yes. The state/territory funds a CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the following:

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

## 1.8 Disaster Preparedness and Response Plan

In past disasters, and in response to the COVID-19 pandemic, the provision of emergency child care services and rebuilding and restoring of child care infrastructure has emerged as an essential service. Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor, or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan. The effective date for the establishment of this Statewide Disaster Plan was October 1, 2018.

- 1.8.1 Identify when the Statewide Child Care Disaster Plan was last updated. Please consider any changes that were made as a result of the Lead Agency's experiences in responding to the COVID-19 pandemic. (Note: It is a Lead Agency decision on how often a plan should be updated and which entities, if any, should be collaborated with in the updating process.)
- When was the most recent update to the Statewide Disaster Plan?  
2018
  - Did you collaborate with the any of the required entities in updating the plan? If yes, identify those entities: Extensive input was received and utilized from multiple staff at the state emergency management agency, Kansas Division of Emergency Management. At the suggestion of the Kansas Division of Emergency Management, the State ADA Coordinator reviewed the draft and provided input. The State ADA Coordinator is employed by the Kansas Department for Children and Families. The Kansas Department for Children and Families' Emergency Management Coordinator provided further feedback to improve the plan. Staff from the Kansas Department of Health and Environment, the State licensing agency and State health department, provided updates and comments utilized in the plan development. Staff from Child Care Aware of Kansas and Kansas Child Care Training Opportunities, Inc., representing child care resource and referral agencies, provided additional input to improve the plan. Input was also received from Kansas Children's Cabinet and Trust Fund staff. Representatives on the Child Care Licensing Systems Improvement Team have reviewed the 2018 Kansas Child Care Disaster Plan as representatives of the previously mentioned agencies.
  - Describe the elements of the plan that were updated: The Kansas Disaster Response for the State of Kansas was updated in 2018. The previous version was from 2014. Because of these changes, the Kansas Child Care Disaster Plan needed updated. The lead agency worked closely with staff at the Kansas Division of Emergency Management to ensure that the changes were correctly articulated. Additional information was added about how specific ADA Title II elements were addressed in the Kansas Response Plan. Key partners, Kansas Child Care Training Opportunities, Inc. and Child Care Aware of Kansas provided updated information on emergency preparedness and response activities being conducted throughout the state, including the Child Care Aware of Kansas Emergency Preparedness toolkit. The "Accommodations Procedures for People with Functional and Access Needs and/or Vulnerable Needs" statement was updated to reflect the inclusion of infants and children and the clear indication that the local health departments are tasked with special considerations for planning for and assisting the infants and children.
- 1.8.2 To demonstrate continued compliance with the required elements in the Statewide Disaster Plan, certify by checking the required elements included in the current State Disaster Preparedness and Response Plan.
- ☒ The plan was developed in collaboration with the state human services agency, the state emergency management agency, the state licensing agency, the state health department or public health department, local and state child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.
  - ☒ The plan includes guidelines for the continuation of child care subsidies.
  - ☒ The plan includes guidelines for the continuation of child care services.
  - ☒ The plan includes procedures for the coordination of post-disaster recovery of child care services.
  - The plan contains requirements for all CCDF providers (both licensed and license-exempt) to have in place:
    - ☒ Procedures for evacuation

- ii. ☒ Procedures for relocation
  - iii. ☒ Procedures for shelter-in-place
  - iv. ☒ Procedures for communication and reunification with families
  - v. ☐ Procedures for continuity of operations
  - vi. ☒ Procedures for accommodations of infants and toddlers
  - vii. ☒ Procedures for accommodations of children with chronic medical conditions
  - viii. ☒ Procedures for accommodations of children with disabilities
- f. ☒ The plan contains procedures for staff and volunteer emergency preparedness training.
  - g. ☒ The plan contains procedures for staff and volunteer practice drills.
- 1.8.3 Provide the link to the website where the statewide child care disaster plan is available:  
[dcf.ks.gov/services/ees/Documents/Child\\_Care/StatewideCC-DisasterPlanCurrent.pdf](https://dcf.ks.gov/services/ees/Documents/Child_Care/StatewideCC-DisasterPlanCurrent.pdf)

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## 2 Promote Family Engagement Through Outreach and Consumer Education

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

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. OCC expects that Lead Agencies are using targeted strategies for each group to ensure tailored consumer education information. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children’s development, including their social-emotional development, is shared.

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

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

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

- 2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.
- a. ☒ Application in other languages (application document, brochures, provider notices)
  - b. ☒ Informational materials in non-English languages
  - c. ☒ Website in non-English languages
  - d. ☒ Lead Agency accepts applications at local community-based locations
  - e. ☒ Bilingual caseworkers or translators available
  - f. ☒ Bilingual outreach workers
  - g. ☒ Partnerships with community-based organizations

- h. ☒ Other. Describe: The agency's workforce development contractor, Kansas Child Care Training Opportunities (KCCTO) provides coursework in Spanish, taught by a bi-lingual instructor. The agency's Kansas Early Head Start - Child Care Partnership grantees have translation services available and most have bilingual staff available. The KEHS grantees work with the Lead Agency to identify families in their service area that qualify for assistance.

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

- a. ☒ Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- b. ☒ Websites that are accessible (e.g., Section 508 of the Rehabilitation Act)
- c. ☒ Caseworkers with specialized training/experience in working with individuals with disabilities
- d. ☒ Ensuring accessibility of environments and activities for all children
- e. ☒ Partnerships with state and local programs and associations focused on disability-related topics and issues
- f. ☒ Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- g. ☒ Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies
- h. ☒ Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children
- i. ☒ Other. Describe: The Lead Agency's Kansas Early Head Start program works with the agency to identify families in their service areas that qualify for assistance, for program recruitment. KEHS must make 10% of their funded enrollment opportunities available for children with disabilities.

## 2.2 Parental Complaint Process

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

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

- 2.2.2 For complaints regarding all providers, including CCDF providers and non-CCDF providers, describe the Lead Agency's process and timeline for screening, substantiating, and responding to complaints. Describe whether the process includes monitoring, and highlight any differences in processes for CCDF and non-CCDF providers: [Complaints about licensed child care providers can be submitted to KDHE by calling 785- 296-1270 or completing a complaint form on line at \[kdheks.gov/bccdr/parents.htm\]\(https://kdheks.gov/bccdr/parents.htm\)](#) Complaints of child abuse and neglect by child care providers also come in through the Protection Reporting Center (PRC) within DCF. Complaints may be provided on line or by calling 1-800-922-5330. For additional information, the PRC website can be found at: [dcf.ks.gov/services/PPS/Pages/KIPS/KIPSWebIntake.aspx](https://dcf.ks.gov/services/PPS/Pages/KIPS/KIPSWebIntake.aspx)
- 2.2.3 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints: Through a Memorandum of Agreement (MOA) with KDHE, it is expected that KDHE will maintain a record of substantiated facility complaints, including parental complaints. The web-based Child Care Licensing System of Record, Childcare Licensing and Regulation System (CLARIS), includes: The complaint module Maintenance of records A system which provides rebuttals or updates by providers. A system which provides for confidentiality of the complainant
- 2.2.4 Certify by describing how the Lead Agency makes information about substantiated parental complaints available to the public; this information can include the consumer education website discussed in section 2.3: [The information is made available to the public on written request, and is made available in accordance with the Kansas Open Records Act. Complaint findings are accessible to the public on the state agency website through the Online Information Dissemination System \(OIDS\). Complaint findings are kept on OIDS for three years, after those three years the information would need to be obtained through the Kansas Open Records Act. The Provider Management System OIDS provides the public the ability to search Kansas Child Care Provider information for compliance data. This information can be found on the KDHE website at \[kdheks.gov/bccdr/capp.htm\]\(https://kdheks.gov/bccdr/capp.htm\) and a link to this direct site can be found on the Kansas Quality Networksite at \[ksqualitynetwork.org/provider/child-care-monitoring/\]\(https://ksqualitynetwork.org/provider/child-care-monitoring/\)](#)
- 2.2.5 Provide the citation to the Lead Agency's policy and process related to parental complaints: [kdheks.gov/bccdr/parents.htm](https://kdheks.gov/bccdr/parents.htm) (See The Complaint Inspection Process section)

## **2.3 Consumer Education Website**

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



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

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

- 2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible. (Note: While there is no Federal CCDF definition for easily accessible, Lead Agencies may consider easily accessible websites are searchable, simple to navigate, written in plain language, and easy to understand.): DCF staff continue to partner with University of Kansas-Center for Public Partnerships and Research (KU-CPPR) to maintain the Kansas Quality Network (KQN) website. The website utilizes a website platform that allows for effective navigation, using hover-overs and drop-down menus, limiting site clutter and off-site navigation. The websites color scheme is bright primary colors with a good contrast between background and text, which is legible and easy to read. KQN is a mobile optimized website, allowing consumers to access information with mobile and desktop devices. It is a user-friendly website that is accessible to everyone including those with disabilities and families that speak languages other than English. The team has worked to collect and identify resources appropriate for the major populations targeted by the Kansas Quality Network website – Families, Child Care Providers, and the Community – in response to the COVID-19 pandemic. Staff utilized stories from the “Our Tomorrows” story bank to identify circumstances that families were facing and create solutions to common challenges. Staff will continue to monitor and update this page as appropriate until the disaster declaration is over. Staff continue to monitor links on the website to ensure accessibility for all materials and work with partners to ensure all resources are the most current. Additionally, staff work to ensure English and Spanish resources are available.
- 2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)): A Google Translate plugin has been added to the KQN website, which is the industry standard for language translation. With over 100 languages, Google Translate makes the website available to a wide variety of consumers. The Google Translate plugin will detect the default browser language and translate it automatically, or it will allow consumers to select their preferred language from a drop-down menu. Additionally, staff add resources in English and Spanish when possible.
- 2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities: In compliance with the State of Kansas established accessibility standards (incorporating both federal Section 508 and World Wide Web consortium guidelines adopted by industry), the KQN website has been evaluated by the Accessibility Management Platform (AMP). This tool analyzes the accessibility of web services and content using state standards, identifying potential accessibility issues, which are then incorporated into a plan to ensure ongoing efforts to improve accessibility. The information has been designed to be converted to Braille, enlarged, or for synthetic speech via assistive technologies. This includes taglines for all photos for synthetic speech and the captioning of audio for the hearing impaired.



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

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

- a. Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in subsection 5.2: [Licensing information may be found at: ksqualitynetwork.org/provider/new-provider](https://ksqualitynetwork.org/provider/new-provider) Nonexempt providers include the Flint Hills Job Corps which is under the direction of the US Dept of Labor. Their MOU with DCF specifies that they must have at least one unannounced inspection annually and must provide a copy of the full inspection for posting. Out of state licensed providers contracting with DCF must meet the requirements as specified by their state licensing entity and must be a CCDF provider in that state.
- b. Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in subsection 5.4: [This information can be at kdheks.gov/bcclr/regs.html](https://kdheks.gov/bcclr/regs.html) in the Day Care Homes and Group Day Care book on pages 2 and 8; Licensing Preschools and Child Care Centers book on pages 2 and 8; and Child Care Licensing Law book on pages 2 and 8. There is also a link to this same direct page at [ksqualitynetwork.org/laws-regulations](https://ksqualitynetwork.org/laws-regulations)
- c. Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in questions 5.5.2 and 5.5.4: [kdheks.gov/bcclr/index.html](https://kdheks.gov/bcclr/index.html)

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

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

- a. Provide the website link to the list of child care providers searchable by ZIP code: [ksqualitynetwork.org/families](https://ksqualitynetwork.org/families) Child Care Aware of Kansas the Child Care Resource and Referral agency provides the public the ability to search Kansas Child Care Provider by zip code. This information can be found on the Child Care Aware of Kansas website at [stage.worklifesystems.com/parent/16](https://stage.worklifesystems.com/parent/16) and a link to this direct site can be found on the Kansas Quality Network site at [ksqualitynetwork.org/families](https://ksqualitynetwork.org/families). To assist us in following up with families who utilize these services and encouraging access for only those with a true need for child care, we ask families to create an account and log-in to search for child care. As part of consumer education with the understanding that not everyone has consistent internet access or an email address, we have included a toll-freephone number to allow for consumer friendly and easy access to this same information, without the requirement to set up an account or have an email.

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

- ☐ i. License-exempt center-based CCDF providers
- ☐ ii. License-exempt family child care (FCC) CCDF providers
- ☐ iii. License-exempt non-CCDF providers
- ☐ iv. Relative CCDF child care providers
- ☒ v. Other. Describe: [On the Kansas Quality Network website](#), there is a section where parents may find out more information about child care program inspections. Within that section, there is an explanation that some child care programs in Kansas operate under the jurisdiction of the federal government of Native American tribes and the programs have an established memorandum of agreement with DCF that assures they meet licensing requirements. The parents may search the inspection reports for these license-exempt providers. Kansas currently has only one provider listed, but all license-exempt center-based or family child care providers that enroll with DCF will have their inspection reports listed and available to the public at [ksqualitynetwork.org/provider/child-care-monitoring](https://ksqualitynetwork.org/provider/child-care-monitoring)

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

## Provider Information Available in Searchable Results

	All Licensed Providers	License-Exempt CCDF Center-based Providers	License-Exempt CCDF Family Child Care Providers	License-Exempt Non-CCDF Providers	Relative CCDF Providers
Contact Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment capacity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years in operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provider education and training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken by the caregiver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages of children served	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## d. Other information included for:

- i. ☒ Licensed providers. Whether or not they have a DCF agreement, days and times care is available. Additional information may be provided at the discretion of the program, such as a message to families, websites, email addressed, opening information, additional program information, credentials and education, rates, year schedule, and special needs experience.
- ii. ☐ License-exempt, non-CCDF providers.
- iii. ☐ License-exempt CCDF center-based providers.
- iv. ☐ License-exempt CCDF family child care.
- v. ☐ Relative CCDF providers.

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

- a. How does the Lead Agency determine quality ratings or other quality information to include on the website?

- ☐ i. Quality rating and improvement system
  - ☐ ii. National accreditation
  - ☐ iii. Enhanced licensing system
  - ☐ iv. Meeting Head Start/Early Head Start Program Performance Standards
  - ☐ v. Meeting Prekindergarten quality requirements
  - ☐ vi. School-age standards, where applicable
  - ☒ vii. Other. Describe: [Providers have the option to put their credentials on the website.](#)
- b. For what types of providers are quality ratings or other indicators of quality available?
- ☒ i. Licensed CCDF providers. Describe the quality information:  
[Providers have the option to put their credentials on the website](#)
  - ☒ ii. Licensed non-CCDF providers. Describe the quality information:  
[Providers have the option to put their credentials on the website](#)
  - ☐ iii. License-exempt center-based CCDF providers. Describe the quality information:
  - ☐ iv. License-exempt FCC CCDF providers. Describe the quality information:
  - ☐ v. License-exempt non-CCDF providers. Describe the quality information:
  - ☐ vii. Relative child care providers. Describe the quality information:
  - ☐ viii. Other. Describe:

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

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

Certify by responding to the questions below:

- a. Does the Lead Agency post? (check one or both):
- ☐ i. Full monitoring reports that include areas of compliance and non-compliance.
  - ☒ ii. Full monitoring reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors).

- b. Check to certify that the monitoring and inspection reports and/or their plain language summaries include:

- ☒ Date of inspection
- ☒ Health and safety violations, including those violations that resulted in fatalities or serious injuries occurring at the provider. Describe how these health and safety violations are prominently displayed: Inspection reports indicate the statute and/or regulation requirement and a description of the violation cited. Reports will show an Emergency Order of Suspension enforcement but would not show the death. If revoked, the provider no longer has a valid license, and it will no longer show anything regarding the provider.

The licensed exempt providers with DCF agreements inspection reports clearly show the date of the inspection and required action if warranted. The inspection clearly indicates any health or safety violations. All critical items that are found to have issues on the inspection report require an immediate corrective action plan by the provider.

- ☒ Corrective action plans taken by the state and/or child care provider. Describe: Child care providers are required to correct the non-compliance that was cited during an inspection within 5 days of the inspection date. Noncompliance cited during an onsite survey that is deemed low of mid-level risk of harm to children may require a statement of Notice of Survey Findings Corrections, which is an external means to document steps taken by the licensee to obtain and maintain compliance. A Corrective Action Plan (CAP) procedure was implemented on September 30<sup>th</sup>, 2019 and is a provider's statement of correction to noncompliance deemed significant and adverse. A CAP may be requested for any survey type; initial, annual, compliance or complaint, and is requested during the exit review. The provider is instructed to return the CAP to KDHE within 15 days. When the CAP is received at KDHE it is uploaded to the system of record, CLARIS, and will post on the public portal when the survey closes, and the notice of survey findings can be viewed. The public portal view will indicate that a CAP was not required, not received or will display a view link if the CAP has been uploaded. *This is a provider's statement and is not considered verification of compliance.*

Failure to obtain and/or maintain compliance may result in a request for a KDHE legal enforcement of a civil penalty, modification, suspension or revocation of the license. Administrative Orders issued and effective are viewable on the public portal within the facility page. Administrative Orders that have been appealed do not show on the portal until the appeal is resolved. A closed facility's information is not made available on the public portal but may be requested through open records.

A health and safety violation by the licensed exempt provider may result in a corrective action plan with DCF and could lead to a discontinuation of the agreement with the provider.

- ☒ A minimum of 3 years of results
- c. How and where are reports posted in a timely manner? Specifically, provide the Lead Agency's definition of "timely" and describe how it ensures that reports and/or summaries are posted within its timeframe. Note: While Lead Agencies may define "timely," we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken. Reports are posted after the survey has been closed out by KDHE staff. Surveys with substantial compliance are closed within 5 business days and post automatically through the Online Information Dissemination System (OIDS). Surveys with substantial non-compliance are reviewed by a program within 45 days of survey completion and post automatically when review has been completed.

Licensed exempt providers with a DCF agreement must agree to provide their yearly inspection at the time of each annual renewal of the DCF agreement with any corrective action plans that resulted from the inspection.

- i. Provide a website link to where the reports are posted.  
[kdheks.gov/bccdr/download/Child\\_Care\\_Facility\\_Report.pdf](https://kdheks.gov/bccdr/download/Child_Care_Facility_Report.pdf) and the licensed exempt providers with DCF agreements are located at [ksqualitynetwork.org/provider/child-care-monitoring](https://ksqualitynetwork.org/provider/child-care-monitoring)
- ii. Describe how reports are posted in a timely manner and how the Lead Agency defines timely. Reports are posted after the survey has been closed out by KDHE staff. Surveys with substantial compliance are closed within 5 business days and post automatically through the Online Information Dissemination System (OIDS). Surveys with substantial non-compliance are reviewed by a program consultant within 45 days of survey completion and post automatically when review has been completed.

Licensed exempt providers with a DCF agreement must agree to provide their yearly inspection at the time of each annual renewal of the DCF agreement with any corrective action plans that resulted from the inspection.

- d. Monitoring and inspection reports or the summaries must be in plain language to meet the CCDF regulatory requirements (98.33 (a)(4)).
  - i. Provide the Lead Agency's definition of plain language. The documents are written in a way where the ideas are conveyed with the greatest possible clarity and the information is easily understood. There is a clear description of the violation.
  - ii. Describe how the monitoring and inspection reports or the summaries are in plain language. The documents are written in a way where the ideas are conveyed with the greatest possible clarity and the information is easily understood. There is a clear description of the violation. We consider this plain language. On the page where a person would search for the inspection results, contact information is available where they can provide feedback on the inspection report. KDHE has never received any public feedback indicating that these inspection reports are not understandable despite the large number of people who access and use the reports. Inspection reports provided on the Kansas Quality Network (KQN) website for licensed exempt providers with agreements with the Department for Children and Families to receive child care subsidy are also written in a way that is easy to understand. Questions and concerns on materials presented on the KQN website may be submitted by email through the KQN home page.
- e. Describe the process for correcting inaccuracies in reports (98.33 (a)(4)).

Licensed providers may request an administrative review of the inspection results within 15 days of the completed inspection. The results are removed from the website until the review is complete and, if necessary, corrections have been made. Licensed exempt providers who have an agreement with DCF review the content of the inspection report and sign off that they agree with the contents and understand it at the time of the inspection. Inaccuracies and a provider's right to appeal any findings are between the licensed exempt provider and their governing body completing the inspection. A copy of the document is provided for posting as agreed upon per their Memorandum of Understanding with DCF.
- f. Describe the process for providers to appeal the findings in reports. Description of the process should include the time requirements and timeframes for:



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

A child care provider may request an administrative review of the findings within 15 days of the survey. When a request for review has been received, the findings are pulled off the website until the review is completed. An administrative review must be completed within 30 days. Licensed exempt providers who have an agreement with DCF review the content of the inspection report and sign off that they agree with the contents and understand it at the time of the inspection. Inaccuracies and a provider's right to appeal any findings are between the licensed exempt provider and their governing body completing the inspection. A copy of the document is provided for posting as agreed upon per their Memorandum of Understanding with DCF.

- g. Describe the process for maintaining monitoring and inspection reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)). Three years of inspection results are available on the provider search page through the Online Dissemination Portal. Reports are available on the portal for 5 years and then continue to be available through open records. Records are at no time removed from the electronic system of records used by KDHE Child Care Licensing. Licensed exempt providers with DCF agreements will have reports available on the website for five years beginning with the first year of the agreement.

- 2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted by Lead Agencies on the consumer education website (98.53(a)(5)). The serious incident aggregate data should include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

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

- a. Certify by providing:
- i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity. Child Care Providers shall report any injury or illness which results in the death of a child in care by the next working day to the county health department or the Kansas Department of Health and Environment. KDHE CCL reports to DCF the number of deaths and serious injuries by provider type. Substantiated abuse determinations are made by DCF Prevention and Protection Services (PPS). A "substantiated" finding means a reasonable person weighing the facts and circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/ neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative

Regulations (K.A.R.), and meet criteria indicating the alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing.

Licensed exempt providers with a DCF agreement are required to follow the state's licensing standards based upon the MOA with DCF that requires Kansas licensing regulations and standards to be adhered to. This includes the reporting of serious injuries or deaths; therefore, their numbers will be reflected with the aggregate data.

- ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement. Substantiated abuse determinations are made by DCF PPS. A “substantiated” finding means a reasonable person weighing the facts and circumstances would decide it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions meet the abuse/ neglect definition per Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.), and meet criteria indicating the alleged perpetrator should not be permitted to reside, work, or regularly volunteer in a child care facility regulated by KDHE or DCF Foster Care and Residential Facility Licensing.
- iii. The definition of “serious injury” used by the Lead Agency for this requirement. A serious injury is defined as an injury requiring medical attention.

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

- i. ☒ the total number of serious injuries of children in care by provider category/licensing status
- ii. ☒ the total number of deaths of children in care by provider category/licensing status
- iii. ☒ the total number of substantiated instances of child abuse in child care settings
- iv. ☒ the total number of children in care by provider category/licensing status

c. Provide the website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted. [ksqualitynetwork.org/community](https://ksqualitynetwork.org/community)

2.3.9 The consumer education website must include contact information on referrals to local child care resource and referral organizations (98.33 (a)(6)). How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information: All applicants for child care assistance are provided with a link or a paper copy of the Parent-Provider Partnership Handbook. As of October 1, 2018, the handbook will include the web address for the Kansas Quality Network (KQN), our consumer education website. On the website, there is a section for families that directs them to the Child Care Aware of Kansas website for help in locating a child care provider. [ksqualitynetwork.org/resources/find-provider](https://ksqualitynetwork.org/resources/find-provider) (the Child Care Aware of Kansas Link)

2.3.10 The consumer education website must include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website (98.33 (a)(7)). Describe and include a website link to this information: [ksqualitynetwork.org](https://ksqualitynetwork.org) (at bottom of page “for questions about KQN”)



- 2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes. [ksqualitynetwork.org](https://ksqualitynetwork.org)

## **2.4 Additional Consumer and Provider Education**

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

In questions 2.4.1 through 2.4.5, certify by describing:

- 2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state Prekindergarten, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences. DCF provides information to the public in a variety of ways. DCF has a public website with services offered through the state, agency information and contact information. A wide range of early education programs are listed under the child care service page. The childcare subsidy page provides information about the program, basic eligibility guidelines, types of providers available for the program, and contact information. A self-assessment is available in both English and Spanish. The phone number for the local resource and referral agency is shared with eligible families when they need assistance selecting a provider. available to screen for eligibility and online applications are available. Applications for services are made available through the 38 DCF office locations across the state. DCF also has a Facebook page, Twitter page, and shares videos on Vimeo. The Kansas Quality Network website also provides links to this information. It is the main tool DCF uses to provide child care related consumer and provider education information to parents, providers and the public. The Kansas Quality Network is designed to be user friendly and easy to follow. There are separate sections designed for families where they can find child care and support, for providers with resources to enhance care, and for the community in general. The KDHE Child Care Licensing Parent Page provides a consumer-friendly approach to answering parent's questions regarding child care. This includes a spot for search for Child Care that takes them to Child Care Aware. Consumers can search by zip code or connect to child care connection. Kansas Quality Network (KQN) links directly to the Child Care Aware search. Further assistance to parents looking for resources to assist with child care is offered through the Child Care Resource and Referral Agencies and Early Head Start programs across the state. The lead agency contracts with Child Care Aware of Kansas to promote informed child care choices by providing consumer education materials that describe the full range of child care providers, including child care centers, day care homes, group day care homes, preschools, school-age programs, and drop-in programs for school age children and youth. As of October 1, 2018, the Kansas Quality Network web address is shared with eligible parents on their approval notices. The Parent Provider Partnership Handbook is shared with all parents applying for child care assistance. The handbook is available in both English and Spanish. The phone number for the local resource and referral agency is shared with eligible families when the need assistance selecting a provider.

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

- a. **Temporary Assistance for Needy Families program:** Lead Agency developed the Kansas Quality Network (KQN) website [ksqualitynetwork.org](https://ksqualitynetwork.org) to link and organize resources available to families, childcare providers and the public across the State of Kansas. The KQN includes resource links for families under the Family Support Resources at [ksqualitynetwork.org/resources/family-support/#emergency](https://ksqualitynetwork.org/resources/family-support/#emergency), the KQN provides a link to the Lead Agency's website [dcf.ks.gov/services/ees/Pages/Cash/TANF.aspx](https://dcf.ks.gov/services/ees/Pages/Cash/TANF.aspx). The TANF webpage includes information regarding program overview, cash assistance payments, in addition to employment services and employment. The lead agency contracts with Child Care Aware of Kansas (CCAK) for Resource and Referral and Consumer Education services. CCAK provides resources and helpful links to TANF information at [ks.childcareaware.org/for-parents-families/links](https://ks.childcareaware.org/for-parents-families/links)
- b. **Head Start and Early Head Start programs:** Lead Agency developed the Kansas Quality Network (KQN) website [ksqualitynetwork.org](https://ksqualitynetwork.org) to link and organize resources available to families, child care providers and the public across the State of Kansas. The KQN includes resource links to Head Start and Early Head Start programs [ksqualitynetwork.org/resources/family-support/#cc-assistance](https://ksqualitynetwork.org/resources/family-support/#cc-assistance). KQN provides a link the Kansas Head Start Associations searchable map for EHS/HS service providers in individual counties [ksheadstart.org/locations](https://ksheadstart.org/locations). The lead agency contracts with Child Care Aware of Kansas (CCAK) for Resource and Referral and Consumer Education services. CCAK connects with Head Start [ksheadstart.org](https://ksheadstart.org) information via their webpage [ks.childcareaware.org/for-parents-families/links](https://ks.childcareaware.org/for-parents-families/links)
- c. **Low Income Home Energy Assistance Program (LIHEAP):** Agency developed the Kansas Quality Network (KQN) website [ksqualitynetwork.org](https://ksqualitynetwork.org) to link and organize resources available to families, childcare providers and the public across the State of Kansas. The KQN includes resource links to LIEAP under the Family Support Resources at [ksqualitynetwork.org/resources/family-support/#emergency](https://ksqualitynetwork.org/resources/family-support/#emergency). The KQN provides a link to the Lead Agency's website [dcf.ks.gov/services/ees/Pages/Energy/EnergyAssistance.aspx](https://dcf.ks.gov/services/ees/Pages/Energy/EnergyAssistance.aspx) for families to access LIEAP frequently asked questions, application (English and Spanish) and Income Eligibility Guidelines. As the Lead Agency for LIEAP, the program mails applications directly to all the prior year recipients; issues a press release at the start of the season; mails supplies of applications and informational posters to helping agencies and utilities around the state; in addition to posting information on the DCF website which includes eligibility guidelines, links to on-line and paper applications. The lead agency contracts with Child Care Aware of Kansas (CCAK) for Resource and Referral and Consumer Education services. CCAK provides resources and helpful links to LIEAP information at [ks.childcareaware.org/for-parents-families/links](https://ks.childcareaware.org/for-parents-families/links)
- d. **Supplemental Nutrition Assistance Program (SNAP):** Lead Agency developed the Kansas Quality Network (KQN) website [ksqualitynetwork.org](https://ksqualitynetwork.org) to link and organize resources available to families, child care providers and the public across the State of Kansas. The KQN includes resource links to SNAP under the Family Support Resources at [ksqualitynetwork.org/resources/family-support/#emergency](https://ksqualitynetwork.org/resources/family-support/#emergency). The KQN provides a link to [dcf.ks.gov/services/ees/Pages/Food/FoodAssistance.aspx](https://dcf.ks.gov/services/ees/Pages/Food/FoodAssistance.aspx). The Lead Agency webpage includes a program overview, frequently asked questions, food assistance special provisions, food assistance brochures, Food Assistance nutrition education, and related link to other helping agencies for food assistance. The lead agency contracts with Child Care Aware of Kansas (CCAK) for Resource and Referral and Consumer Education services. CCAK provides resources and helpful links to SNAP information at [ks.childcareaware.org/for-parents-families/links](https://ks.childcareaware.org/for-parents-families/links)
- e. **Women, Infants, and Children Program (WIC) program:** Agency developed the Kansas Quality Network (KQN) website [ksqualitynetwork.org](https://ksqualitynetwork.org) to link and organize resources available to families, child care providers and to the public across the State of Kansas. The KQN includes resource links to WIC

under the Family Support Resources at [ksqualitynetwork.org/resources/family-support/#emergency](https://ksqualitynetwork.org/resources/family-support/#emergency). The KQN provides a link to the Kansas Department of Health and Environment's Kansas WIC Program at [kansaswic.org](https://kansaswic.org). The Kansas WIC page includes information regarding WIC services, nutrition, local WIC agencies, WIC vendors, WIC approved food, breastfeeding, rights and responsibilities (available in Spanish), and the Kansas WIC client portal. The lead agency contracts with Child Care Aware of Kansas (CCAK) for Resource and Referral and Consumer Education services. CCAK provides resources and helpful links to WIC information at [kschildcareaware.org/for-parents-families/links](https://kschildcareaware.org/for-parents-families/links).

- f. **Child and Adult Care Food Program (CACFP):** Lead Agency developed the Kansas Quality Network (KQN) website [ksqualitynetwork.org](https://ksqualitynetwork.org) to link and organize resources available to families, child care providers and to the public across the State of Kansas. The KQN includes resources links to CACFP [ksqualitynetwork.org/resources](https://ksqualitynetwork.org/resources). The KQN links to the Child & Adult Care Food Program (CACFP) - Child Nutrition & Wellness program a program housed in the Kansas Department of Education (KSDE) at [ksde.org/cacfp/cacfp\\_menus/cacfp\\_home.htm](https://ksde.org/cacfp/cacfp_menus/cacfp_home.htm). The CACFP webpage provides a program overview, eligible meals, types of agencies eligible to participate, required participants, reimbursement determination, and additional CACFP resources. The lead agency contracts with Child Care Aware of Kansas (CCAK) for Resource and Referral and Consumer Education services. CCAK provides resources and helpful links to CACFP information at [ks.childcareaware.org/for-child-care-early-education-staff/helpful-info-resources](https://ks.childcareaware.org/for-child-care-early-education-staff/helpful-info-resources).
- g. **Medicaid and Children's Health Insurance Program (CHIP):** Agency developed the Kansas Quality Network (KQN) website [ksqualitynetwork.org](https://ksqualitynetwork.org) to link and organize resources available to families, childcare providers and to the public across the State of Kansas. The KQN includes resource links to Kansas medical resources via [ksqualitynetwork.org/resources/family-support/#health-care](https://ksqualitynetwork.org/resources/family-support/#health-care). The KQN links to the KanCare "Medical Consumer Self-Service Portal" webpage at [cssp.kees.ks.gov/apsspssp/ssp.portal](https://cssp.kees.ks.gov/apsspssp/ssp.portal). KanCare offers coverage for: children, pregnant women, families with children, elderly, adults with disabilities, and children with disabilities. It includes office locations, program information, frequently asked questions, and reporting requirements. Users are able to check eligibility, apply for medical assistance and access their "my KanCare" account. The lead agency contracts with Child Care Aware of Kansas (CCAK) for Resource and Referral and Consumer Education services. CCAK provides resources and helpful links to KanCare information at [ks.childcareaware.org/for-parents-families/links](https://ks.childcareaware.org/for-parents-families/links).
- h. **Programs carried out under IDEA Part B, Section 619 and Part C:**  
Lead Agency developed the Kansas Quality Network (KQN) website [ksqualitynetwork.org](https://ksqualitynetwork.org) to link and organize resources available to families, child care providers and to the public across the State of Kansas. The KQN [ksqualitynetwork.org](https://ksqualitynetwork.org) includes resource links to various early childhood education resources via [ksqualitynetwork.org/resources](https://ksqualitynetwork.org/resources). The KQN provides links to the Department for Health and Environment's (KDHE) Kansas Infant-Toddler Services [ksits.org](https://ksits.org), and the Kansas Department of Education – Early Childhood Special Education (Section 619 of Part B of IDEA) at [ksde.org/Agency/Division-of-Learning-Services/Early-Childhood-Special-Education-and-Title-Services/Early-Childhood/Special-Education-Early-Childhood](https://ksde.org/Agency/Division-of-Learning-Services/Early-Childhood-Special-Education-and-Title-Services/Early-Childhood/Special-Education-Early-Childhood). Additional resources regarding children with special needs include: the Kansas Coordinating Council on Early Childhood Development Services [kansasicc.org](https://kansasicc.org) - more commonly known as the State Interagency Coordinating Council which is responsible for advising and assisting the Kansas Governor and legislature on matters that impact Kansas families, with children ages birth to five who have or are at risk for developmental delays; KDHE'S Special HealthCare Needs one-time diagnostic services at [kansasicc.org/uploads/2/8/9/9/28999325/kdhe\\_shcn\\_brochure.pdf](https://kansasicc.org/uploads/2/8/9/9/28999325/kdhe_shcn_brochure.pdf); and the Kansas Parent Information Resource Center at [ksdetasn.org/kpirc/kansas-parent-information-resource-center](https://ksdetasn.org/kpirc/kansas-parent-information-resource-center). The lead agency contracts with Child Care Aware of Kansas (CCAK) for Resource and Referral and Consumer Education services. CCAK provides resources and helpful links to Infant and Toddler Services information at [ks.childcareaware.org/for-parents-families/links](https://ks.childcareaware.org/for-parents-families/links). CCAK has additional resources at the [ks.childcareaware.org/for-parents-families/links](https://ks.childcareaware.org/for-parents-families/links) page including: Families Together Inc. [famielsttogetherinc.org](https://famielsttogetherinc.org) ; and Kansas Initiative for Developmental Ongoing Screening (KIDOS) [kdheks.gov/c-f/kidos.htm](https://kdheks.gov/c-f/kidos.htm) and [screenearlystartstrong.org](https://screenearlystartstrong.org).

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

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

**Description:** Parents, providers and the community can access this information and resources on these topics through the Kansas Quality Network (KQN) website at [ksqualitynetwork.org](https://ksqualitynetwork.org) and through the state resource and referral network Child Care Aware of Kansas, website at [ks.childcareaware.org](https://ks.childcareaware.org). KQN has a wealth of resources for families, providers and those new to child care to access at [ksqualitynetwork.org/resources](https://ksqualitynetwork.org/resources). Resources include, yet are not limited to: Kansas Enrichment Network – a collaboration of agencies and organizations in Kansas that help build and expand school-based programs to enhance learning opportunities for students, [kansasenrichment.net/map-of-programs-in-kansas](https://kansasenrichment.net/map-of-programs-in-kansas), and share enrichment activities [kansasenrichment.net/pinterest](https://kansasenrichment.net/pinterest); Vroom! – Provides parents and educators with free online tools and activities that are designed to boost early learning in children 0-5, [vroom.org](https://vroom.org) ; and the Kansas Early Learning Standards (KELS) – provides a framework for understanding and communicating a common set of developmentally appropriate guidelines for young children within a context of shared responsibility and accountability for helping children meet these guidelines, the KELS toolkit [kskits.org/kels-toolkit](https://kskits.org/kels-toolkit). The Kansas Early Learning Standards and the toolkit are available to all parents on Kansas Quality Network. The Kansas Early Learning Standards contain information on the developmental sequence of learning for children from birth through Kindergarten in areas of approaches to learning, physical development, social and emotional development, communication and literacy, mathematics, science, social studies, and creative arts. Physical development does include healthy eating and physical activities. The lead agency contracts with Child Care Aware of Kansas (CCAK) to administer the statewide Child Care Resource and Referral (CCR&R) network in Kansas. CCAK provides resources for parents/families, child care / education staff, as well as businesses and communities.

- 2.4.4 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences, and include any partners in providing this information. Parents, providers and the community can access this information and resources on these topics through the Kansas Quality Network (KQN) website at [ksqualitynetwork.org](https://ksqualitynetwork.org) and through the state resource and referral network Child Care Aware of Kansas, website at [ks.childcareaware.org](https://ks.childcareaware.org). Parents applying for CCDF benefits are also given a copy of or referred to the website for The Parent-Provider Partnership Handbook. This information is also given to Providers in the DCF Child Care Provider Handbook which all providers acknowledge they have received and reviewed when applying to be a CCDF Child Care Provider. Both handbooks are available on the KQN. KQN has a wealth of resources for families and providers at [ksqualitynetwork.org/resources](https://ksqualitynetwork.org/resources). Resources include, yet are not limited to: Kansas Enrichment Network – a collaboration of agencies and organizations in Kansas that help build and expand school-based programs to enhance learning opportunities for students, [kansasenrichment.net/map-of-programs-in-kansas](https://kansasenrichment.net/map-of-programs-in-kansas), and share enrichment activities [kansasenrichment.net/pinterest](https://kansasenrichment.net/pinterest); Vroom! - Provides parents and educators with free online tools and activities that are designed to boost early learning in children 0-5, [vroom.org](https://vroom.org); and the Kansas Early Learning Standards (KELS) –provides a framework for understanding and communicating a common set of developmentally appropriate guidelines for young children within a context of shared responsibility and accountability for helping children meet these guidelines, the KELS toolkit [kskits.org/kels-toolkit](https://kskits.org/kels-toolkit). The Kansas Early Learning Standards and the toolkit are available to all parents on Kansas Quality Network. The Kansas Early Learning Standards contain information on the developmental sequence of learning for children from birth through Kindergarten in areas of approaches to learning, physical development, social and emotional development, communication and literacy, mathematics, science, social studies, and creative arts. Social and emotional development includes positive interactions to help children gain competence in social skills and self-regulation. The lead agency contracts with Child Care Aware of Kansas (CCAK) to administer the statewide Child Care Resource and Referral (CCR&R) network in Kansas. CCAK provides resources for parents/families, childcare / education staff, as well as business and community.
- 2.4.5 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public. Child Care Providers who have an agreement with DCF to accept child care subsidy are required to have a policy to prevent the suspension and expulsion of children in their care. DCF's requirement for provider policy and resource information on Behavior Guidance Policies can be found in the DCF Provider Handbook and in The Parent-Provider Partnership Handbook. Both Handbooks can be found on the KQN website. Expulsion policies are also discussed in the DCF Provider Handbook. [dcf.ks.gov/services/ees/Pages/Child\\_Care/ChildCareProviders.aspx](https://dcf.ks.gov/services/ees/Pages/Child_Care/ChildCareProviders.aspx). This policy states: "In a child care setting, expulsion may refer to removing a child from of a program for challenging behaviors, such as aggression, tantrums and non-compliance. Research shows that children expelled from an early learning setting are more likely to have issues later in life. Providers are expected to establish preventive, disciplinary, suspension and expulsion policies and administer those policies free of bias and discrimination. Providers should focus on positive interventions that will prevent expulsion, suspension and other negative discipline policies. Trainings are available on this topic. Contact your local CCR&R or KCCTO (see page 6) for further information."

## **2.5 Procedures for Providing Information on Developmental Screenings**



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

2.5.1 Certify by describing:

- a. How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).  
Information on existing resources and services available for conducting developmental screenings is disseminated to families, the general public and child care providers through the Kansas Quality Network (KQN) at [ksqualitynetwork.org/resources/child-development/#screening](https://ksqualitynetwork.org/resources/child-development/#screening). The Kansas Department for Children and Families (DCF) partnered with the University of Kansas Center for Research to design, develop and support the Kansas Quality Network work and provide for necessary resources through the continued development and maintenance of the Kansas Quality Network (KQN). DCF KQN project staff work closely with KQN partners to jointly collect current information and maintain the KQN website. Families as they are reaching out for assistance with the child care resource and referral agency may also be looking for other resource along with child care. When a parent calls the Resource and Referral Center they receive a child care referral list and a Referral Packet. This informational packet includes additional consumer education materials. These materials include: checklist and brochure on how to start and choose quality care; parent and community resources for their location; and also child developmental resources. The community resource information contains contact information for mental health services and developmental screening services, as well as, many other helpful resources within their local community. In addition to these consumer education materials, Resource Specialists distribute specific materials based on what a family's needs are from their conversation with them. A few examples of consumer education materials include DCF child care assistance, Head Start information, KanCare (Medicaid) information, Kindergarten Transitions and SIDS. In the Family Partnerships and Program Administration links of Links to Quality (QRIS) providers are asked to identify available screening resources within their communities and have a written policy and process for referring children for screenings. Some of the resources for families can be found in handouts, flyers, letters, enrollment packets, and information passed on from local Part C programs, public schools and health departments. The policy and process for health and developmental screenings should be in their staff and family handbooks. Within this link, providers are asked to communicate and provide a developmental milestones checklist with families close to milestone dates.
- b. The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).  
Information about available resources for screenings, diagnosis and treatment is available to families and child care providers on the Kansas Quality Network website. Information about the website has been posted on agency social media accounts. The Kansas Quality Network web address is shared with

eligible parent on their approval notices. A link to the Parent Provider Partnership Handbook is shared with all families applying for child care assistance, and the handbook contains the website address of the Kansas Quality Network. As of October 1, 2018, the KQN website address is included in the DCF Child Care Provider Handbook. [dcf.ks.gov/services/ees/Pages/Child\\_Care/ChildCareProviders.aspx](https://dcf.ks.gov/services/ees/Pages/Child_Care/ChildCareProviders.aspx)

- c. How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work. Families applying for child care assistance are provided with a link to the Parent Provider Partnership handbook, which as of October 1, 2018, contains a link to the Kansas Quality Network. Information about developmental screenings is included on that website. Families referred to Child Care Aware of Kansas may also receive information from their Resource and Referral/Consumer Education Agency.
- d. How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays. Families applying for child care assistance are provided with a link to the Parent Provider Partnership handbook, which as of October 1, 2018, contains a link to the Kansas Quality Network. Information about developmental screenings is included on that website. Families referred to Child Care Aware of Kansas may also receive information from their Resource and Referral/Consumer Education Agency.
- e. How child care providers receive this information through training and professional development. DCF contracts with Kansas Child Care Training Opportunities (KCCTO) to provide trainings on a variety of topics. Several trainings are available to providers on this topic. KCCTO sends out emails and advertises the courses on-line. Child Care Aware of Kansas also offers a variety of classes for Child Care Providers. They send out emails and advertise on-line also. Licensing surveyors refer providers and applicants to their local Resource and Referral/Consumer Education Agency and the R&R contact information is made available on the KDHE webpage. This information has also been incorporated within the Links to Quality Program and will be provided to participating child care providers.
- f. Provide the citation for this policy and procedure related to providing information on developmental screenings. *KEESM 1213.9 Requires the Parent Provider Partnership Handbook be provided to applicants.*

## **2.6 Consumer Statement for Parents Receiving CCDF Funds**

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select (98.33 d). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

### **2.6.1 Certify by describing:**

- a. How and when the Lead Agency provides parents receiving CCDF funds with a consumer statement identifying the requirements for providers and the health and safety record of the provider they have selected. Eligible families are provided with a consumer statement by providing an electronic link to the Kansas Quality Network (KQN) website. This site links to the Online Information Dissemination System (OIDS), which contains information about the child care provider selected when they search for the provider, including health and safety requirements met by the provider, licensing requirements met by the provider, the date the provider was last inspected, history of licensing violations, complaint surveys, and any additional accreditations met by the provider. The KQN website also includes links to information about how DCF child care benefits are designed to



promote equal access, how a parent can submit a complaint, and how to contact the local resource and referral agency. It also contains information about how the parent may contact child care licensing or DCF service centers to address any questions they may have.

- b. To demonstrate continued compliance with the consumer statement requirements, certify by checking below the specific information provided to families either in hard copy or electronically.

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

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

The Kansas Quality Network (KQN) assists families by providing consumer education information and by taking them directly to the Kansas Department of Health Environment's Online Information Dissemination System (OIDS). OIDS contains information about the child care provider selected when they search for the provider, including health and safety requirements met by the provider, licensing requirements met by the provider, the date the provider was last inspected, history of licensing violations, complaint surveys and any additional accreditations met by the provider.

[kdheks.gov/bccdr/download/Child\\_Care\\_Facility\\_Report.pdf](https://kdheks.gov/bccdr/download/Child_Care_Facility_Report.pdf)

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

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

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

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

#### 3.1 Eligible Children and Families

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

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

- a. The CCDF program serves children from 0 (weeks/months/years) through 12 years (under age 13). *Note:* Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
- b. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are physically and/or mentally incapable of self-care (658E(c)(3)(B); 658P(3))?  
☐ No  
☒ Yes, and the upper age is 18 (may not equal or exceed age 19). If yes, provide the Lead Agency definition of physical and/or mental incapacity:  
*The child must be physically or mentally incapable of caring for him or herself (as established by a qualified professional), or under court supervision.*
- c. Does the Lead Agency allow CCDF-funded child care for children ages 13 and older but below age 19 who are under court supervision ((658P(3); 658E(c)(3)(B)))?  
☐ No

- ☒ Yes, and the upper age is 18 (may not equal or exceed age 19).

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

- i. “residing with”: Living in the same household with (including living away from home if maintaining permanent residence with and continuing to function as a family member, even if maintenance provided is inadequate).
- ii. “in loco parentis”: Caretaker-any person with the legal right and responsibility to act as a parent, “in the place of a parent”, assuming the duties of a parent.

3.1.2 Eligibility criteria: Reason for care

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

- i. “Working” (including activities and any hour requirements):  
Working is a physical or mental activity engaged in for the purpose of remuneration as determined by the Department for Children and Families at the time of eligibility determination. Adults included in a child care case must be employed a minimum of 20 hours per week when they need child care to maintain their employment and they must be earning at least the federal minimum wage per hour.
- ii. “Job training” (including activities and any hour requirements):  
For agency approval of an education/training plan, the following criteria must be met:
  - It must be expected to lead to a degree or certificate.
  - The plan must be expected to be completed within 24 months, with a goal of employment in their field.
  - The plan must not be for a second associate degree or second bachelor's degree, and not for a degree higher than bachelors.
  - The education/training must be skill specific and/or create greater earning potential for the client upon completion.
  - The plan must not include months beyond the client's lifetime maximum of 24 months of child care allowed for educational purposes.
  - The occupation being pursued must have at least an average job outlook listed in the Occupational Outlook Handbook on the website of the US Department of Labor, Bureau of Labor Statistics. Specific exceptions can be made with supervisory approval. Client must also be engaged in paid employment for a minimum of 15 hours per week and must be earning the equivalent of the federal minimum wage per hour. Client must maintain a 2.0 cumulative GPA on a 4.0 scale or its equivalent in another grading system.
- iii. “Education” (including activities and any hour requirements):  
Attending job training or education is defined as participating in an agency approved post-secondary education or training plan that meets the following criteria:
  - It must be expected to lead to a degree or certificate.
  - The plan must be expected to be completed within 24 months, with a goal of employment in their field.
  - The plan must not be for a second associate degree or second bachelor's degree, and not for a degree higher than bachelors.
  - The education/training must be skill specific and/or create greater earning potential for the client upon completion.
  - The plan must not include months beyond the client's lifetime maximum of 24 month of child care allowed for educational purposes.
  - The occupation being pursued must have at least an average job outlook listed in the Occupational Outlook Handbook on the website of the US Department of Labor, Bureau of Labor Statistics. Specific exceptions can be made with supervisory approval.

Client must also be engaged in paid employment for a minimum of 15 hours per week, and must be earning the equivalent of the federal minimum wage per hour. Client must maintain a 2.0 cumulative GPA on a 4.0 scale or its equivalent in another grading system.

- iv. Attending (a job training or educational program) (e.g. travel time, hours required for associated activities such as study groups, lab experiences, time for outside class study or completion of homework): Attending job training or education is defined as participating in an agency approved post-secondary education or training plan that meets the following criteria:
- It must be expected to lead to a degree or certificate.
  - The plan must be expected to be completed within 24 months, with a goal of employment in their field.
  - The plan must not be for a second associate's degree or second bachelor's degree, and not for a degree higher than bachelors.
  - The education/training must be skill specific and/or create greater earning potential for the client upon completion.
  - The plan must not include months beyond the client's lifetime maximum of 24 month of child care allowed for educational purposes.
  - The occupation being pursued must have at least an average job outlook listed in the Occupational Outlook Handbook on the website of the US Department of Labor, Bureau of Labor Statistics. Specific exceptions can be made with supervisory approval.
- Client must also be engaged in paid employment for a minimum of 15 hours per week, and must be earning the equivalent of the federal minimum wage per hour.  
Client must maintain a 2.0 cumulative GPA on a 4.0 scale or its equivalent in another grading system.

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

Describe the policy or procedure, including the additional work requirements.:

No

- c. Does the Lead Agency provide child care to children in protective services?

☐ No

☒ Yes. If yes:

- i. Provide the Lead Agency's definition of "protective services": Child Care benefits may be provided to protect children who cannot protect themselves from abuse, neglect and exploitation, to enable a child to remain in the home while the parent(s) work toward rehabilitation or when the child is at risk of a health or social condition which may adversely affect the child. The social service child care reason is used for this purpose and may include: "
1. Parents with Crisis":
    - a. Parent hospitalized or otherwise temporarily unable to provide adequate care for the child. This could be inpatient or outpatient, for physical health, mental health or substance abuse treatment. There is no other adult to care for the child.
    - b. Family in the process of DCF Intake and Assessment through Prevention and Protection Services (PPS).
    - c. Family receiving services through a family preservation contractor or DCF PPS Social Worker.
  2. Juvenile offenders in the custody of the Kansas Department of Corrections - Juvenile Services when the foster parent is employed and needs child care.
  3. Children in Foster Care who are in the custody of the Secretary of DCF who have been placed with a relative or non-related kin not licensed for Foster Care. This does not include foster children placed in a licensed foster home, as child care for those children is provided by the state's foster care contractors.
  4. Children whose caretaker has placed them with a "Safe Families for Children" host family due to a family crisis, thereby avoiding placement of the children in Foster Care. These children are not in Foster Care. Child care for these children must be needed due to the employment or education/training of the adults in the "Safe Families for Children" host family.
  5. Parents Performing Essential Functions during a Disaster or Emergency. When a disaster or emergency has been declared by Kansas Government and child care is needed for parents to continue performing essential functions, eligibility for Child Care Assistance may be granted under the social service need reason. When a disaster or emergency has been declared, specific guidance will be provided in a separate Policy Memo for each event due to the limitations of funds and variations in the number of parents who may be eligible. Any financial eligibility tests applicable for these families will be outlined in the Policy Memo. In addition to an application, reasonable verification that the parent performs an essential function that was approved in the Policy Memo will be required.
- Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the protective services definition above.
- ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?
- ☐ No
- ☒ Yes
- iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (98.20 (a)(3)(ii)(A))?
- ☐ No
- ☒ Yes
- iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- ☒ No  
☐ Yes

### 3.1.3 Eligibility criteria: Family Income Limits

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

- a. How does the Lead Agency define “income” for the purposes of eligibility at the point of initial determination? [Income includes money received from such sources as wages, self-employment, property rentals, pensions, benefits and contributions. Kansas divides income into two types: earned and unearned income. Earned income is income which is received as wages, salary, or profit resulting from the performance of services, including managerial responsibilities, by the family. Unearned income is any income that is not earned and may be derived from benefits \(unemployment compensation, Social Security, VA, etc.\), pensions, contributions, and settlements. There are no income deductions used in determining eligibility for child care services.](#)
- b. Provide the CCDF income eligibility limits in the table below **at the time of initial determination**. Complete columns (i) and (ii) based on maximum eligibility at initial entry into CCDF. Complete columns (iii) and (iv) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Complete the chart below using the most populous area of the state or territory (defined as the area serving highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c. below the table.

	(i)	(ii)	(iii)	(iv)
Family Size	100% of SMI (\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower than 85% of Current SMI	(IF APPLICABLE) (% of SMI) [Divide (iii) by (i), multiply by 100] Income Level if Lower than 85% of Current SMI
1	\$3,626	\$3,082	N/A	N/A
2	\$4,742	\$4,031	\$2,658	56%
3	\$5,858	\$4,979	\$3,349	57%
4	\$6,973	\$5,927	\$4,039	58%
5	\$8,089	\$6,876	\$4,730	58%

- c. If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])( 98.16(i)(3)). [N/A](#)
- d. SMI source and year. [Federal Register 2020](#)

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the

federal poverty level is used in implementing the program. SMI guidelines are available at: [acf.hhs.gov/ocs/resource/liheap-im2017-03](https://acf.hhs.gov/ocs/resource/liheap-im2017-03)

- e. Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart in 3.1.3 b. [Income limits are statewide](#)
- f. What is the effective date for these eligibility limits reported in 3.1.3 b?  
[April 1, 2020.](#)
- g. Provide the citation or link, if available, for the income eligibility limits.  
[KEESM Appendix Item F-1.](#)

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

- a. Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application). [Families are required to list assets on the Child Care assistance application. Eligibility workers determine if countable assets exceed Kansas maximum allowable limit of \\$10,000.](#)
- b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?
  - ☐ No
  - ☒ Yes. If yes, describe the policy or procedure and provide citation:  
[KEESM 5140 states that the resource limit is waived for families in which at least one person receives TANF, families receiving Food Assistance when at least one adult is participating in the Food Assistance Education and Training program, as well as for families receiving child care for a qualified social service reason or participating in the Kansas Early Head Start/Child Care Partnership program. Families defined as receiving or in need of protective services are those receiving child care for a qualified social service reason.](#)

3.1.5 Describe any additional eligibility conditions or rules, which are applied by the Lead Agency during:

- a. **eligibility determination.** [Although Kansas currently provides child care for all families who apply and meet financial and non-financial eligibility criteria, priority rules exist for eligibility determination in the event of a wait list. Priority areas include: 1\) Families participating in Work Programs who are receiving TANF or food assistance, and Tribal recipients; 2\) Families receiving child care for a qualified Social Service reason; 3\) Families no longer eligible for TANF transitioning to employment whose income is at or below -185%- of the federal poverty level; 4\) Teen parents completing high school/GED; 5\) Families who claim to be homeless \(self-declaration is accepted\) and need child care to maintain employment or participate in an approved educational plan; and 6\) Employed families whose income is at or below 185% of the federal poverty level](#)
- b. **eligibility redetermination (98.20(b)).** [At redetermination, unless financial eligibility requirements are waived, a family's countable income must be at or below 85% of the State Median Income for eligibility to continue.](#)



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

- a. ☒ Coordinating with Head Start, Prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- b. ☒ Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- c. ☐ Establishing minimum eligibility periods longer than 12 months
- d. ☒ Using cross-enrollment or referrals to other public benefits
- e. ☐ Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- f. ☐ Providing more intensive case management for families with children with multiple risk factors
- g. ☐ Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- h. ☒ Other. Describe: Child care policy specifically states that child care and family plans are developed on a case-by-case basis depending on the needs of the parent and the child. The child care assistance program is partnering with Kansas Early Head Start to provide child care for families participating in the Kansas Early Head Start Child Care Partnership Program, serving families with children with multiple risk factors and accommodating the parents' work schedules as well as time needed to work on those other risk factors. To accomplish this, child care benefits are authorized in blocks of time rather than specific hours of care needed. Licensed Head Start and Kansas Pre-School Programs may enter into an agreement with DCF to provide wrap around care for families eligible for child care subsidy.

3.1.7 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II) and 98.21(c)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family co-payments (98.21(c)). Check the processes that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility of family co-payments.

- ☒ a. Average the family's earnings over a period of time (e.g. 12 months).  
Describe: If the most recent pay stubs are not representative, on a case by case basis, a determination is made of what the appropriate period should be and the appropriate income to

consider as representative. This may include requesting tax returns, additional pay stubs or statements from employers to use in averaging income.

- ☒ b. Request earning statements that are most representative of the family's monthly income. Describe: If the most recent pay stubs are not representative, on a case by case basis, a determination is made of what the appropriate period of time should be and the appropriate income to consider as representative. This may include requesting additional pay stubs or statements from employers.
- ☒ c. Deduct temporary or irregular increases in wages from the family's standard income level. Describe: If the most recent pay stubs are not representative, on a case by case basis, a determination is made of what the appropriate period of time should be and the appropriate income to consider as representative. This may include requesting additional pay stubs or statements from employers.
- ☒ d. Other. Describe: A prospective (income estimate or conversion) or income average method of budgeting is used to determine eligibility and amount of assistance. Earned income information is analyzed to accurately prospect income. Past information is evaluated to determine if it represents the future. Paystubs provided are evaluated to determine if any are not reflective of future earnings, such as a high check due to one-time overtime or a bonus, a low check due to illness or missed work, or a first partial check. If overtime, bonuses, or commissions are on the pay stub, these are evaluated to determine whether this income is recurring. If the person is employed where tips are paid, it is determined if tips are actual or allocated. (Certain employers must allocate tips if the percentage of tips reported by employees falls below a required minimum percentage of gross sales. To "allocate tips" means to assign an additional amount as tips to each employee whose reported tips are below the required percentage.) Pay information provided is evaluated to determine if there was a recent pay raise that will impact future earnings. If the recent past 30 days is reflective of the future, that information is used and documented to support the determination. If the past 30 days are not reflective of future earnings due to fluctuating income, more paystubs are obtained to project future income.

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

- ☒ a. Applicant identity. Describe: At application, the identity of the person making application and any other adult in the assistance household verified. Identity of any new adult added to the household during the eligibility period is also verified for all adults. Identity may be verified with any number of documents, including a driver's license, voter registration, religious record, or school record - no specific document is required.
- ☐ b. Applicant's relationship to the child. Describe:
- ☒ c. Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe: Documentation of date of birth must be provided for each child for whom child care assistance is requested and must only be verified one time. Date of birth may be verified by any documents which reasonably establish the child's date of birth. Documentation of U.S. citizenship is required for everyone for whom child care is requested. US Citizenship may be verified with a birth certificate, religious records, certificates of citizenship or

naturalization, U.S. passport, or receipt of medical assistance if verification of citizenship was obtained. If the above forms of documentation cannot be obtained and the individual can provide a reasonable explanation as to why documentation is not available, the agency accepts a signed statement from someone who is a U.S. citizen who declares, under penalty of perjury, that the person in question is a U.S. citizen. This verification is only required one time.

- ☒ d. **Work. Describe:** Check stubs or employer statements are used to document hours worked. Work/school schedule is needed to write child care plan and determine benefits. When employment is the reason for child care and it is not related to cash assistance, it must be documented that adults included in the child care case is employed a minimum of 28 hours per week. This is verified at initial application, at review, and with reported changes that increase the need for child care.
- ☒ e. **Job training or educational program. Describe:** Clients participating in job training or educational programs are required to complete a form that includes their occupational goal and estimated date of completion of their programs. That form is maintained in the case file. This form is only required one time of each new job training or educational program which is approved.
- ☒ f. **Family income. Describe:** Clients participating in job training or educational programs are required to complete a form that includes their occupational goal and estimated date of completion of their programs. That form is maintained in the case file. This form is only required one time of each new job training or educational program which is approved.
- ☒ g. **Household composition. Describe:** Household information is documented on the application form and attested to by the applicant through the application and signature process. The applicant's statement is accepted to document household composition. This includes the relationship of the household members that may be required to be included in the child care case.
- ☒ h. **Applicant residence. Describe:** This information is documented on the application form and attested to by the applicant through the application and signature process.
- ☐ i. **Other. Describe:**

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

- ☒ a. **Time limit for making eligibility determinations. Describe length of time:**  
Thirty days from the date the completed application is received. Kansas Early Head Start Child Care Partnership (KEHS-CCP) application eligibility determinations are completed within 10 days. KEHS-CCP applications are accompanied by a referral form for easy identification.
- ☒ b. **Track and monitor the eligibility determination process**
- ☒ c. **Other. Describe:** The application process is tracked and monitored by field supervisors through the business process model and use of various tracking tools.
- ☐ d. **None**

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

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

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

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

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

- a. Identify the TANF agency that established these criteria or definitions:  
Kansas Department for Children and Families
- b. Provide the following definitions established by the TANF agency:
  - i. "Appropriate child care": A regulated facility that meets or exceeds minimum licensing regulations. A non-regulated legally exempt provider who has completed a Health and Safety Standards Checklist and maintains a facility that meets or exceeds minimum standards.
  - ii. "Reasonable distance": Total daily transport time to and from home and to the child care provider not to exceed 2 hours. If a longer transport time is generally accepted in the community, the round trip time shall not exceed the generally accepted community standards.
  - iii. "Unsuitability of informal child care": Care for which the agency would not enter into a Provider Agreement (such as a relative unwilling to care for a child; documentation of family services/protective services case histories).
  - iv. "Affordable child care arrangements": Care for which the family has the ability to pay the cost through sufficient income or assistance through child care subsidy program. The definition of sufficient income to pay for the cost of child care is based on client self-declaration.
- c. How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?
  - ☒ i. In writing
  - ☒ ii. Verbally
  - ☐ iii. Other. Describe:
- d. Provide the citation for the TANF policy or procedure:

## 3.2 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)). Questions 3.2.1 through 3.2.4 address co-payments during the initial/entry-eligibility period.

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

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

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family size	Lowest initial or First Tier Income Level where family is first charged co-pay (greater than \$0)	What is the monthly co-payment for a family of this size based on the income level in (a)?	What percentage of income is this co-payment in (b)?	Highest initial or First Tier Income Level before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (d)?	What percentage of income is this co-payment in (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	\$1,006.01	\$18	1.8%	\$2,658	\$197	7.4%
3	\$1,267.01	\$22	1.7%	\$3,349	\$243	7.3%
4	\$1,528.01	\$27	1.8%	\$4,039	\$293	7.3%
5	\$1,790.01	\$31	1.7%	\$4,730	\$343	7.3%

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

- ☒ N/A. Sliding fee scale is statewide
- Identify the most populous area of the state (defined as the area serving the highest number of CCDF children) used to complete the chart above.  
N/A
- Describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).  
N/A

- c. What is the effective date of the sliding-fee scale(s)? April 1, 2020

- d. Provide the link to the sliding-fee scale: [content.dcf.ks.gov/EES/KEESM/Appendix/F-1%20Monthly%20Family%20Income%20and%20Family%20Share%20Deduction%20Schedule 04-20.xlsx](https://content.dcf.ks.gov/EES/KEESM/Appendix/F-1%20Monthly%20Family%20Income%20and%20Family%20Share%20Deduction%20Schedule%2004-20.xlsx)

## 3.2.2 How will the family's contribution be calculated, and to whom will it be applied? Check all that apply.

- ☐ a. The fee is a dollar amount and (check all that apply):
- ☐ i. The fee is per child, with the same fee for each child.
  - ☐ ii. The fee is per child and is discounted for two or more children.
  - ☐ iii. The fee is per child up to a maximum per family.
  - ☐ iv. No additional fee is charged after a certain number of children.

- ☒ v. The fee is per family.
- ☐ vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
- ☐ vii. Other. Describe:
- ☐ b. The fee is a percent of income and (check all that apply):
- ☐ i. The fee is per child, with the same percentage applied for each child.
- ☐ ii. The fee is per child, and a discounted percentage is applied for two or more children.
- ☐ iii. The fee is per child up to a maximum per family.
- ☐ iv. No additional percentage is charged after a certain number of children.
- ☐ v. The fee is per family.
- ☐ vi. The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:
- ☒ vii. Other. Describe: The fee applies to most household's whose income is 70% or higher of the Federal Poverty Level and is referred to in Kansas as the "family share deduction". It is based on family size and income, and is a set dollar amount that is deducted from the total child care benefit to the family. For families assigned a family share deduction (FSD), the FSD's range from 1.5% to 7.9% of a family's income, averaging 5.8% overall. The family share deduction does not apply to: 1) families whose income falls below 70% of the federal poverty level 2) families in which at least one person receives TANF 3) families receiving child care for a qualifying social service reason 4) two parent families in which one parent is employed and the second parent is participating in Food Assistance Education and Training work programs 5) families participating in the Kansas Early Head Start/Child Care Partnership program.
- 3.2.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder: Lead Agencies may NOT use cost of care or amount of subsidy payment in determining co-payments (98.45(k)(2)).
- ☒ No
- ☐ Yes. If yes, check and describe those additional factors below.
- ☐ a. Number of hours the child is in care. Describe:
- ☐ b. Lower co-payments for a higher quality of care, as defined by the state/territory. Describe:
- ☐ c. Other. Describe:
- 3.2.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, on a case-by-case basis, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.
- ☐ No, the Lead Agency does not waive family contributions/co-payments.



- ☒ Yes, the Lead Agency waives family contributions/co-payments. If yes, identify and describe which families have their family contributions/co-payments waived.
- a. ☐ Families with an income at or below the Federal poverty level for families of the same size. Describe the policy and provide the policy citation.
- b. ☒ Families who are receiving or needing to receive protective services on a case-by-case basis, as determined by the Lead Agency for purposes of CCDF eligibility. Describe the policy and provide the policy citation. [Kansas waives co-payments for families approved for Social Services child care due to a temporary emergency need. KEESM 2835](#)
- c. ☒ Families meeting other criteria established by the Lead Agency. Describe the policy. [No co-payment is assigned to families in which there is a child receiving TANF, families who are participating in the Food Assistance E&T work program when participants are not employed or families participating in the KEHS-CCP program.](#)

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

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

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

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

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the co-payment restrictions, which do not apply to a graduated phase-out. To help families transition from child care assistance, Lead Agencies may gradually adjust co-pay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on

changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

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

- ☐ N/A. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore, is not required to provide a graduated phase-out period.
- ☒ The Lead Agency sets the second tier of eligibility at 85 percent of SMI.

A. Describe the policies and procedures. For initial eligibility, families must have incomes at or below 185% of the Federal Poverty Level (FPL) for families of that size, and the family remains eligible for that 12 month eligibility period as long as incomes remains below 85% of SMI with no interim changes in the copay amounts. At the end of the initial 12 month eligibility period, a family's eligibility is reviewed, and as long as non-financial eligibility requirements are met and income remains below 85% of SMI, another 12 month eligibility period is authorized. There is no limit to the number of times a family may be approved for another 12-month eligibility period. Copay amounts may be adjusted at the 12 month review based on income eligibility. If at review the family has income in excess of 85% of SMI, eligibility would end.

B. Provide the citation for this policy or procedure. [Kansas Economic and Employment Service Manual \(KEESM\) Section 7440](#)

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

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

B. Describe how the second eligibility threshold:

1. Takes into account the typical household budget of a low-income family:
2. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:
3. Reasonably allows a family to continue accessing child care services without unnecessary disruption:
4. Provide the citation for this policy or procedure:

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

- ☐ No
- ☒ Yes

- i. If yes, describe how the Lead Agency gradually adjusts co-payments for families under a graduated phase-out: If at review, a family's income is greater than 185% of the FPL but less than 85% of SMI, the copay amount is adjusted to the level 11 amount (the highest amount) on the Monthly Family Income and Family Share Deduction Schedule, and child care is approved for another 12 month period. If a reported change during the graduated phase out period results in a decrease in copay, this will be applied.

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

- ☒ No  
☐ Yes. Describe:

### 3.3 Increasing Access for Vulnerable Children and Families

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

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

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

- a. “Children with special needs”: A child who requires special services due to developmental/intellectual or social emotional disabilities, sensory or motor impairment, or chronic illness. Child Care benefits may be provided to protect children who cannot protect themselves from abuse, neglect and exploitation, to enable a child to remain in the home while the parent(s) work toward rehabilitation or when the child is at risk of a health or social condition which may adversely affect the child. The social service child care reason is used for this purpose and may include: 1. “Parents with Crisis”: a. Parent hospitalized or otherwise temporarily unable to provide adequate care for the child. This could be inpatient or outpatient, for physical health, mental health or substance abuse treatment. There is no other adult to care for the child. b. Family in the process of DCF Intake and Assessment through Prevention and Protection Services (PPS). c. Family receiving services through a family preservation contractor or DCF PPS Social Worker. 2. Juvenile offenders in the custody of the Kansas Department of Corrections - Juvenile Services when the foster parent is employed and needs child care. 3. Children in Foster Care who are in the custody of the Secretary of DCF who have been placed with a relative or non-related kin not licensed for Foster Care. This does not include foster children placed in a licensed foster home, as child care for those children is provided by the state's foster care contractors. 4. Children whose caretaker has placed them with a “Safe Families for Children” host family due to a family crisis, thereby avoiding placement of the children in Foster Care. These children are not in Foster Care. Child care for these children must be needed due to the employment or education/training of the adults in the “Safe Families for Children” host family. Parents Performing Essential Functions during a Disaster or Emergency. When a disaster or emergency has been declared by Kansas Government and child care is needed for parents to continue performing essential functions, eligibility for Child Care Assistance may be granted under the social service need reason. When a disaster or emergency has been declared, specific guidance will be provided in a separate Policy Memo for each event due to the limitations of funds and variations in the number of parents who may be eligible. Any financial eligibility tests applicable for these families will be outlined in the Policy Memo. In addition to an application, reasonable verification that the parent performs an essential function that was approved in the Policy Memo will be required.
- b. “Families with very low incomes”: Families participating in work programs who are receiving TANF or Food Assistance or who are Tribal TANF Work Program recipients.

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

Note: If waiving co-payments is checked, Lead Agencies will need to provide further information in question 3.2.4.

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

Population Prioritized	Prioritize for enrollment	Serve without placing on waiting list	Waive co-payments (on a case-by-case basis)	Payer higher rate for access to higher quality care	Using grants or contracts to reserve spots
Children with special needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families with very low incomes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children experiencing homelessness, as defined by the CCDF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families receiving TANF, those attempting to transition off TANF, and those at risk of becoming dependent on TANF (98.16(i)(4))	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. If applicable, identify and describe any other ways the identified populations are prioritized or targeted. [N/A](#)

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

The priority list for Kansas also includes: Families receiving child care for a qualified Social Service reason. (This would include families with a temporary emergency need due to parents with crisis, juvenile offenders in the custody of the Kansas Department of Corrections – Juvenile Services when the foster parent is employed and needs child care, children in foster care who are in the custody of the Secretary of the Department for Children and Families who have been placed with a relative or non-related kin not licensed for foster care, children whose caretaker has placed them with a “Safe Families for Children” host family due to a family crisis, thereby avoiding placement of the children in foster care, and children whose parents are performing essential functions during a disaster or emergency.); Teen parents completing high school/GED; Employed families whose income is at or below 185% of the federal poverty level. Priorities established by the lead agency for Child Care Assistance may be found at KEESM 2840.

**3.3.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.3.3.** Kansas currently serves all children who meet financial and non-financial eligibility criteria, but if a wait list should become necessary, families with a qualified social service reason are 2nd on our priority list. Teen parents are 4th on the priority list and employed families whose income are at or below 185% of the federal poverty level are 6th on the priority list.

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

- a. Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained. As per KEESM 2145.1 - Citizenship Documentation Delay for TANF and Child Care Subsidy The application shall be processed and approved granting a reasonable opportunity period to the individual to provide verification. This period shall be 3 calendar months commencing from the date the case is authorized. If the verification is not received by the end of the reasonable opportunity period, benefits shall end allowing for timely and adequate notice. The reasonable opportunity period may be extended in situations where the individual is making a bona fide effort to obtain the verification, but circumstances outside his/her control are delaying the effort. A decision to extend the period must be thoroughly documented and supported in the case file. As per Kansas Child Care Regulation - The Kansas Department of Health and Environment grants the following allowances in Kansas Child Care Regulation to ease any barriers in community efforts to accommodate displaced families, children and youth into existing regulated child care facilities. A. Displaced children and youth entering regulated child care facilities for temporary emergency care. I. Not required to provide documentation of current immunizations and health assessment for up to 60 days. II. Obtain as much information as possible about the children's/youth's health needs including any current medications being taken and any know medication, food or other allergies.
- b. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.
  - ☒ i. Lead Agency accepts applications at local community-based locations
  - ☒ ii. Partnerships with community-based organizations
  - ☒ iii. Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
  - ☒ iv. Other: DCF designed an Early Childhood Program Services brochure and distributed to Food Assistance Programs across the state, which included The Emergency Food Assistance Program (TEFAP), Commodity Supplemental Food Program (CSFP) sites, soup kitchens, food banks and

homeless shelters. Programs were asked to post the information and share with families utilizing their programs. The brochure is emailed out annually and may be accessed on DCF's website at: [dcf.ks.gov/services/ees/Documents/Child\\_Care/ChildServicesFlyer.pdf](https://dcf.ks.gov/services/ees/Documents/Child_Care/ChildServicesFlyer.pdf) and includes information for EC programs in Kansas such as Early Head Start, Head Start, Part C Infant-Toddler Services, Part B Special Education Services and Parents as Teachers (PAT). Another informational document that was developed and distributed to all Head Start and Early Head Start programs was the McKinney- Vento and Head Start: Ensuring Access to Early Education. This resource guide was designed to provide information on where the McKinney-Vento Programs are located and how to contact a local McKinney-Vento liaison. The purpose of this document is to promote better communication and coordination between Head Start and the local school districts. In addition, DCF has awarded funding for a Statewide Infant-Toddler Network to Kansas Child Care Training Opportunities (KCCTO) and funding for Consumer Education/Resource & Referral services awarded to Child Care Aware of Kansas (CCAK). Both contracts address homelessness education and outreach as part of these agreements.

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

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

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

- a. Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:
- i. Children experiencing homelessness (as defined by the CCDF Final Rule).  
KDHE grants the following allowances in Kansas Child Care Regulation to ease any barriers in community efforts to accommodate displaced families, children and youth into existing regulated child care facilities: Displaced children and youth entering regulated child care facilities for temporary emergency care are not required to provide documentation of current immunizations and health assessment for up to 60 days. KDHE considers a homeless child "displaced". Providers are to obtain as much information as possible about the children's/youth's health needs including any current medications being taken and any known medication, food or other allergies. If during enrollment for child care subsidy DCF is unable to verify citizenship, verification shall be waived and a three (3) month reasonable opportunity period for the individual to provide the information shall be applied. If otherwise eligible, the applicant may be approved for assistance. The individual shall be contacted to provide the information and notified of the reasonable opportunity period.. Provide the citation for this policy and procedure.  
KEESM 2145.1
  - ii. Children who are in foster care. KDHE grants the following allowances in Kansas Child Care Regulation to ease any barriers in community efforts to accommodate displaced families, children and youth into existing regulated child care facilities: Displaced children and youth entering regulated child care facilities for temporary emergency care are not required to provide documentation of current immunizations and health assessment for up to 60 days. Providers are to obtain as much information as possible about the children's/youth's health needs including any



current medications being taken and any known medication, food or other allergies. If during enrollment for child care subsidy DCF is unable to verify citizenship, verification shall be waived and a three (3) month reasonable opportunity period for the individual to provide the information shall be applied. If otherwise eligible, the applicant may be approved for assistance. The individual shall be contacted to provide the information and notified of the reasonable opportunity period

.Provide the citation for this policy and procedure. KEESM 2145. 1

- b. Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)). Families are referred to various community resources to obtain necessary documents. Resources can be found on KQN at: [ksqualitynetwork.org/resources/family-support/#cc-assistance](https://ksqualitynetwork.org/resources/family-support/#cc-assistance) . KQN resources are coordinated with the Kansas Department of Health and Environment and made available to child care providers and communities in addition to families. KQN information and resources are distributed through the lead agency to the state licensing agency, community partners and early education and child care partners within the state. When identified during a licensing inspection, it is typical for the licensing inspector to inform the provider to refer families to the local health department.
- c. Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

☐ No

☒ Yes. Describe: Children for whom Child Care Assistance is being requested whose U.S. citizenship is not questionable may be allowed a reasonable opportunity to provide verification of that citizenship. If otherwise eligible, the application shall be processed and approved granting a reasonable opportunity period to the caretaker of the child to provide the verification for the child. The reasonable opportunity period shall be three calendar months commencing from the date the case is authorized. If the verification is not received by the end of the reasonable opportunity period, benefits shall end allowing for timely and adequate notice. If verification is provided within the month after the month of case closure, eligibility may be reinstated without a new application or request. If U.S. citizenship is questionable, the child for whom Child Care Assistance is being requested would be ineligible to receive assistance until proof of U.S. citizenship is provided. Note: The reasonable opportunity period may be extended in situations where the caretaker of the child is making a bona fide effort to obtain the verification, but circumstances outside his/her control are delaying the effort. A decision to extend the period must be thoroughly documented and supported in the case file.

### 3.4 Continuity for Working Families

#### 3.4.1 Minimum 12-month eligibility.

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

- regardless of changes in income. Lead Agencies may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold but not the federal threshold of 85 percent of SMI.
- regardless of temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or

educational activity. Any temporary change cannot have a time limit (e.g. 60 days, 90 days, etc.). A temporary change in eligible activity includes, at a minimum:

DRAFT

1. any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness
  2. any interruption in work for a seasonal worker who is not working
  3. any student holiday or break for a parent participating in a training or educational program
  4. any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program
  5. any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency
  6. a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1)
  7. any changes in residency within the state, territory, or tribal service area
- a. Describe and provide the citation for the Lead Agency's policies and procedures related to providing a 12-month eligibility period at initial eligibility determination and redetermination. At initial eligibility, all child care plans are established for a 12-month eligibility period with any applicable copays established based on current income determination. If a family experiences a temporary change in activity, eligibility is continued through the remainder of the 12-month eligibility period as long as the caretaker remains employed or enrolled and is expected to resume their activity. At review, if the caretaker has resumed their employment or other eligible activity and the family still meets other non-financial eligibility criteria with income below 85% of SMI, a new 12-month eligibility period is established with copayment based on income determination at the time. Effective April 20, 2020, during the state declared COVID-19 emergency, child care plans for essential workers eligible through the Hero Relief Program are established for a 6-month eligibility period. This will continue until the Kansas COVID-19 Emergency Declaration incident period is end dated. When that emergency declaration period is ended, all child care plans will again be written for 12-month eligibility periods. This policy is found in KEESM 7340 and in Policy Memo #20-08-08 located in the Policy Memo section of the KEESM web site.
- b. Describe and provide the citation for each of the minimum required elements listed below that are included in the Lead Agency's definition of "temporary change".

**Minimum Required Element**

- ☒ i. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness. Describe or define your Lead Agency's policy: A change is considered temporary as long as the adult remains employed or enrolled in their activity and is expected to resume the activity (as verified with the employer or other entity). A temporary change may include time limited absences due to: the need to care for a family member; student holidays and breaks; a reduction in work, training or education hours, as long as the parent is still working or attending a training or educational program; changes in residency within the state; any other cessation of work or attendance at a training or educational program if it is verified that the parent remains employed or enrolled and is expected to resume the activity at some point. A temporary change could potentially last through the end of the 12 month eligibility period.

**Citation** KEESM 7640

- ☒ ii. Any interruption in work for a seasonal worker who is not working. Describe or define your Lead Agency's policy: A change is considered temporary as long as the adult remains employed or enrolled in their activity and is expected to resume the activity (as verified with the employer or other entity). A

temporary change may include time limited absences due to: the need to care for a family member; student holidays and breaks; a reduction in work, training or education hours, as long as the parent is still working or attending a training or educational program; changes in residency within the state; any other cessation of work or attendance at a training or educational program if it is verified that the parent remains employed or enrolled and is expected to resume the activity at some point. A temporary change could potentially last through the end of the 12 month eligibility period.

**Citation** KEESM 7640

- ☒ iii. Any student holiday or break for a parent participating in a training or educational program. Describe or define your Lead Agency's policy: A change is considered temporary as long as the adult remains employed or enrolled in their activity and is expected to resume the activity (as verified with the employer or other entity). A temporary change may include time limited absences due to: the need to care for a family member; student holidays and breaks; a reduction in work, training or education hours, as long as the parent is still working or attending a training or educational program; changes in residency within the state; any other cessation of work or attendance at a training or educational program if it is verified that the parent remains employed or enrolled and is expected to resume the activity at some point. A temporary change could potentially last through the end of the 12-month eligibility period.

**Citation** KEESM 7640

- ☒ iv. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program. Describe or define your Lead Agency's policy: A change is considered temporary as long as the adult remains employed or enrolled in their activity and is expected to resume the activity (as verified with the employer or other entity). A temporary change may include time limited absences due to: the need to care for a family member; student holidays and breaks; a reduction in work, training or education hours, as long as the parent is still working or attending a training or educational program; changes in residency within the state; any other cessation of work or attendance at a training or educational program if it is verified that the parent remains employed or enrolled and is expected to resume the activity at some point. A temporary change could potentially last through the end of the 12-month eligibility period.

**Citation** KEESM 7640

- ☒ v. Any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency. Describe or define your Lead Agency's policy:  
A change is considered temporary as long as the adult remains employed or enrolled in their activity and is expected to resume the activity (as verified with the employer or other entity). A temporary change may include time limited absences due to: the need to care for a family member; student holidays and breaks; a reduction in work, training or education hours, as long as the parent is still working or attending a training or educational program; changes in residency within the state; any other cessation of work or attendance at a training or educational program if it is verified that the parent remains employed or enrolled and is expected to resume the activity at some point. A temporary change could potentially last through the end of the 12-month eligibility period.

**Citation** KEESM 7640

- ☐ vi. A child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1). Describe or define your Lead Agency's policy: Any parent, guardian or caretaker of a child who has a need for child care services who resides in Kansas and is able to act on his or her own behalf may be determined eligible for child care for a child from birth through the last month of the eligibility period in which the child's 13th birthday has been reached. They may also

apply for child care for children age 13 through 18 if the child is physically or mentally incapable of caring for him or herself or if the child is under court supervision. (Initial eligibility for a 13-year-old shall not be established unless the child meets this criteria.)

**Citation** KEESM 2810

- ☒ vii. Any changes in residency within the state, territory, or tribal service area. Describe or define your Lead Agency's policy: *Child care cases must remain open for 12 months except: When a recipient moves out of state.*

**Citation** KEESM 7640

- c. Provide any other elements included in the state's definition of "temporary change" and provide the citation.

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

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation. This time period allows the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

- a. Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search.)
- ☒ No
- ☐ Yes. If yes, describe the policy or procedure (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):
- b. Does the Lead Agency discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?
- ☐ No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of attendance at a job training or educational program.
- ☒ Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's *non-temporary* loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

- i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change: When a non-temporary change is reported, DCF staff notify the parent that they have a three-month period in which to re-establish participation in an eligible activity, and they are given a deadline to report their resumption of an eligible activity. If there is no response from the parent by the deadline given, child care assistance is ended at the end of the third month. If the parent reports that they have resumed an eligible activity, child care assistance continues through the remainder of the 12-month eligibility period.
  - ii. Describe what specific actions/changes trigger the job-search period after each such loss or cessation: The job search period is triggered when the parent is no longer participating in an eligible activity.
  - iii. How long is the job-search period (must be at least 3 months)?  
3 months
  - iv. Provide the citation for this policy or procedure. KEESM 7640
- c. The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.
- ☐ i. Not applicable
  - ☒ ii. Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.
    - A. Define the number of unexplained absences identified as excessive:  
If the parent stops using their child care benefits, or stops paying the provider with whom their child care plan is written, this is considered a possible indicator of excessive absences. The agency sends a notice at 60 days advising the parent that their benefits (non)usage has been noted, and that they need to either pay their provider or contact the agency to make needed changes in their plan. If the parent has not remedied the situation at 90 days, the child care plans are ended
    - B. Provide the citation for this policy or procedure: KEESM 7640
  - ☒ iii. A change in residency outside of the state, territory, or tribal service area. Provide the citation for this policy or procedure: KEESM 7640
  - ☒ iv. Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility. Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.  
The following are considered as program violations and lead to discontinued assistance: 1) Failure to provide requested verification needed to determine continued eligibility. 2) Failure to cooperate with Child Support Services The citation for this policy is KEESM 7640.

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

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

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



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

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

- ☐ No  
☒ Yes

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

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

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

Describe: Families are required to report income changes only if the change causes their total household income to exceed 85% of the State Median Income (SMI). Such changes are required to be reported within 10 days from the last day of the month in which the income for the month increased. Families may report these changes in many different ways, including by telephone, in person, in writing, the change report form, or the online application. This reporting does not require a visit to the office during DCF business hours.

- ☒ ii. Changes that impact the Lead Agency's ability to contact the family. Describe:

Families must report changes in residence.

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

Families must report if they change child care providers and/or hours of care needed/ used. They must also report when child care is no longer being used for any or all children receiving child care assistance.

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

- ☒ i. Phone  
☒ ii. Email  
☐ iii. Online forms  
☐ iv. Extended submission hours  
☒ v. Postal mail  
☒ vi. Fax  
☒ vii. In-person submission  
☐ viii. Other. Describe:

- d. Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period.

Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

- i. Describe any other changes that the Lead Agency allows families to report.  
*Families are allowed to report any change that would positively impact their benefit amount and/or copayment amount.*
- ii. Provide the citation for this policy or procedure. [KEESM 9120](#)

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

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

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

- a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.
- ☒ i. Advance notice to parents of pending redetermination
  - ☐ ii. Advance notice to providers of pending redetermination
  - ☐ iii. Pre-populated subsidy renewal form
  - ☒ iv. Online documentation submission
  - ☒ v. Cross-program redeterminations
  - ☐ vi. Extended office hours (evenings and/or weekends)
  - ☒ vii. Consultation available via phone
  - ☐ viii. Other:

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

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

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

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

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling their child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll their child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead Agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider, or faith-based provider, etc.) (98.15 (a)(5)).

- 4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).  
*The child care certificate (plan) is issued after the parent has selected a child care provider. It includes the child's name, the provider name, the hours of child care that were authorized for the child, the family share deduction (co-payment) information, and the amount of child care benefits authorized for the child for each month of the eligibility period. If the family is approved for child care assistance for more than one child, information is included on the plan for each child.*
- 4.1.2 Identify how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.
- a. ☐ Certificate provides information about the choice of providers
  - b. ☐ Certificate provides information about the quality of providers
  - c. ☐ Certificate is not linked to a specific provider, so parents can choose any provider

- d. ☒ Consumer education materials are provided on choosing child care
- e. ☒ Referrals provided to child care resource and referral agencies
- f. ☐ Co-located resource and referral staff in eligibility offices
- g. ☒ Verbal communication at the time of the application
- h. ☐ Community outreach, workshops, or other in-person activities
- i. ☒ Other. Describe: Agency website: [dcf.ks.gov](https://dcf.ks.gov) and Kansas Quality Network (KQN) website: [ksqualitynetwork.org](https://ksqualitynetwork.org).

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

- a. Describe how parents have access to the full range of providers eligible to receive CCDF:  
At application, if an interview is conducted and a family does not already have a provider selected, they are referred to the local resource and referral agency for assistance in locating and selecting a provider who can meet their needs. Also at application, all families are provided with access to the Parent Provider Partnership Handbook which explains the range of provider types available. For those families who are not interviewed and do not have a provider chosen, the handbook also provides information about resource and referral services and how to select a provider. This handbook is also available to the general public on the agency's public website. There is a link to the handbook on the Kansas Quality Network web page. For those families who already have a provider in mind, if that provider is not currently enrolled with the lead agency, but is interested in it, the provider enrollment staff will help the provider become enrolled.
- b. Report data on the extent to which eligible child care providers participate in the CCDF system: 44.3% of Family Child Care providers and 46.5% of Centers in Kansas participate in the CCDF subsidy program. According to the most recent market analysis completed in April of 2018, approximately 54.2% of providers responding to the survey participate in the CCDF subsidy program.
- c. Identify any barriers to provider participation, including barriers related to payment rates and practices, based on provider feedback and reports to the Lead Agency:  
Of participating providers responding with barriers to participation, the following top two challenges were identified: difficulty collecting the balance from parents and paperwork concerns. Other providers currently not participating indicated their top two reasons they did not participate were because families served did not ask for it and they reported they see this as a loss of income. A total of 1,303 child care providers responded to the survey, representing a quarter (24.9%) of all providers in the state, with 1,192 providing complete survey responses (22.8% of all providers). Of those providing complete responses, 886 were family child care providers (21.9% of family child care providers) and 306 were child care centers (25.9% of all child care centers) This is within the normal ranges of response rates for a typical survey of this size. Based on this feedback, in October 2020 the lead agency implemented part-time and full-time blocks of time to decrease the balance owed out of the parents' pockets and increase the collection rates.

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)). ALL CCDF Providers are informed in the DCF Child Care Provider Handbook that they must allow parents to have access to their children at any time while in care. ALL CCDF Providers sign an acknowledgment that they understand that the terms listed in the DCF provider handbook and child care provider agreement are incorporated into their provider agreement with DCF. Their signature on the application certifies that they have read and understand those terms and agree to them. KDHE licensing also requires parental access to child care facilities. This may be found at: K.A.R. 28-4-123 [kdheks.gov/bccdr/regs/lic\\_group\\_daycare/Day\\_Care\\_homes\\_and\\_Group\\_Day\\_Care\\_all\\_sections.pdf](https://kdheks.gov/bccdr/regs/lic_group_daycare/Day_Care_homes_and_Group_Day_Care_all_sections.pdf) and [kdheks.gov/bccdr/regs/ccf/Preschools\\_and\\_Child\\_Care\\_Centers\\_all\\_sections.pdf](https://kdheks.gov/bccdr/regs/ccf/Preschools_and_Child_Care_Centers_all_sections.pdf)

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

☐ No

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

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

b. ☒ Restricted based on the provider meeting a minimum age requirement. Describe: [Must be at least 18 years of age.](#)

c. ☒ Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe: [Care must be for less than 24 hours a day.](#)

d. ☒ Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2)). Describe: [Provider must be an aunt, uncle, grandparent, great-grandparent or adult sibling to the child. Relationship may be established by blood, marriage or court decree.](#)

[During a disaster, when needed and upon waiver approval from the Office of Child Care, the definition of a relative child care provider will include 1st cousins, great aunts and great uncles, great-great grandparents, and grand nephews and nieces. This is consistent with KDHE relative definition that allows relatives to the 4th degree to not require a child care license in Kansas. This will increase options for families looking for child care for their children from additional family resources if needed during an emergency declaration.](#)

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

f. ☒ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe: [A "Health and Safety Standards Home Checklist" must be completed and signed by the parent/guardian and provider to certify that a walk-through inspection has been conducted by both parties.](#)

g. ☒ Other. Describe: [Relative in-home providers must enroll as a provider for DCF and an agency background check is completed.](#)

4.1.6 Child care services available through grants or contracts.

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

- ☐ No. If not, skip to 4.1.7
- ☒ Yes, in some jurisdictions but not statewide. If yes, describe how many jurisdictions use grants or contracts for child care slots.

Kansas Early Head Start Child Care Partnerships provides intensive, comprehensive program designed services to individualize to the unique strengths and needs of each child and family. KEHS programs are required to involve parents and community representatives in all areas of the program, including policy, program design, curriculum, and management decisions. All KEHS programs follow Head Start Performance Standards that require at least 10 percent of total enrollment slots be made available to children with disabilities. Kansas Early Head Start Child Care Partnerships also offer comprehensive services to childcare partner programs that exhibit needs, desires to participate, and has willingness to follow enhanced program regulations. KEHS grantees also offer their own center- based classes.

Three hundred and sixty-six (354) slots are available in 34 Counties in Kansas.

Counties included are: Ford, Clay, Washington, Republic, Cloud, Ottawa, Shawnee, Douglas, Franklin, Lyon, Ellis, Rush, Russell, Rooks, Johnson, Saline, Dickinson, McPherson, Finney, Grant, Gray, Hamilton, Haskell, Kearny, Morton, Scott, Seward, Stanton, Stevens, Wichita, Wyandotte, Cherokee, Crawford, Labette and Montgomery.

**Services are provided by these**

**entities:** Bright Beginnings (KEHS CCP)

Clay County Child Care (KEHS CCP)

Community Action, Inc. (KEHS CCP)

East Central Kansas Economic Opportunity Corporation (ECKAN) (KEHS CCP)

Early Childhood Connections (KEHS CCP)

Growing Futures (KEHS CCP)

Heartland Early Education  
(KEHS CCP)

Kansas Children's Service League (KCSL) (KEHS CCP)

Project Eagle (KEHS CCP)

Southeast Kansas- Community Action Program (SEK-CAP) (KEHS CCP)



☐ Yes, statewide. If yes, describe:

- i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:
- ii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

Children in rural areas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other populations, please specify	<input type="checkbox"/>	<input type="checkbox"/>

4.1.7 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

- a. In licensed child care centers. In 2019 Child Care Aware of Kansas completed a statewide supply and demand report. A copy of the report can be found at: [ks.childcareaware.org/wp-content/uploads/Supply-Demand-2019-FINAL.pdf](https://ks.childcareaware.org/wp-content/uploads/Supply-Demand-2019-FINAL.pdf) Child Care Aware of Kansas, the contracted resource and referral agency, documents child care requests and availability in high need areas. The supply and demand report is done annually, therefore changes in access and parental choice are tracked and can be compared over various periods of time. Recommended actions and strategies are part of this annual report.
- b. In licensed child care homes. In 2019 Child Care Aware of Kansas completed a statewide supply and demand report. A copy of the report can be found at: [ks.childcareaware.org/wp-content/uploads/Supply-Demand-2019-FINAL.pdf](https://ks.childcareaware.org/wp-content/uploads/Supply-Demand-2019-FINAL.pdf) Child Care Aware of Kansas, the contracted resource and referral agency, documents child care requests and availability in high need areas. The supply and demand report is done annually, therefore changes in access and parental choice are tracked and can be compared over various periods of time. Recommended actions and strategies are part of this annual report.
- c. Other.

4.1.8 Lead Agencies are required to develop and implement strategies to increase the supply of and improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours. Describe what method(s) is used to increase supply and to improve quality for the following.

a. Children in underserved areas. Check and describe all that apply.

- i. ☒ Grants and contracts (as discussed in 4.1.6). Describe: Fifty-two high priority counties have been identified based on high poverty, unemployment and out of home placement data. The data collected for the high priority counties includes high poverty (Census Bureau, 2018 American Community Survey produced by: Small Area Income and Poverty Estimates). High unemployment (Kansas Labor Force Estimates, provided by the Kansas Department of Labor, January 2020). High Out of Home Placement (OOHP) (Kansas Department for Children and Families- Prevention and Protection Services, June 2019). Applying equal weight to the data points, DCF identified the top 1/2 of counties with the highest at-risk index scores. Priority funding will be given to grantees serving counties identified as high need.
- ii. ☐ Family Child Care Networks. Describe:
- iii. ☐ Start-up funding. Describe:
- iv. ☒ Technical assistance support. Describe: The Lead Agency's QRIS Links to Quality (L2Q) pilot and post-pilot expansion peer and learning community locations were determined after

identifying high need communities with high poverty, high unemployment and high out of home placement data.

v. ☐ Recruitment of providers. Describe:

vi. ☒ Tiered payment rates (as discussed in 4.3.3 ). Describe:

As part of the award process and future awards, a higher priority for funding was and will be given to Kansas Early Head Start Child Care Partnership Grantee applicants who indicated they would serve areas that were identified as high need based on poverty, high unemployment and out of home placements. Child Care providers who partner with Kansas Early Head Start Grantees are required to meet Head Start Standards increasing the quality of care provided to infants and toddlers in their care. The Kansas Early Head Start Child Care grantees offer incentives to partnering child care providers to build upon base rates established to meet the health and safety requirements for families receiving child care assistance. This additional tier of funding or level of incentives is determined by each individual Kansas Early Head Start grantee based upon their community needs.

vii. ☒ Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: The Lead Agency's QRIS Links to Quality (L2Q) pilot and post-pilot expansion peer and learning community locations were determined after identifying high need communities with high poverty, high unemployment and high out of home placement data. L2Q has a strong emphasis on supporting strong business practices.

viii. ☐ Accreditation supports. Describe:

ix. ☐ Child care health consultation. Describe:

x. ☐ Mental health consultation. Describe:

xi. ☐ Other. Describe:

b. Infants and toddlers. Check and describe all that apply.

i. ☒ Grants and contracts (as discussed in 4.1.6). Describe:

Kansas Early Head Start Child Care Partnerships program grants are for infants and toddlers prior to their 3rd birthday. Children may remain in the program through the end of the program year in which they turn three years of age or the time when their same aged peers would be enrolling in preschool programs.

ii. ☒ Family Child Care Networks. Describe: The Lead Agency contract with KCCTO for ITSN includes promotion of community connections to increase awareness and use of available resources/services that support health, safe and nurturing care for infants and toddlers. Infant Toddler Specialists will utilize Professional Learning Communities through KCCTO's learning management system to encourage use of available resources and services in the community. Development of the online community of practices is ongoing. Currently Community Provider Support Groups are active in Greenwood, Neosho and Crawford counties.

iii. ☐ Start-up funding. Describe:

iv. ☒ Technical assistance support. Describe: The Lead Agency contracts with KCCTO for training and technical assistance through the Infant Toddler Specialist Network contract. KCCTO provides three intensity levels of technical assistance available to all programs and providers of child care services for infants and toddlers.

At Level 1, Proactive/General Technical Assistance, resources include professional collaboration, linkages, information opportunities generally supporting development of core knowledge and competencies for the infant toddler workforce including health and safety requirements and use of the Kansas Early Learning Standards.

At Level 2, Focused Technical Assistance is designed to enhance core knowledge and competencies and anticipate and meet licensing needs of new and existing programs and providers. Technical assistance at this level can involve developing and providing access to core training and resources that support a workforce training program or career pathway and/or short-term consultation or

coaching to assist programs or providers in identifying training and resources available to meet their needs.

At Level 3, Intensive Professional Development is based on a written plan developed collaboratively with an ITSN TA provider. Referrals can come directly from a program or provider, from DCF, KDHE or KCCTO. Technical assistance must target improvement of services to infants and toddlers through application of core knowledge and competencies in specified priority such as developmental delays or disabilities, English language learners, in tribal care, migrant or homeless, in foster care, in care during nontraditional work hours and in need of other special assistance and support. Level 3 technical assistance is guided by considerations proposed by Blasé (2009). Level 3 technical assistance will be geographically representative of childcare centers and family childcare homes in regions across the state.

- v. ☐ Recruitment of providers. Describe:
  - vi. ☒ Tiered payment rates (as discussed in 4.3.3). Describe:  
Through individual grants for the Kansas Early Head Start Child Care Partnerships.
  - vii. ☐ Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: The Lead Agency's QRIS Links to Quality (L2Q) pilot and post-pilot expansion peer and learning community locations were determined after identifying high need communities with high poverty, high unemployment and high out of home placement data. L2Q has a strong emphasis on supporting strong business practices.
  - viii. ☐ Accreditation supports. Describe:
  - ix. ☐ Child care health consultation. Describe:
  - x. ☐ Mental health consultation. Describe:
  - xi. ☒ Other. Describe: On April 1st 2020, DCF implemented enhanced differential rate for infants and toddlers receiving subsidy. Because of current system limitations, the agency increased rates for out of home relative providers, licensed family child care providers and child care centers based upon our current age breakout categories. These include children in out of home relative providers homes and family child care homes under 18 months of age, and children in center care under 30 months of age. Kansas brought these rates for these age groups up to the 85th percentile.
- c. Children with disabilities. Check and describe all that apply.
- i. ☒ Grants and contracts (as discussed in 4.1.6). Describe:  
At least 10 percent of the total number of enrollment opportunities in the Kansas Early Head Start Child Care Partnership must be made available to children who meet the definition for children with disabilities.
  - ii. ☐ Family Child Care Networks. Describe:
  - iii. ☐ Start-up funding. Describe:
  - iv. ☒ Technical assistance support. Describe: KDHE Infant-Toddler supports professional development through the Kansas In-Service Training System (KITS). KITS is a program of the University of Kansas Life Span Institute designed to provide a training and resource system for early intervention networks and early childhood special education program staff through collaborative training and technical assistance activities on a comprehensive statewide basis. The Infant Toddler Specialist Network contractor, KCCTO, partners with KITS to provide training, technical assistance and resources to providers and programs statewide. Through the network, there are a variety of professional development opportunities to support providers who serve children with developmental delays and disabilities.
  - v. ☐ Recruitment of providers. Describe:
  - vi. ☒ Tiered payment rates (as discussed in 4.3.3). Describe:  
Through individual grants for the Kansas Early Head Start Child Care Partnerships. Kansas provides

enhanced rates for children with special needs.

- vii. ☐ Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:
  - viii. ☐ Accreditation supports. Describe:
  - ix. ☐ Child care health consultation. Describe:
  - x. ☒ Mental health consultation. Describe: KCCTO, through the ITSN contract, provides quality improvement financial incentives to participants in Intensive Technical Assistance. Financial supports include funding necessary to implement their Intensive TA Plan. Financial incentives can include funding to obtain the Kansas Association for Infant and Early Childhood Mental Health Endorsement.
  - xi. ☒ Other. Describe: Child Care Aware of Kansas, the contracted resource and referral agency, documents child care requests and availability in high need areas.
- d. Children who receive care during non-traditional hours. Check and describe all that apply.
- i. ☒ Grants and contracts (as discussed in 4.1.6). Describe: Child Care Aware of Kansas, the contracted resource and referral agency, documents child care requests and availability in high need areas.
  - ii. ☐ Family Child Care Networks. Describe:
  - iii. ☐ Start-up funding. Describe:
  - iv. ☒ Technical assistance support. Describe: KCCTO, through the ITSN contract, provides quality improvement financial incentives to participants in Intensive Technical Assistance. This service is available to providers who operate during non-traditional hours.
  - v. ☐ Recruitment of providers. Describe:
  - vi. ☐ Tiered payment rates (as discussed in 4.3.3). Describe:
  - vii. ☐ Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:
  - viii. ☐ Accreditation supports. Describe:
  - ix. ☐ Child Care health consultation. Describe:
  - x. ☐ Mental health consultation. Describe:
  - xi. ☐ Other. Describe:
- e. Other. Check and describe all that apply.
- i. ☐ Grants and contracts (as discussed in 4.1.6). Describe:
  - ii. ☐ Family Child Care Networks. Describe:
  - iii. ☐ Start-up funding. Describe:
  - iv. ☐ Technical assistance support. Describe:
  - v. ☐ Recruitment of providers. Describe:
  - vi. ☐ Tiered payment rates (as discussed in 4.3.3). Describe:
  - vii. ☐ Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:
  - viii. ☐ Accreditation supports. Describe:

- ix. ☐ Child Care health consultation. Describe:
- x. ☐ Mental health consultation. Describe:
- xi. ☐ Other. Describe:

4.1.9 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs (658 E(c)(2)(M); 98.16 (x);98.46(b)).

- a. How does the Lead Agency define areas with significant concentrations of poverty and unemployment? Fifty-two (52) high priority counties have been identified based on high poverty, unemployment and out of home placement data. The data collected for the high priority counties includes high poverty (Census Bureau, 2018 American Community Survey produced by: Small Area Income and Poverty Estimates). High unemployment (Kansas Labor Force Estimates, provided by the Kansas Department of Labor, January 2020). High Out of Home Placement (OOHP) (Kansas Department for Children and Families- Prevention and Protection Services, June 2019). Applying equal weight to the data points, DCF identified the top 1/2 of counties with the highest at-risk index scores.
- b. Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. Fifty-two (52) high priority counties have been identified based on high poverty, unemployment and out of home placement data. The data collected for the high priority counties includes high poverty (Census Bureau, 2018 American Community Survey produced by: Small Area Income and Poverty Estimates). High unemployment (Kansas Labor Force Estimates, provided by the Kansas Department of Labor, January 2020). High Out of Home Placement (OOHP) (Kansas Department for Children and Families- Prevention and Protection Services, June 2019). Applying equal weight to the data points, DCF identified the top 1/2 of counties with the highest at-risk index scores. Kansas Early Head Start (KEHS) grantees complete and base service needs on local community needs assessment. KEHS grantees maintain waiting list of eligible children. Priority for funding was given to grantees serving counties identified as high need. The Lead Agency's QRIS Links to Quality (L2Q) peer learning community locations were determined after identifying these same high need communities with high poverty, high unemployment and high out of home placement data and taking that into consideration with the location of the pilot peer learning community locations.

## **4.2 Assess Market Rates and Analyze the Cost of Child Care**

To establish subsidy payment rates that ensure equal access, Lead Agencies collect and analyze data through a number of tools. Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an ACF pre-approved alternative methodology, such as a cost survey (658E(c)(4)(B)). A cost survey calculates the cost of care by incorporating both data and assumptions to judge what expected costs would be incurred by child care providers and parents under different scenarios. Another approach would be a study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services.

In either case, Lead Agencies must analyze the cost of providing child services, known as the narrow cost analysis, that meet basic health, safety, quality and staffing requirements (base level care) (98.45(b)(3), (f)(1)(ii)(A), and (f)(2)(ii)), and higher-quality care at each level of quality, as defined by the Lead Agency (98.45(b)(4), (f)(1)(ii)(B), and (f)(2)(iii)). The analysis must identify

the gaps between the cost of care and subsidy levels adopted by the state and then be considered as part of the rate setting process.

If submitting only an alternative methodology, the Lead Agency must provide a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal. A Market Rate Survey (MRS) or an ACF pre-approved alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan (658E(c)(4)(B)(i) (98.45 (c))). Due to the COVID-19 pandemic, Lead Agencies may request a waiver for up to one additional year (until July 1, 2022) to complete the required MRS and/or an ACF pre-approved alternative methodology. Lead Agencies may also request the required Narrow Cost Analysis be waived for one year (until July 1, 2022). These waiver requests must include a justification linked to the COVID-19 pandemic.

Note: If a waiver has been requested for either the MRS and/or ACF pre-approved methodology and/or a narrow cost analysis, a Lead Agency should respond by checking the “N/A” check box provided in these questions until the activities are complete.

#### 4.2.1 Completion of the MRS, ACF pre-approved alternative methodology.

- a. Did the state/territory conduct a statistically valid and reliable MRS or ACF pre-approved alternative methodology?
- ☒ Yes. If yes, please identify the methodology(ies) used below to assess child care prices and/or costs.
    - i. ☒ MRS. When was your data gathered (provide a date range, for instance, September – December, 2019)? [Information was gathered from July 2020 to October 2020.](#)
    - ii. ☐ ACF pre-approved alternative methodology. Identify the date of the ACF approval and describe the methodology:
    - iii. ☐ Both an MRS and an alternative methodology. When was your data gathered (provide a date range; for instance, September – December, 2019)? Describe how the Lead Agency used both methodologies as part of the rate setting process:
  - ☐ No, a waiver is being requested in Appendix A. Please identify the Lead Agency’s planned methodology(ies) to assess child care prices and/or costs.
    - i. ☐ MRS. If checked, describe the status of the Lead Agency’s implementation of the MRS.
    - ii. ☐ ACF pre-approved alternative methodology. If checked, describe the status of the Lead Agency’s implementation of the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:
    - iii. ☐ Both an MRS and an alternative methodology. If checked, describe how the Lead Agency plans to use both methodologies as part of the rate setting process. Describe the status of the Lead Agency’s implementation of the MRS and the ACF pre-approved alternative methodology, including if applicable, the date of the ACF approval and a description of the methodology:



4.2.2 Prior to developing and conducting the MRS, or conducting the ACF pre-approved alternative methodology, the Lead Agency is required to consult with (1) the State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities, and (2) organizations representing caregivers, teachers, and directors (98.45 (e)). Local child care program administrators may also be good informants to Lead Agencies on narrow cost analyses. Describe how the Lead Agency consulted with the:

- a. State Advisory Council or similar coordinating body:
- b. Local child care program administrators:
- c. Local child care resource and referral agencies:
- d. Organizations representing caregivers, teachers, and directors:
- e. Other. Describe:
- f. N/A. Check here if a waiver has been requested. ☐

4.2.3 An MRS or an ACF pre-approved alternative methodology must be statistically valid and reliable. To be considered statistically valid and reliable, either method, must:

- represent the child care market
- provide complete and current data
- use rigorous data collection procedures
- reflect geographic variations
- analyze data in a manner that captures other relevant differences

An MRS can use administrative data, such as child care resource and referral data, if it is representative of the market.

- a. Describe how the benchmarks are met in either the MRS and/or ACF pre-approved alternative methodology. The MRS used the most current child care resource and referral data, as well as data gathered through a survey of providers statewide. The data used for the rate analysis was provided by the child care resource and referral agency. This data used for the rate analysis included all providers that were in the Child Care Aware of Kansas database. Representative of the child care market, it included licensed day care homes, licensed group day care homes, licensed child care centers, licensed school age programs, licensed Head Start programs, and licensed preschools. Data from licensed exempt centers, school age programs, Head Start Programs and preschools may also be included. (These license exempt providers in Kansas must become licensed to enroll as a subsidy provider with the Kansas Department for Children and Families (DCF). There were 4246 licensed day care homes and licensed group homes reported by Kansas Department of Health and Environment for June 30, 2017. The Child Care Aware of Kansas database provided rate information for 4219 licensed day care homes and licensed group homes on June 30, 2017. There were 604 licensed child care centers reported by Kansas Department of Health and Environment for June 30, 2017. The Child Care Aware of Kansas database provided rate information for 596 licensed child care centers on June 30, 2017. Additional information was gathered through the survey. Prior to the survey being sent, an email was sent to licensed providers for whom email addresses were available, announcing the survey and encouraging their participation. Written notice of the upcoming survey was sent to licensed providers for whom no email address was available. For those with email addresses, the contractor sent via email a link to the survey. Paper surveys were mailed to providers with no email address. See the market analysis report linked to this plan for additional details about how the survey was conducted, as well as the response rate. Valid responses to the survey were received from approximately 22.8% of the licensed child care providers in the state, which is within the normal range of response rates for a typical survey of this type.

- b. Given the impact of COVID-19 on the child care market, do you think that the prices you gathered adequately reflect the child care market as you submit this plan?  
Information for the market rate survey was gathered prior to the beginning of the pandemic, so does not reflect the impacts of COVID-19.
- c. N/A. Check here if a waiver has been requested. ☐

**4.2.4 Describe how the market rate survey or ACF pre-approved alternative methodology reflects variations in the price or cost of child care services by:**

- a. Geographic area (e.g., statewide or local markets). Describe: Resource and referral data is gathered from licensed providers statewide. A link to the survey was provided to all child care providers with email addresses and paper surveys were sent to those without email addresses. This also provided information from providers statewide, and responses were received from providers in all three of the state's current geographical county groupings. The Market Rate Survey (MRS) reflects that Johnson County stands out as the area of the state with the highest rates, and in general, the rates of child care providers is highest in the most populous areas of the state.
- b. Type of provider. Describe: The survey includes data from all licensed child care providers (centers and family home providers) regardless of their participation within the DCF subsidy program. The provider survey completed as part of our MRS, reflects that the rates reported for child care continues to be higher among child care centers than it is among family child care home providers.
- c. Age of child. Describe: Rate data collected by the state resource and referral agency, as well as data that was gathered through the survey, are for all age groups from newborn to age 18. Data gathered reflects that the age of child in care impacts the rate charged. Rates continue to be higher for younger children with infant care being the highest.
- d. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level. The survey examined variations in participation in the Child and Adult Care Food Program (CACFP) and/or professional development activities, accreditations, alternative hour care, and additional amounts charged to families beyond charges for basic care. The MRS reflects higher rates are charged by child care centers participating in CACFP than by centers who do not participate, but little difference between family child care providers who participate and those who do not. Slightly higher rates are charged by providers who participate in special projects administered by Child Care Aware of Kansas. The survey reflected that of those providers who provide alternative hour care, more than half charge different rates for those hours. But statewide, the median rates charged for alternative hours by providers who offer the care is lower than median rates charged by those providers who do not offer alternative hour care.
- e. N/A. Check here if a waiver has been requested. ☐

**4.2.5 Has the Narrow Cost Analysis or Estimated Cost of Care been completed for the FY 2022 – 2024 CCDF Plan?**

- ☐ No, a waiver is being requested in Appendix A. If no, describe the status of the Lead Agency's upcoming narrow cost analysis.
- ☒ Yes, the narrow cost analysis information is included in the report as described in 4.2.6. If yes, describe how the State/Territory analyzed the cost of child care through a narrow cost analysis for the FY 2022 – 2024 CCDF Plan, including:
  - a. The methodology the Lead Agency used to conduct, obtain, and analyze data on the estimated cost of care (narrow cost analysis), including any relevant variation by geographic location, category of provider, or age of child (98.45 (f)(ii)).
  - b. How the methodology addresses the cost of child care providers' implementation of

health, safety, quality and staffing requirements (i.e. applicable licensing and regulatory requirements, health and safety standards, training and professional development standards, and appropriate child to staff ratio, groups size limits, and caregiver qualification requirements (98.45 (f)(ii)(A)).

- c. How the methodology addresses the cost of higher-quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality (98.45 (f)(ii)(B)).
- d. The gap between costs incurred by child care providers and the Lead Agency's payment rates based on findings from the narrow cost analysis.

- 4.2.6 After conducting the market rate survey or ACF pre-approved alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or ACF pre-approved alternative methodology. The detailed report must also include the Narrow Cost Analysis, as described in 4.2.5, which estimates the cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety, quality, and staffing requirements, and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For states without a QRIS, those states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state defined quality measures.)

The Lead Agency must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders.

Describe how the Lead Agency made the results of the market rate survey or ACF pre-approved alternative methodology report widely available to the public (98.45(f)(1)) by responding to the questions below.

- a. Date the report containing results was made widely available—no later than 30 days after the completion of the report. [By March 1, 2021](#)
- b. Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted. [The report is available to the public on the DCF website \[dcf.ks.gov/services/ees/Pages/Child\\\_Care/Child-care-and-early-education.aspx\]\(https://dcf.ks.gov/services/ees/Pages/Child\_Care/Child-care-and-early-education.aspx\)](#)
- c. Describe how the Lead Agency considered stakeholder views and comments in the detailed report. [A supplement to the detailed report includes both the public comments received and the lead agency's responses. Comments offered suggestions for future market analyses that had already been incorporated into the current analysis and will also be included in the future.](#)
- d. N/A. Check here if a waiver has been requested and the report is not available. ☐

### 4.3 Establish Adequate Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or advance ACF approval of alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. Lead Agencies must also consider the costs of base and higher quality care at each level as part of its rate setting. The Lead Agency must re-evaluate its payment rates at least every 3 years.

- 4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS regardless of waiver request status) for the following categories below. Percentiles are not required if the Lead Agency conducted an ACF pre-approval alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an ACF pre-approved alternative methodology. For states that only conduct an alternative methodology, report the base payment rates and what method was used to set those rates (e.g., average cost of care).

The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (defined as the area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an advance ACF pre-approved alternative methodology, then reporting of percentiles is not required.

- a. Fill in the table below based on the most populous area of the State (area serving highest number of children accessing CCDF)

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Unit of time (daily, weekly or monthly)	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology only, or in addition to an MRS, what percent of the estimated cost of care is the base rate?	Citation or link to payment rates
Infant (6 months) Center care	\$4.11	hourly	90th		KEESM Appendix C-18
Toddler (18 months) Center care	\$4.21	hourly	90th		KEESM Appendix C-18
Preschooler (4 years) Center care	\$2.93	hourly	74th		KEESM Appendix C-18
School-age child (6 years) Center care	\$2.27	Hourly	70th		KEESM Appendix C-18

Age of child in what type of licensed child care setting. (All rates are full-time)	Base payment rate	Unit of time (daily, weekly or monthly)	If the Lead Agency conducted an MRS, what is the percentile of the base payment rate?	If the Lead Agency used an alternative methodology only, or in addition to an MRS, what percent of the estimated cost of care is the base rate?	Citation or link to payment rates
Infant (6 months) Family Child Care	\$3.08	hourly	85th		KEESM Appendix C-18
Toddler (18 months) Family Child Care	\$2.60	hourly	75th		KEESM Appendix C-18
Preschooler (4 years) Family Child Care	\$2.60	hourly	75th		KEESM Appendix C-18
School-age child (6 years) Family Child Care	\$2.60	hourly	75th		KEESM Appendix C-18

b. Describe how part-time and full-time care were defined and calculated.

In Kansas, child care benefits are calculated separately for each child. Benefits are determined by a combination of factors: the age of the child; the numbers of hours of care each month the child needs; the family's family share, the child care provider's standard rate; and DCF maximum rates. When hours of care are determined there are additional things taken into consideration, such as, the time it takes to travel to work or training, lunch time, sleep time when they work over night, the individual needs of a child like naps or preschool activities, and study time for teen parents. After these hours of need are calculated, they are changed into part-time or full-time blocks of care, unless they exceed 215 hours of care per month. Part-time care is defined as hours of care that are calculated using schedules as 108 hrs. or below per month. Plans that show these hours will be issued benefits based on part-time blocks of time, which will contain 129 hrs. per month. Full-time care is defined hours of care that are calculated using schedules as between 109 hours and 215 hrs. for the month. Plans that show these hours will be issued benefits based on full-time blocks of time, which will contain 215 hrs. per month. Hours of care more than 215 hrs. per month use the hours as determined using the actual schedules and will not be assigned to a part-time or full-time block of care. Benefits for each child are automatically put into the parent's EBT (Electronic Benefit Transfer) account at the start of each month. All child care benefits are put into a single child care account for that household. Providers may charge parents for their child's slot, (full or part time) and/or absent days, if this is consistent with the provider's stated private pay policy. Parents are responsible for their family share amount and any additional charges agreed upon between themselves and their child's providers. Kansas' system of issuing benefits to parents and parent's being responsible for payment to provider's based upon their provider's individual payment practice mirrors private pay. One benefit of this system allows for

providers to be paid in advance if this practice is consistent with their private pay families. Kansas offers part-time (30 hours per week) and full-time (50 hours per week) blocks of hours for families participating in the Kansas Early Head Start Child Care Partnership Program. If more than 50 hours per week can be justified, additional hours may be authorized. For other families not participating in this program, benefits are paid based on the projected hours care is needed. Within our current Market Rate Analysis child care providers who charge families their full private pay rate were asked if the additional amount the family paid exceeded the family portion as allocated by DCF. Full time was defined as providing services between 50 and 55 hours per week, reporting a rate greater than \$1 per hour and less than \$10 per hour, and providing care Monday through Friday. If providers reported a full-time rate, rates were converted to hourly by dividing the daily rate by 10.4 (52 hours / 5 days); weekly rate by 52 (hours/week); and monthly by 4.33 weeks per month and then divided by 52 hours per week. Of the 183 Center providers who responded, 36.1% reported the amount exceeded the family portion (family share) as allocated by DCF, 7.7% reported the amount did not exceed their family portion as allocated by DCF, and 56.3% reported the family has not shared that information with the provider. Of the 392 Family Child Care providers who responded, 29.1% reported the amount exceeded the family portion as allocated by DCF, 12.5% reported the amount did not exceed the family portion as allocated by DCF, and 58.4% reported the family has not shared that information with the provider. Since parents negotiate and establish an agreement with their child care provider, not sharing this information is an expected response. A total of 1,303 child care providers responded to the survey, representing a quarter (24.9%) of all providers in the state, with 1,192 providing complete survey responses (22.8% of all providers). Of those providing complete responses, 886 were family child care providers (21.9% of family child care providers) and 306 were child care centers (25.9% of all child care centers) This is within the normal ranges of response rates for a typical survey of this size.

- c. Provide the date these current payment rates became effective (i.e., date of last update based on most recent MRS as reported in 4.2.1). Rates for children aged over 18 months in family child care and those age 31 months and older in center care were effective November of 2018. Rates for children 18 months and under in family child care and those 30 months and younger in center care were effective April of 2020.
- d. Identify the most populous area of the state (area serving highest number of children accessing CCDF) used to complete the responses above. Sedgwick County
- e. Provide the citation or link, if available, to the payment rates. KEESM Appendix C-18 [content.dcf.ks.gov/EES/KEESM/Appendix/C-18\\_ProviderRateCht.pdf](https://content.dcf.ks.gov/EES/KEESM/Appendix/C-18_ProviderRateCht.pdf)
- f. If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).  
N/A



4.3.2 Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

- a. ☒ Geographic area. Describe: Counties are placed in one of three groups - high cost, medium cost and low cost, considering information from the most recent child care market rate analysis completed in March of 2018
- b. ☒ Type of provider. Describe: Rates are set for four different child care provider types. Child care centers, family child care providers, out of home relative child care providers and in home relative child care providers.
- c. ☒ Age of child. Describe: Rates for relative and family child care providers are set for two age groups, age 18 months and younger, and over 18 months. Rates for child care centers are broken into 5 age groups, 12 months and younger, 13 month through 18 months, 19 months through 30 months, 31 months through 5 years, and 6 years and older.
- d. ☐ Quality level. Describe:
- e. ☐ Other. Describe:

4.3.3 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children). Lead Agencies may pay providers more than their private pay rates as an incentive or to cover costs for higher quality care.

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an ACF pre-approved alternative methodology. Check and describe all that apply.

- a. ☐ Tiered or differential rates are not implemented.
- b. ☐ Differential rate for non-traditional hours. Describe:
- c. ☒ Differential rate for children with special needs, as defined by the state/territory.  
Describe: Parents of children with a physical, emotional or mental disability may request an enhanced benefit rate for child care services. Documentation of the child's disability and/or special need must be provided by a skilled professional. Additional information must be provided by the care provider indicating the type of enhanced child care being provided to the child and what type of education and/or training the provider possesses in order to provide the care needed. If approved, that rate is \$6.00 per hour, regardless of the child's age or child care setting is used to calculate child care benefits for the family. In Kansas, child care benefits are calculated separately for each child. Benefits are determined by a combination of factors: the age of the child; the numbers of hours of care each month the child needs; the family's family share, the child care provider's standard rate; and DCF maximum rates. Benefits for each child are automatically put into the parent's EBT (Electronic Benefit Transfer) account at the start of each month. All child care benefits are put into a single child care account for that household. Providers may charge parents for their child's slot, (full or part time) and/or absent days, if this is consistent with the provider's stated private pay policy. Parents are responsible for their family share amount and any additional charges agreed upon between themselves and their child's providers. Kansas' system of issuing benefits to parents and parent's being responsible for payment to provider's based upon their provider's individual payment practice mirrors private pay. One benefit of this system allows for providers to be paid in advance if this practice is consistent with their private pay families.

- d. ☐ Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:
- e. ☐ Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:
- f. ☒ Differential rate for higher quality, as defined by the state/territory. Describe:  
Through individual grants for the Kansas Early Head Start Child Care Partnerships (KEHS CCP). KEHS grantees pay a quality payment to participating child care providers, on top of the base subsidy payment that is issued to and paid by the parents. Amounts vary based on the individual grantees' agreements with their participating providers.
- g. ☐ Other differential rates or tiered rates. Describe:

#### 4.3.4 Establishment of adequate payment rates.

- a. Describe how base payment rates are adequate and enable providers to meet health, safety, quality, and staffing requirements under CCDF. How have the base payment rates been established based on the most recent MRS or ACF pre-approved alternative methodology and the Narrow Cost Analysis. Note: Per the preamble (81 FR 67512), in instances where an MRS or ACF pre-approved alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result. The Kansas Child Care Assistance program provider base rates are set at an average of the 65th percentile of the market in Kansas based upon the most current Market Rate Analysis completed in April 2018 and based on the following factors: 1) Geographic location (by county), 2) age of child, and 3) type of care (Licensed Center, Licensed Family Child Care, Out of home relative care, and in home relative care.) Provider base rates are used in the calculation of benefits issued to parents. Benefits are designed to assist families in the cost of their child care. Through the Electronic Benefit Payment System, parents have access to a full month's child care benefit based on hours of need, at the beginning of the month. This allows parents to negotiate payment terms with providers in the same way as a private pay parent. Child care providers are not limited to charging subsidized parents the subsidy rate and can make up any difference between the subsidy rate and their private pay rate by charging the family the difference. However, providers may not charge subsidized families more than they charge private pay families. The Lead Agency will also initiate the enrollment process with any eligible provider who is not currently enrolled but is chosen by the parent.
- b. Describe the process used for setting rates, including how the Lead Agency factors in the cost of care, particularly increased costs and provider fees because of COVID-19.  
The Kansas Child Care Assistance program provider base rates are set at an average of the 65th percentile of the market in Kansas based upon the most current Market Rate Analysis completed in April 2018 and based on the following factors: 1) Geographic location (by county), 2) age of child, and 3) type of care (Licensed Center, Licensed Family Child Care, Out of home relative care, and in home relative care.) Although increased costs because of COVID-19 have not been factored into the payment rates, the lead agency has provided other means (i.e. provider grants) of assisting with those costs. However, the continuing pandemic played a part in the decision to move forward earlier than originally planned with a change to provide child care benefits in blocks of time (full-time or part-time) instead of based on the exact hours of care needed, as many families' benefits increased as a result.
- c. N/A. Check here if a waiver has been requested. ☐

- 4.3.5 Describe how the Lead Agency took the cost of higher quality, as determined in 4.2.5, into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For states without a QRIS, the states may use other quality indicators (e.g. provider status related to accreditation, PreK standards, Head Start performance standards, or state-defined quality measures). Kansas is currently in the development and implementation stage of a new QRIS system. Links to Quality kicked off in April 2018 with a pilot in five peer learning communities across the state. Incentives for the L2Q participants were included in the pilot and based upon participation and meeting quality indicators identified within the system. Because Kansas just completed the pilot phase, the cost of care for each topic area (Link) is still being accessed using information regarding financial supports and data gathered during the pilot process. L2Q participants apply for grants and indicate on these applications what these funds will be used for to complete the quality indicators. Tiered subsidy payments are not being offered at this time to L2Q pilot participants. Through the Kansas Early Head Start (KEHS) Child Care Partnership Grant, rates are set individually per grant. Providers receive the DCF Subsidy rate for their base payment. The KEHS grantees pay the child care partners a quality payment on top of the subsidy they receive dependent on their child care agreements with each child care partner. Quality payments are based upon their approved grant application's quality payment structure. Child Care Partners in the Kansas Early Head Start Child Care Partnership grant process develop their own individual quality incentive structure. The quality incentive structure is based on the needs of their child care partners and the Head Start Performance Standards they are required to follow. DCF reviews and approves each grantee's incentive structure as well as the resources needed for each Grantee.
- 4.3.6 Identify and describe any additional facts that the Lead Agency considered in determining its payment rates ensure equal access. If applicable, provide a description of how any additional health and safety costs, because of the COVID-19 pandemic are included in rate setting. Although increased costs because of COVID-19 have not been factored into the payment rates, the lead agency has provided other means (i.e. provider grants) of assisting with those costs.

#### **4.4 Implement Generally Accepted Payment Practices and Ensure Timeliness of Payments**

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than 21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(I)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(I)(3)). Responses may also identify any additional health and safety fees providers are charging as a result of COVID-19.

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(I)(4) through (6); 658E(c)(2)(S)(ii); 98.45(I)(4); 98.45(I)(5); 98.45(I)(6)).

- 4.4.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.
- a. Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):
    - ☒ i. Paying prospectively prior to the delivery of services. Describe the policy or procedure.  
After initial approval, authorized benefits are paid on a prospective basis, available at 6:00 am on the first day of the month. The family can then transfer benefits at any time during the month to make payment to their provider.
    - ☐ ii. Paying within no more than 21 calendar days of the receipt of a complete invoice for services. Describe the policy or procedure.
  - b. To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: Note: The Lead Agency is to choose at least one of the following:

- ☒ i. Paying based on a child's enrollment rather than attendance. Describe the policy or procedure. Benefits are authorized and paid on a prospective basis, based on the projected hours of care needed for the month and converted to blocks of time. Absent days are not a part of the calculation, as benefits are issued to the family's benefit card prior to the delivery of services and prospective hours are based on the full months need for care. Each family has a written agreement with their provider on the terms of their child care services, the same as families who do not receive subsidy. This agreement is individualized in nature and the family follows the payment procedures that are established within that agreement. The family can then transfer benefits at any time during the month to make payment to their provider.
  - ☐ ii. Providing full payment if a child attends at least 85 percent of the authorized time. Describe the policy or procedure.
  - ☐ iii. Providing full payment if a child is absent for five or fewer days in a month. Describe the policy or procedure.
  - ☒ iv. Use an alternative approach for which the Lead Agency provides a justification in its Plan. If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach. In Kansas child care benefits are calculated separately for each child. Benefits are determined by a combination of factors: the age of the child; the numbers of hours of care each month the child needs and converted to blocks of time; the family's family share, the child care provider's standard rate; and DCF maximum rates. Benefits are issued prospectively, and Kansas does not reduce prospected benefits to account for absences, nor do we collect overpayments for time the child was not in care. This allows families to maintain the child's slot in their child care setting, regardless of occasional absences. Benefits for each child are automatically put into the parent's EBT (Electronic Benefit Transfer) account at the start of each month. All Child Care benefits are put into a single Child Care account for that household. Providers may charge parents for their child's slot and/or absent days, if this is consistent with the provider's stated private pay policy. Parents are responsible for their family share amount and any additional charges agreed upon between themselves and their child's providers.
- c. The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).
- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time). Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time). In Kansas, child care benefits are calculated separately for each child. Benefits are determined by a combination of factors: the age of the child; the numbers of hours of care each month the child needs; the family's family share, the child care provider's standard rate; and DCF maximum rates. When hours of care are determined there are additional things taken into consideration, such as, the time it takes to travel to work or training, lunch time, sleep time when they work over night, the individual needs of a child like naps or preschool activities, and study time for teen parents. After these hours of need are calculated, they are changed into part-time or full-time blocks of care, unless they exceed 215 hours of care per month. Part-time care is defined as hours of care that are calculated using schedules as 108 hrs. or below per month. Plans that show these hours will be issued benefits based on part-time blocks of time, which will contain 129 hrs. per month. Full-time care is defined hours of care that are calculated using schedules as between 109 hours and 215 hrs. for the month. Plans that show these hours will be issued benefits based on full-time blocks of time, which will contain 215 hrs. per month. Hours of care more than 215 hrs. per month use the hours as determined using the actual schedules and will not be assigned to a part-time or full-time block of care.

- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents. Describe the policy or procedure. *Kansas pays a registration fee of up to \$50 per child per year.*
- d. The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, including fees related to COVID 19, and the dispute-resolution process.  
*Describe: In Kansas, child care benefits are paid via EBT to a family's child care account. The family transfers those benefits to their provider's bank account to assist in payment for their child care expenses. This allows the provider to receive payments in accordance with the same payment practices used with private pay parents. All payment arrangements are between the parents and providers. Providers have the same options for dealing with payment issues with subsidy eligible parents as they do with private pay parents.*
- e. The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. *Describe: DCF provides notice to providers when a child is determined eligible for child care benefits and when eligibility ends.*
- f. The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. *Describe: Parents have the right to appeal any decision regarding their child care benefits and may appeal if they believe the decision is not accurate. Appeals must be in writing and must be received within 33 days from the date the notice of action was mailed. Attempts are made to resolve the issue, but if that fails, an administrative hearing is held in which the agency and the parent have the opportunity to present oral or written statements and evidence. A hearing officer makes the decision within 90 days and notifies both parties. Kansas does not pay providers. Child Care benefits are issued to the parent/caretaker's child care EBT card account. Then the parent transfers those benefits to their provider to pay for child care services. Payments are made based on the terms of the contract between the parent and the provider. This allows the provider to receive payments in accordance with the same payment practices used with private pay parents. Providers are notified when eligibility is determined for DCF families and when eligibility ends. All payment arrangements are between parents and providers. Providers have the same options for dealing with payment issues with subsidy eligible parents as they do with private pay parents.*
- g. Other. *Describe:*



4.4.2 Do payment practices vary across regions, counties, and/or geographic areas?

- ☒ No, the practices do not vary across areas.
- ☐ Yes, the practices vary across areas. Describe:

4.4.3 Describe how Lead Agencies' payment practices described in subsection 4.4 support equal access to a full range of providers. *The Lead Agency supports the following payment practices that are similar to private pay: benefits are allowed for days a child is absent, benefits are issued on a prospective basis to families, benefits are made available electronically to parents at the first of the month and payment is established between the parent and the provider, and an allowance is provided for enrollment fees. Since payment is between the parent and the provider, the provider has the same resolutions available to them for payment disputes as they do any of their private pay parents.*

## 4.5 Establish Affordable Co-Payments

Family co-payments are addressed in Section 3 related to 12-month eligibility and the graduated phase-out provision and also in this subsection, because they are an important element for determining equal access. If a Lead Agency allows providers to charge amounts more than the required family co-payments, the Lead Agency must provide a rationale for this practice, including how charging such additional amounts will not negatively impact a family's ability to receive care they might otherwise receive, taking into consideration a family's co-payment and the provider's payment rate.

4.5.1 How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

- a. ☐ Limit the maximum co-payment per family. Describe: *Family Share deductions (co-payments) are assigned per family, regardless of the number of children receiving assistance.*
- b. ☐ Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and describe.
- c. ☐ Minimize the abrupt termination of assistance before a family can afford the full cost of care ("the cliff effect") as part of the graduated phase-out of assistance discussed in 3.2.5. Describe:
- d. ☐ Other. Describe:

4.5.2 To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

- ☐ No
- ☒ Yes. If yes:
- i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families. *Kansas allows provider to charge families up to their full private pay rate and encourages families to negotiate with providers regarding their terms of payment, including the rate charged and frequency of payment. (Terms of payment are to be included in the parent/provider contract used by all licensed providers.) This encourages*

increased provider participation in the subsidy program, thereby providing families with more choices in deciding which provider is best for their needs. This also ensures that families are fully informed of private pay child care practices, including the real cost of child care so that it is no surprise if/when they are able to increase their income beyond DCF eligibility standards.

- ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

Within our current Market Rate Analysis child care providers, who charge families their full private pay rate, were asked if the additional amount the family paid exceeded the family portion as allocated by DCF. Full time was defined as providing services between 50 and 55 hours per week, reporting a rate greater than \$1 per hour and less than \$10 per hour, and providing care Monday through Friday. If providers reported a full-time rate, rates were converted to hourly by dividing the daily rate by 10.4 (52 hours / 5 days); weekly rate by 52 (hours/week); and monthly by 4.33 weeks per month and then divided by 52 hours per week. Of the 183 Center providers who responded, 36.1% reported the amount exceeded the family portion (family share) as allocated by DCF, 7.7% reported the amount did not exceed their family portion as allocated by DCF, and 56.3% reported the family has not shared that information with the provider. Of the 392 Family Child Care providers who responded, 29.1% reported the amount exceeded the family portion as allocated by DCF, 12.5% reported the amount did not exceed the family portion as allocated by DCF, and 58.4% reported the family has not shared that information with the provider. Since parents negotiate and establish an agreement with their child care provider, not sharing this information is an expected response. A total of 1,303 child care providers responded to the survey, representing a quarter (24.9%) of all providers in the state, with 1,192 providing complete survey responses (22.8% of all providers). Of those providing complete responses, 886 were family child care providers (21.9% of family child care providers) and 306 were child care centers (25.9% of all child care centers) This is within the normal ranges of response rates for a typical survey of this size.

- a. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment and the ability of current subsidy payment rates to provide access to care without additional fees.

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## 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

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Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children whether they are licensed or license- exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for all child care providers of child care in a state or territory and then moves to focus specifically on CCDF providers who may be licensed, or those exempt from licensing. The next section addresses child-staff ratios, group size limits, and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children. The section then covers the health and safety requirements; standards, training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Finally, Lead Agencies are asked to describe any exemptions for relative providers (98.16(l)). In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt. In either case, Lead Agencies are expected to identify and describe health and safety requirements for all providers receiving CCDF.

Note: When responding to questions in this section, the OCC recognizes that each state/territory identifies and defines its own categories of care. The OCC does not expect states/territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements apply to all child care staff members who are licensed, regulated, or registered under state/territory law and all other providers eligible to deliver CCDF services.

## 5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below. Check, identify, and describe all that apply, and provide a citation to the licensing rule.

☒ a. Center-based child care.

- i. Identify the providers subject to licensing: [Child Care Centers, Preschools \(excluding operated by the Kansas Department of Education, School Age Programs and Drop in Programs.](#)
- ii. Describe the licensing requirements: [The State of Kansas has licensing requirements for Child Care Centers and Preschools, and School Age Programs. Drop-In Programs are not eligible to be CCDF providers. A qualified program director must be employed. Each unit must have qualified staff. A comprehensive background check or name-based background check is required on all persons working or volunteering in the facility. The center-based program is inspected, and compliance must be found with all statutes and regulations prior to a license being issued.](#)
- iii. Provide the citation: [K.S.A.65-501, K.S.A. 65-504](#)

☒ b. Family child care. Describe and provide the citation:

- i. Identify the providers subject to licensing: [Any person caring for unrelated children away from the child's home.](#)
- ii. Describe the licensing requirements: [The licensee must be 18 years of age, have an understanding of children, complete orientation prior to submitting an application and have completed all required health and safety training within 30 days of submitting an application. A cleared comprehensive background check or name-based background check is required on all persons living, working or volunteering in the licensed day care home. The licensed or group day care home is inspected, and compliance must be found with all statutes and regulations prior to a license being issued.](#)
- iii. Provide the citation: [K.S.A.65-501, K.S.A. 65-504](#)

☐ c. In-home care (care in the child's own) (if applicable):

- i. Identify the providers subject to licensing:
- ii. Describe the licensing requirements:
- iii. Provide the citation:

5.1.2 Identify the providers who are exempt from licensing requirements. Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption. Describe how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)). Do not include exempt relative care providers, this information will be collected in Section 5.6.

- ☒ a. License-exempt center-based child care. Describe and provide the citation:  
Centers located in another state. These centers must be licensed by that state and be a subsidy provider for that state. Centers run by the Federal Government or a Tribe. These Centers must meet the CCDF requirements and have a Memorandum of agreement with Kansas to provide care.
- i. Identify the center-based child care providers who are exempt from licensing requirements. Out of state centers, tribal centers, Job Corporation.
- ii. Of the programs listed above, identify which are CCDF-eligible providers  
All are eligible for CCDF subsidy.
- iii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.:
- iv. Describe how the exemptions do not endanger the health, safety, and development of children. The agreement that is signed for out of state providers states that they must meet or exceed the state licensing Health & Safety requirements including comprehensive background checks (criminal registry or repository using fingerprints in current state of residency, sex offender registry or repository in the current state of residency; child abuse and neglect registry and database check in the current state of residency, FBI fingerprint check, national crime information center check/national sex offender registry check.) DCF has an MOU with Flint Hills Job Corps in the MOU it states that all health and safety requirements must be met and all background checks must be done. The background checks are completed through DCF's Protection and Prevention Unit. At this time DCF does not have any MOU's with Tribal Child Care facilities.
- ☒ b. Family child care. Describe and provide the citation: Licensed Homes in another state must be licensed by that state and be a subsidy provider for that state. They must meet or exceed the licensing standards in that state.
- i. Identify the family child care providers who are exempt from licensing requirements.  
Licensed family child care homes and group child care homes.
- ii. Of the programs listed above, identify which are CCDF-eligible providers.  
Both are eligible for CCDF subsidy.
- iii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.
- iv. Describe how the exemptions do not endanger the health, safety, and development of children. They are required to follow all health and safety standards and are monitored by DCF Provider Enrollment staff. DCF requires a yearly review for exempt providers. All documentation is required which includes the annual 4 hours of health and safety training.

- ☐ c. In-home care (care in the child's own home). Describe and provide the citation (if applicable):
  - i. Identify the in-home care (care in the child's own home) providers who are exempt from licensing requirements. Of the programs listed above, identify which are CCDF-eligible providers.
  - ii. Describe the exemptions based on length of day, threshold on the number of children in care, ages of children in care, or any other factors applicable to the exemption.
  - iii. Describe how the exemptions do not endanger the health, safety, and development of children.

## 5.2 Standards for Ratios, Group Size and Qualifications for CCDF Providers

Lead Agencies are required to have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.6.

### 5.2.1 Describe how the state/territory defines the following age classifications.

- a. Infant. Describe: : K.A.R. 28-4-420(k) "infant" means a child who is between two weeks and 12 months of age, or a child over 12 months who has not learned to walk.
- b. Toddler. Describe: K.A.R. 28-4-420(dd), "Toddler" means a child who has learned to walk and who is between 12 and 30 months of age.
- c. Preschool. Describe: K.A.R. 28-4-420(u), "Preschool age" means a child who is between 30 months of age and the age of eligibility to enter kindergarten as prescribed in K.S.A. 72-1107(c).
- d. School-Age. Describe: K.A.R. 28-4-420(x) "School age" means a child who will attain the age of six years on or before the first day of September of any school year, but who is not 16 years of age or older.

### 5.2.2 To demonstrate continued compliance, provide the ratio and group size for settings and age groups below.

- a. Licensed CCDF center-based care:
  - i. Infant
    - A. Ratio: Minimum staff-child ratio is 1 to 3.
    - B. Group size: Maximum number of children per unit is 9.
  - ii. Toddler
    - A. Ratio: Minimum staff-child ratio is 1 to 5.
    - B. Group size: Maximum number of children per unit is 10.
  - iii. Preschool



- A. Ratio: Minimum staff-child ratio is 1 to 12
    - B. Group size: Maximum number of children per unit is 24.
  - iv. School-Age
    - A. Ratio: Minimum staff-child ratio is 1 to 16.
    - B. Group size: Maximum number of children per unit is 32.
  - v. Mixed-Age Groups (if applicable)
    - A. Ratio: Minimum staff-child ratio is 1 to 4, including not more than 2 infants.
    - B. Group size: Maximum number of children per unit is 8, including not more than 4 infants
  - vi. If any of the responses above are different for exempt child care centers, describe the ratio and group size requirements for license-exempt providers.
- b. Licensed CCDF family child care home providers:
  - i. Mixed-Age Groups
    - A. Ratio: **K.A.R. 28-4-114** Licensed Day Care Home ratio is 1:10. Group Day Care Home is 2:12.
    - B. Group size: Licensed Day Care Home maximum capacity is 10. The youngest child in care determines to total number of children that can be in care. Maximum number of children under 18 months is 3, maximum number of children at least 18 months to 5 years of age is 7, maximum number of children at least 5 years but under 11 years of age is 10. Group Day Care Home maximum capacity is 12. The youngest child in care determines to total number of children that can be in care. Maximum number of children under 18 months is 4, maximum number of children at least 18 months to 5 years of age is 8, maximum number of children at least 5 years but under 11 years of age is 12.
  - ii. Infant (if applicable)
    - A. Ratio:
    - B. Group size:
  - iii. Toddler (if applicable)
    - A. Ratio:
    - B. Group size:
  - iv. Preschool (if applicable)
    - A. Ratio:
    - B. Group size:
  - v. School-Age (if applicable)
    - A. Ratio:
    - B. Group size:
  - vi. If any of the responses above are different for exempt child care homes, describe the ratio and group size requirements for license-exempt family child care home providers.
- c. Licensed in-home care (care in the child's own home):
  - i. Mixed-Age Groups (if applicable)

- A. Ratio:
- B. Group size:
- ii. Infant (if applicable)
  - A. Ratio:
  - B. Group size:
- iii. Toddler (if applicable)
  - A. Ratio:
  - B. Group size:
- iv. Preschool (if applicable)
  - A. Ratio:
  - B. Group size:
- v. School-Age (if applicable)
  - A. Ratio:
  - B. Group size:
- vi. Describe the ratio and group size requirements for license-exempt in-home care.

5.2.3 Provide the teacher/caregiver qualifications for each category of care.

a. Center-Based Care

- i. Describe the teacher qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care: **K.A.R. 28-4-429**. Each unit must have one staff person who is at least 18 years of age and who has a high school diploma or its equivalent. Units enrolling **fewer than 13 children** must have a staff person who meets the training requirements by one of the following options: Option 1: Six months' teaching experience in licensed facilities with children of the same age as enrolled in present facility. Option 2: Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed facilities with children of the same age as enrolled in present facility; and 10 clock hours of workshops approved by the state licensing staff; Option 3: A minimum of three semester hours of academic credit or equivalent training in child development, early childhood education, and curriculum resources; and supervised observation in high school or college or three months' work experience with children of the same age as enrolled in present facility; or Option 4: A child development associate credential. Units enrolling **13 to 24 children** must have a staff person who meets the training requirements by one of the following options: Option 1: Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed preschools or child care centers. Child care center staff must plan their observations so that daily activities during morning, lunch, nap time and late afternoon can be observed; and one year of teaching experience in licensed centers or preschools, or one year of supervised practicum in licensed centers or preschools; or Option 2: Seven to nine semester hours of academic credit or equivalent training in child development or early childhood education; and three

months' teaching experience in licensed centers or preschools, or one year of supervised practicum in licensed centers or preschools; or Option 3: A child development associate credential. specified in subsection (c) of this rule and regulation. Units enrolling more than 24 school-age children must have a staff person who meets the training requirements by one of the following options: Option 1: Twelve semester hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and six months' teaching experience in licensed centers or preschools; Option 2: A child development associate credential and one year of teaching experience in licensed centers or preschools, or supervised practicum in licensed centers or preschools; Option 3: An associate of arts degree or a two-year certificate in child development; and one year of teaching experience in licensed centers or preschools, or a supervised **K.A.R. 28-4-429**. Each unit must have one staff person who is at least 18 years of age and who has a high school diploma or its equivalent. Units enrolling **fewer than 13 children** must have a staff person who meets the training requirements by one of the following options: Option 1: Six months' teaching experience in licensed facilities with children of the same age as enrolled in present facility. Option 2: Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed facilities with children of the same age as enrolled in present facility; and 10 clock hours of workshops approved by the state licensing staff; Option 3: A minimum of three semester hours of academic credit or equivalent training in child development, early childhood education, and curriculum resources; and supervised observation in high school or college or three months' work experience with children of the same age as enrolled in present facility; or Option 4: A child development associate credential. Units enrolling **13 to 24 children** must have a staff person who meets the training requirements by one of the following options: Option 1: Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed preschools or child care centers. Child care center staff must plan their observations so that daily activities during morning, lunch, nap time and late afternoon can be observed; and one year of teaching experience in licensed centers or preschools, or one year of supervised practicum in licensed centers or preschools; or Option 2: Seven to nine semester hours of academic credit or equivalent training in child development or early childhood education; and three months' teaching experience in licensed centers or preschools, or one year of supervised practicum in licensed centers or preschools; or Option 3: A child development associate credential. specified in subsection (c) of this rule and regulation. Units enrolling more than 24 school-age children must have a staff person who meets the training requirements by one of the following options: Option 1: Twelve semester hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and six months' teaching experience in licensed centers or preschools; Option 2: A child development associate credential and one year of teaching experience in licensed centers or preschools, or supervised practicum in licensed centers or preschools; Option 3: An associate of arts degree or a two-year certificate in child development; and one year of teaching experience in licensed

centers or preschools, or a supervised practicum in licensed centers or preschools; Option 4: An A.B. or B.S. degree in child development or early childhood education, including a supervised practicum; and three months' teaching experience in licensed centers or preschools; or Option 5: An A.B. or B.S. degree in a related academic discipline, and 12 hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and six months teaching experience in licensed centers or preschools. Assistant teachers must be at least 16 years of age and must participate in staff orientation at time of employment. **K.A.R. 28-4-126** Each person regularly caring for children must have a health assessment conducted by a licensed physician or by a nurse trained to perform health assessments. The health assessment must be conducted no earlier than one year before the date of employment or initial application for a license or certificate of registration, or not later than 30 days after the date of employment or initial application. Each person living, working or regularly volunteering in the facility must have a record of a negative tuberculin test or x-ray obtained not more than two years before the employment or initial application for a license or certificate of registration or not later than 30 days after the date of employment or initial application. **K.A.R. 28-4-428a** teaching staff are required to attend an orientation is includes work duties and responsibilities, licensing regulations, the policies and practices of the preschool or child care center, including emergency procedures, behavior management and discipline, the schedule of daily activities, care and supervision of children in care, including any special needs and known allergies, health and safety practices and confidentiality. Health and safety training is also required for each staff member who is counted in the staff-child ratio and includes; and to complete initial training requirements that includes; are required for all teaching staff and includes; Recognizing the signs of child abuse or neglect, including prevention of shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect; basic child development, including supervision of children; safe sleep practices and sudden infant death syndrome if the individual will be caring for children under 12 months of age; prevention and control of infectious diseases, including immunizations; prevention of and response to emergencies due to food and allergic reactions; building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a facility; handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, including blood and other bodily fluids or waste; and precautions when transporting children, if transportation is provided. Each staff member counted in the staff-child ratio must also complete pediatric first aid and cardiopulmonary resuscitation (CPR) and have valid certifications. Each staff member designated to administer medications must complete training in medication administration.

- ii. Describe the director qualification for licensed CCDF center-based care, including any variations based on the ages of children in care or the number of staff employed:

**K.A.R. 28-4-429.** Program directors must be 18 years of age or older and meet training requirements for the license capacity of the facility. Facilities with **fewer than 13 children** must have a program director who meets the training requirements by one of the following options: Option 1: Six months' teaching experience in licensed facilities with children of the same age as enrolled in present facility. Option 2: Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed facilities with children of the same age as enrolled in present facility; and 10 clock hours of workshops approved by the state licensing staff; Option 3: A minimum of three semester hours of academic credit or equivalent training in child development, early childhood education, and curriculum resources; and supervised observation in high school or college or three months' work experience with children of the same age as enrolled in present facility; or Option 4: A child development associate credential. Facilities licensed for **not less than 13 and not more than 24 children** must have a program director who meets the training requirements by one of the following options: Option 1: Five sessions of observation for not less than 2 1/2 consecutive hours per observation in licensed preschools or child care centers. Child care center staff must plan their observations so that daily activities during morning, lunch, nap time and late afternoon can be observed; and one year of teaching experience in licensed centers or preschools, or one year of supervised practicum in licensed centers or preschools; or Option 2: Seven to nine semester hours of academic credit or equivalent training in child development or early childhood education; and three months' teaching experience in licensed centers or preschools, or one year of supervised practicum in licensed centers or preschools; or Option 3: A child development associate credential. Facilities licensed for **more than 24 children** must have a program director who meets the training requirements by one of the following options: Option 1: Twelve semester hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and six months' teaching experience in licensed centers or preschools; Option 2: A child development associate credential and one year of teaching experience in licensed centers or preschools, or supervised practicum in licensed centers or preschools; Option 3: An associate of arts degree or a two-year certificate in child development; and one year of teaching experience in licensed centers or preschools, or a supervised practicum in licensed centers or preschools; Option 4: An A.B. or B.S. degree in child development or early childhood education, including a supervised practicum; and three months' teaching experience in licensed centers or preschools; or Option 5: An A.B. or B.S. degree in a related academic discipline, and 12 hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised practicum, and administration of early childhood programs; and six months teaching experience in licensed centers or preschools. Facilities licensed for **more than one hundred** children must have a program director who meets the following requirements: A degree in child development or early childhood education; or an A.B. or B.S. degree in a related academic discipline and 12 hours of academic study or equivalent training in child development, early childhood education, curriculum resources, nutrition, child guidance, parent education, supervised

practicum, and administration of early childhood programs; and one year of experience as a program director in a center licensed for more than 24 children, or one year of experience as an assistant program director in a center licensed for more than 100 children. Facilities licensed for **more than 100 children** must have an assistant program director who meets the requirements for program director. Facilities licensed for **more than 160 children** must have an assistant program director who meets the requirements for program director and determined by the license capacity, and who has no other assigned responsibilities. **K.A.R. 28-4-126** Each person regularly caring for children must have a health assessment conducted by a licensed physician or by a nurse trained to perform health assessments. The health assessment must be conducted no earlier than one year before the date of employment or initial application for a license or certificate of registration, or not later than 30 days after the date of employment or initial application. Each person living, working or regularly volunteering in the facility must have a record of a negative tuberculin test or x-ray obtained not more than two years before the employment or initial application for a license or certificate of registration or not later than 30 days after the date of employment or initial application.

Pursuant to K.A.R. 28-4-428a, a program director is required to attend an orientation which includes work duties and responsibilities, licensing regulations, the policies and practices of the preschool or child care center, including emergency procedures, behavior management and discipline, the schedule of daily activities, care and supervision of children in care, including any special needs and known allergies, health and safety practices and confidentiality. Initial health and safety training is also required for each program director that includes; recognizing the signs of child abuse or neglect, including prevention of shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect; basic child development, including supervision of children; safe sleep practices and sudden infant death syndrome; prevention and control of infectious diseases, including immunizations; prevention of and response to emergencies due to food and allergic reactions; building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic; emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event, including violence at a facility; handling and storage of hazardous materials and the appropriate disposal of bio-contaminants, including blood and other bodily fluids or waste; and precautions when transporting children, if transportation is provided. Each program director must also complete pediatric first aid and cardiopulmonary resuscitation (CPR) and have valid certifications. Each program director must complete training in medication administration.

- iii. If any of the responses above are different for license-exempt child care centers, describe which requirements apply to exempt centers:
  - iv. If applicable, provide the website link detailing the center-based teacher and director qualifications. [Child Care Center Regulations](#), pg. 57-59
- b. Family Child Care



- i. Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **KA.R. 28-4-114** Applicant and licensee requirements. Each applicant, if an individual, and each licensee, if an individual, must meet the following requirements: Be at least 18 years of age; not be involved in child care or a combination of child care and other employment for more than 18 hours in a 24-hour period; and not be engaged in either business or social activities that interfere with the care or supervision of children. **KA.R. 28-4-113** “Care provider” and “provider” mean an individual who cares for and supervises children in a facility and has responsibility for the health, safety, and well-being of children, including the following: A primary care provider is an individual who is at least 16 years of age. **KA.R. 28-4-126** Each person regularly caring for children must have a health assessment conducted by a licensed physician or by a nurse trained to perform health assessments. The health assessment must be conducted no earlier than one year before the date of employment or initial application for a license or certificate of registration, or not later than 30 days after the date of employment or initial application. Each person living, working or regularly volunteering in the facility must have a record of a negative tuberculin test or x-ray obtained not more than two years before the employment or initial application for a license or certificate of registration or not later than 30 days after the date of employment or initial application. **KA.R. 28-4-114a** Each person must, before applying for a license, complete an orientation program on the requirements for operating a facility, provided by the health department or the secretary’s designee that serves the county in which the facility will be located. Each licensee must provide orientation to each individual who will be caring for children about the policies and practices of the facility, including duties and responsibilities for the care and supervision of children. Each provider must complete the orientation before the provider is given sole responsibility for the care and supervision of children. The orientation must include the following: licensing regulations; the policies and practices of the facility, including emergency procedures, behavior management, and discipline; the schedule of daily activities; care and supervision of children in care, including any special needs and known allergies; health and safety practices; and confidentiality. Initial health and safety training approved by the secretary is required for each applicant with a temporary permit, each licensee, and each provider must complete health and safety training approved by the secretary. Each applicant and each applicant with a temporary permit must complete the training not later than 30 calendar days after submitting an application for a license. Each provider must complete the training before the date of employment or not later than 30 calendar days after the date of employment. The health and safety training must include the following subject areas: Recognizing the signs of child abuse or neglect, including prevention of shaken baby syndrome and abusive head trauma, and the reporting of suspected child abuse or neglect; basic child development, including supervision of children; safe sleep practices and sudden infant death syndrome; prevention and control of infectious diseases, including immunizations; prevention of and response to emergencies due to food and allergic reactions; building and premises safety, including identification of and protection from hazards that could cause bodily injury, including electrical hazards, bodies of water, and vehicular traffic; emergency preparedness and response planning for emergencies

resulting from a natural disaster or a human-caused event, including violence at a facility; handling and storage of hazardous materials and the appropriate disposal of bio- contaminants, including blood and other bodily fluids or waste; and precautions when transporting children, if transportation is provided. Additional training requirements include pediatric first aid and pediatric cardiopulmonary resuscitation (CPR and medication administration training. Each of the following individuals must complete the medication administration training as specified in this subsection: Applicant; applicant with a temporary permit; licensee; and provider designated to administer medications. The training must be approved by the secretary. Each applicant and each applicant with a temporary permit must complete the training not later than 30 calendar days after submitting an application for a license and before administering medication to any child. Each provider designated to administer medications must complete the training before administering medication to any child.

- ii. If any of the responses above are different for license-exempt family child care homes, describe which requirements apply to exempt homes:
- iii. If applicable, provide the website link detailing the family child care home provider qualifications:
- c. In-Home Care (care in the child's own home)
  - i. Describe the qualifications for in-home care providers (care in the child's own home) including any variations based on the ages of children in care:
  - ii. If any of the responses above are different for license-exempt in-home care providers, describe which requirements apply to exempt in-home care providers:

### 5.3 Health and Safety Standards and Training for CCDF Providers

Lead Agencies must have ongoing training requirements for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). Lead Agencies are also required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served. This training must address the required health and safety topics (658E(c)(2)(I)(i) and the content area of child development. The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be a part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

States and territories must have health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)). Exemptions for relative providers' training requirements will be addressed in question 5.6.3.

To certify, describe the following health and safety requirements for programs serving children receiving CCDF assistance on the following topics (98.16(I)) identified in questions 5.3.2 – 5.3.13.

- 5.3.1 Provide the number of hours of ongoing training required annually for eligible CCDF providers in the following settings (658E(c)(2)(G)(iii):
- a. Licensed child care centers: **K.A.R. 28-4-428a. Each program director must obtain 16 clock-hours of in-service training annually and must assess the training needs of each staff member and volunteer counted in the staff-child ratio and must provide 16 clock hours of in-service training for each annually.**
  - b. Licensed family child care homes: **K.A.R. 28-4-114a for each licensure year primary care providers must obtain 16 clock-hours of professional development.**
  - c. In-home care:
  - d. Describe any variations for license-exempt provider settings:
- 5.3.2 Prevention and control of infectious diseases (including immunizations) health and safety standards and training requirements.
- a. Standard
    - i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Each staff member must wash their hands as needed when hands are soiled and when each of the following occurs: at the start of the hours of operation or when first arriving at the facility; returning from being outdoors; after toileting, diapering, assisting a child with toileting, or handling any bodily fluids; before preparing each snack and each meal and before and after eating each snack and each meal; before and after administering any medication; and after feeding or**

handling any pet. Each staff member must have a health assessment and tuberculin test recorded and on file at the facility, each child must wash hands or be assisted in washing hands as needed when hands are soiled and when each of the following occurs: first arriving at the facility; returning from being outdoors; after toileting; before and after feeding or handling any pet. Each staff member must have a health assessment and tuberculin test recorded and on file at the facility. **Each child** must wash hands or be assisted in washing eating each snack and each meal; and after feeding or handling any pet. Hands must be washed using soap and warm running water and dried with a paper towel or a single-use towel. When soap and running water are not readily available, an alcohol-based hand sanitizer may be used only by adults and, under adult supervision, by children two years of age and older. Each child's clothing or bedding must be changed whenever wet or soiled. Changing tables and pads must be sanitized after each use. Washable diapers or training pants must not be rinsed out. Each child must have current immunizations. Each child must have completed health assessment/medical record/health history on file.

- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. [School age children are not required to wash hand upon entrance to the licensed facility.](#)
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for the standard, including citations for both licensed and license-exempt providers. . [K.A.R. 65-508](#), [K.A.R. 28-4-430](#), [K.A.R. 28-4-132](#), [K.A.R. 28-4-116](#), [K.A.R. 28-4-117](#) [K.A.R. 28-4-590](#).

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [K.A.R. 114a](#), [KA.R. 28-4-428a](#), [K.A.R. 4-28-587](#)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☒ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. [Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email](#)

blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

**5.3.3 Prevention of sudden infant death syndrome and the use of safe-sleep practices.**

**a. Standard**

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. Licensees must ensure that all of the following requirements are met for children under 12 months of age. A child must only be placed to sleep on a surface and in an area that has been approved for use, the sleep surface must be free from soft or loose bedding and toys. If the child falls asleep on a surface other than a crib or playpen, the child must be moved to a crib or playpen. The child must not nap or sleep in the same crib or playpen as that occupied by another child at the same time. The child must be placed on the child's back to nap or sleep. Each licensee will develop and implement and follow safe sleep practices for children in care who are napping or sleeping and must ensure that the safe sleep practices are discussed with the parent or legal guardian of each child before the first day of care. Each child who is napping or sleeping must be within sight or hearing distance of the provider and must be visually checked on by the provider at least once every 15 minutes. When any child is napping or sleeping in a room separate from the provider, the door to that room must remain open.
- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. K.S.A. 65-508, K.A.R. 28-4-116a (b), K.A.R. 28-4-440 (h)

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b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [K.A.R. 28-4-114a \(b\)\(4\)\(C\)](#), [K.A.R. 28-4-428a \(b\)\(2\)\(C\)](#)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [School age Program- defined as a child care facility that serves exclusively school-age children and youth, but must not include a drop-in program as defined in this regulation, does not have this requirement. Drop in Program- defined as a child care facility that is not located in an individual's residence, that serves exclusively school-age children and youth, and in which the operator permits children and youth to arrive at and depart from the program at their own volition and at unscheduled times, does not have this requirement.](#)
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.  
☒ Pre-Service  
☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?  
☒ Yes  
☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.  
[Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings \(in-person or virtual\) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners \(Kansas Child Care Training Opportunities and Child Care Aware\).](#)

5.3.4 Administration of medication, consistent with standards for parental consent.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. [Each applicant with a temporary permit and each licensee must designate at least one provider to administer medications to children. If nonprescription medication is to be administered to a child, each designated provider must obtain written permission from child's parent or legal guardian before administering, require that each medication be in the original container, ensure that the container is labeled with the first and last name of the child for whom the medication is intended and administer according to the instructions on the label. If prescription medication is administered to a child, each designated provider must obtain written permission from child's parent or legal guardian, keep each medication in the original container labeled by a pharmacist with the child's first and last name and complete instructions for administering. Medication may only be administered to the child designated on the prescription label. Documentation of each medication administered must be kept on a form provided by the department and maintained in each child's file.](#)

- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.  
In a licensed school age program, a child may self-administer some medication. Any operator may permit each child or youth with a chronic illness, a condition requiring prescription medication on a regular basis, or a condition requiring the use of an inhaler to administer the medication under staff supervision. The operator must obtain written permission for the child or youth to self-administer medication from the child's or youth's parent or other adult responsible for the child or youth, and from the licensed physician or nurse practitioner treating the condition of the child or youth. Written permission for self-administration of medication must be kept in the child's or youth's file. Each child or youth who is authorized to self-administer medication must have immediate access to that child's or youth's medication for administration purposes. Each operator must safely store each medication to prevent unauthorized access by others. Each operator must record the date and time each medication was self-administered.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. . K.A.R. 28-4-118(a), K.A.R. 28-4-430 (c) (9-11), K.A.R. 28-4-590 (e)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. K.A.R. 28-4-114a (d), K.A.R. 28-4-428a(d), K.A.R. 28-4-590 (e)(3)(A)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☒ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☒ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.  
Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

5.3.5 Prevention of and response to emergencies due to food and allergic reactions.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. In a child care home if any child has a food allergy or special dietary need, the provider and the parent or legal guardian of the child must plan for the provision of alternative foods or beverages. In a child care center/preschool food allergies or special dietary needs of specific children must be known to cooks, staff members, child care workers, and substitutes. Menus must be posted where parents can see them. Copies of menus served the previous month must be kept on file (child care center/preschool requirement).
  - ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
  - iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. K.A.R. 28-4-116 (e)(9), K.A.R. 28-4-439 (e) & (f)
- b. Pre-Service and Ongoing Training
- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. K.A.R. 28-4-114a (b)(4)(E), K.A.R. 28-4-428a (b)(2)(E), K.A.R. 28-4-587 (i) (1) (E)
  - ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
  - iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
    - ☒ Pre-Service
    - ☒ Orientation within three (3) months of hire
  - iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
    - ☒ Yes
    - ☒ No
  - v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

5.3.6 Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. Each facility must be approved for fire safety by a fire inspector. A basement or a second floor used for child care in a facility must be approved for fire safety by a fire inspector before use. A third floor must not be used for child care. Each child care facility must be properly heated, plumbed, lighted and ventilated, Plumbing, water and sewerage systems must conform to all applicable state and local laws. Electrical outlets must be covered or inaccessible to prevent easy access by a child when the outlet is not in use. If use, power strips or extension cords must be positioned in a manner that prevents a tripping or shock hazard. Each stairway with more than two stairs must be railed. If any children under 2 1/2 years of age are in care, each stairway must be equipped with balusters not more than four inches apart or guarded to prevent a child's head or body from falling through and each stairway guarded by a secured door or gated to prevent unsupervised access by the child. Window coverings with strings or cords must not be accessible to children in care. Refrigerated medications must be in a locked box. All household cleaning supplies and all bodily care products bearing warning labels to keep out of reach of children or containing alcohol must be in locked storage or stored out of reach of children under six years of age. Dangerous chemicals, household supplies with warning labels to keep out of reach of children, and all medications must be in locked storage or stored out of the reach of children. Sharp instruments must be stored in drawers or cabinets equipped with childproof devices to prevent access by children or stored out of reach of children. Tobacco products, ashtrays, lighters, and matches must be stored out of reach of children. All weapons must be stored in a locked room, closet, container, or cabinet. Ammunition must be kept in locked storage separate from other weapons. The outdoor play area must be fenced if the area surrounding the play area present hazards that could be dangerous to the safety of the children. Outdoor play equipment that is safely constructed and in good repair must be available and placed in an area free of health, safety, and environmental hazards. If a trampoline is on the premises, the trampoline must be made inaccessible to children during the facility's hours of operation. Climbing equipment and swings must be either anchored in the ground with metal straps or pins or set in cement, to prevent movement of the equipment and swings. All surfaces under and around climbing equipment and swings must meet the following requirements: Impact-absorbent surfacing material must be installed in each use zone under and around anchored equipment over four feet in height, including climbing equipment, slides, and swings. Impact-absorbent surfacing material must consist of material intended for playground use, including shredded bark mulch, wood chips, fine sand, fine gravel, shredded rubber, unitary surfacing material, or synthetic impact material. Below-ground swimming pools must be enclosed by a fence not less than five feet high to prevent chance access by children. Above-ground swimming pools must be four feet high or must be enclosed with a fence not less than five feet high. Steps must be removed from the pool when the pool is not in use. Each hot tub or spa must be covered with an insulated cover secured by straps or locks. Ponds and lakes may be used only for children over six years of age and must be approved for swimming by the county health department or Kansas department of health and environment or like departments in

other states. Required staff/child ratios must always be maintained, and a certified life guard must be on duty.

- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care. Some regulations are not applicable to School Age Programs; however, all programs have requirements to ensure building and physical premises safety in statute and regulation.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. K.S.A. 65-508, K.A.R. 28-4-129, K.A.R. 28-4-115, K.A.R. 28-4-423

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. K.A.R.28-4-114a(b)(4)(F), K.A.R.28-4-428a(b)(2)(F), K.A.R.28-4-587(i)(1)(J)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☒ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

5.3.7 Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. Each person caring for children must be free from physical, mental or emotional handicaps as necessary to protect

the health, safety and welfare of the children, and be qualified by temperament, emotional maturity, sound judgment, and have an understanding of children. Punishment which is humiliating, frightening or physically harmful to the child are prohibited. Behavior management practices must be consistent with the goals and purposes of the program and appropriate to the age and developmental level of the child or youth. Each staff member must practice methods of behavior management that are designed to help each child or youth develop inner controls and manage the child's or youth's own behavior in a socially acceptable manner.

- ii. Describe any variations in the standard by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. [K.A.R.28-4-126](#), [K.A.R.28-4-132](#), [K.A.R.28-4-587\(a\)](#), [K.A.R.28-4-589\(a\)](#)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [K.A.R.28-4-114a\(b\)\(4\)\(A\)](#), [K.A.R.28-4-428a\(b\)\(2\)\(A\)](#)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care? [School Age Program training does not include Prevention of shaken baby syndrome.](#)
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☒ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. [Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings \(in-person or virtual\) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners \(Kansas Child Care Training Opportunities and Child Care Aware\).](#)



- 5.3.8 Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. **Each facility must develop an emergency plan to provide for the safety of children and staff in emergencies. The emergency plan must include the types of emergencies likely to occur on or near the premises, including a fire, a weather-related event, a missing or runaway child or youth, a chemical release, a utility failure, an intruder, an act of terrorism, and an unscheduled closing. The plan must include a designated shelter-in-place area and a designated off-premises relocation site and evacuation routes, procedures to meet the needs of individual children and youth, including each child or youth with special needs. Procedures for notifying each parent or adult responsible for a child or youth of any off-premises relocation and for reuniting each child and each youth with the parent or adult responsible for the child or youth should be included. Plans should include staff tasks including; contacting 911 or other emergency response entities; assisting the children and youth, including children and youth with special needs, to move to a designated shelter-in-place area and to a designated off-premises relocation site; and ensuring that emergency supplies are readily available. Each emergency plan must be posted in a conspicuous place in the facility. Staff in facilities must review the plan with parents of children enrolled. Each person responsible for the children, including each substitute, must be informed of and must follow the emergency plans. Each operator must post emergency telephone numbers for the police, fire department, ambulance, hospital or hospitals, and poison control center next to the telephone, or must have the numbers immediately accessible to staff members. Each operator must review the emergency plan at least annually and update it as needed. Each operator must ensure that each staff member practices, at least annually, the procedures for assisting the children and youth to move to a designated shelter-in-place area and to a designated off-premises relocation site. The date and time of each practice and a list of all participating staff members must be recorded and kept on file on the premises. Each operator must ensure that each staff member, child, and youth participate in fire and tornado drill monthly and a record of the date and time of each fire drill and a record of each evacuation time is kept on file on the premises for one year. Each operator must ensure that there is at least one staff member on the premises who is always readily available to each child or youth and who has a current certification in first aid and a current certification in CPR appropriate to the age of children and youth attending the program. Each operator must maintain a stocked first-aid supply kit.**

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. . K.A.R. 28-4-127, K.A.R. 28-4-128, K.A.R. 28-4-592

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. . K.S.A. 65-508, K.A.R.28-4-114a(b)(4)(G), K.A.R.28-4-428a(b)(2)(G), K.A.R.28-4-587(i)(1)(K)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☒ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

5.3.9 Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants.

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. Pursuant to governing statute, facilities must be operated under strict regard to ensure the health, safety and wellbeing of children in care. Regulations require that toxic substances and hazardous chemicals, including; household cleaning supplies, bodily care products bearing warning labels and

dangerous chemicals. be stored out of reach or in locked storage. School age program regulations require standard precautions for handling blood and other bodily fluids or waste. Each operator must ensure that each staff member complies with standard precautions when handling blood and other bodily fluids or waste including each paper towel, sponge, or other material used for cleaning up a contaminated area and it must be placed in a plastic bag with a secure tie and thrown away in a covered container.

- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. . K.S.A.65-508, K.A.R.115, K.A.R.423(a)(23-24), K.A.R. 28-4-492(d).

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. K.A.R.28-4-114a(b)(4)(H), K.A.R.28-4-428a(b)(2)(H), K.A.R.28-4-587(i)(1)(L)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☒ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

5.3.10 Precautions in transporting children (if applicable).

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. When a vehicle used for transportation of children is owned or leased by the facility, the driver must be 18 years of age or older and hold an operator's license of a type appropriate for the vehicle being used. Trailers pulled by another vehicle, camper shells or truck beds may not be used for transportation of children. Each transporting vehicle must be maintained in safe operating condition. A record of the date of the annual safety check and corrections made must be kept on file at the facility. The vehicle must be covered by accident and liability insurance. Emergency release forms and health assessment records for children must be in the vehicle when children are transported. A first-aid kit is required in the transporting vehicle. Each vehicle must be equipped with an age and weight appropriate restraint for each child. Child Care Center regulations require that a second adult must ride in the rear seat of the vehicle when three or more children with special needs are being transported. The capacity of the transporting vehicle must not be exceeded. The driver will lock or have under control each vehicle door while the vehicle is in motion and maintain an awareness of children at all times. School age program regulations specify that use of a cellular phone while the vehicle is in motion is prohibited.
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. K.A.R. 28-4-130, K.A.R. 28-4-593
- b. Pre-Service and Ongoing Training
  - i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. . K.A.R.28-4-114a(b)(4)(I), K.A.R.28-4-428a(b)(2)(I), K.A.R.28-4-587(i)(1)(M)
  - ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
  - iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
    - ☒ Pre-Service
    - ☒ Orientation within three (3) months of hire
  - iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
    - ☒ Yes
    - ☐ No
  - v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.  
Providers and applicants receive updated information and training regarding this standard

via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

#### 5.3.11 Pediatric first aid and cardiopulmonary resuscitation (CPR).

##### a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. Regulation requires that each applicant, each applicant with a temporary permit, each licensee, and each provider must obtain certification in pediatric first aid and pediatric CPR and maintain current certifications.
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. K.A.R.28-4-114a(c)(2), K.A.R. 28-4-428a (c)(2-3), K.A.R.28-4-129(b)(5), K.A.R. 28-4-582(f)(3), K.A.R. 28-4-592(c)(1)

##### b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. K.A.R.28-4-114a(c), K.A.R.28-4-428a(c), K.A.R.28-4-582(f)(3)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.
  - ☒ Pre-Service
  - ☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?
  - ☒ Yes
  - ☐ No
- v. How do providers receive updated information and/or training regarding this standard? This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above. Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child

Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

5.3.12 Recognition and reporting of child abuse and neglect. Note: The description must include a certification that child care providers within the state comply with the child abuse reporting requirements of section 106(b)(2)(B)(i) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)).

a. Standard

- i. Provide a brief description of the standard. This description should identify the practices which must be implemented by child care programs. All program types must comply with statute that requires operation with strict regard to the health, safety and welfare of children in care. Pursuant to state law K.S.A. 38-2223, any persons licensed by the secretary of health and environment to provide child care services or the employees of persons licensed are mandated to report any suspected abuse or neglect to the Kansas department for children and families within 24 hours, and when the department is not open for business, reports must be made to the appropriate law enforcement agency. Each provider must within 24 hours. Child Care Center regulations requires that all evidence of neglect or unusual injuries, including bruises, contusions, lacerations, and burns, must be noted on the child's record, and must be reported upon discovery to the program director or, in the absence of the program director, the person designated in charge of the child care facility. The program director or, in the absence of the program director, the person designated in charge of the facility must report within 24 hours to the Kansas department for children and families any evidence of suspected child abuse or neglect.
- ii. Describe any variations in the standards by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), and the age of the children in care.
- iii. The Lead Agency must certify that the identified health and safety standard is in effect and enforced through monitoring. Provide the citation(s) for this standard, including citations for both licensed and license-exempt providers. K.S.A.65-508, K.A.R.28-4-118(b), K.A.R. 28-4-430(c)(6), K.A.R.28-4-592(h)

b. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. K.A.R 28-4-114a(b)(4)(A), K.A.R.28-4-428a(b)(2)(A), K.A.R.28-4-587(i)(1)(G)
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.  
☒ Pre-Service  
☒ Orientation within three (3) months of hire
- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?



☒ Yes

☐ No

- v. How do providers receive updated information and/or training regarding this standard?  
This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

5.3.13 Child Development. Lead Agencies are required to describe in their plan how training addresses child development principles, including the major domains of cognitive, social, emotional, physical development and approaches to learning (98.44(b)(1)(iii)).

a. Pre-Service and Ongoing Training

- i. Provide the citation(s) for this training requirement, including citations for both licensed and license-exempt providers. [K.A.R.28-4-114a\(b\)\(4\)\(B\)](#), [K.A.R.\(b\)\(2\)\(B\)](#), [K.A.R.\(b\)\(1\)\(B\)\(i\)](#), [K.A.R.\(d\)\(2\)\(A\)](#).
- ii. Describe any variations in training requirements for this standard. Do training requirements vary by category of care (i.e. Center, FCC, In-home), licensing status (i.e. licensed, license-exempt), or the age of the children in care?
- iii. To demonstrate compliance, certify by checking below how the state/territory requires this training topic be completed by providers during either pre-service or during an orientation period within three (3) months of hire.

☒ Pre-Service

☒ Orientation within three (3) months of hire

- iv. Does the state/territory require that this training topic be completed before caregivers, teachers, and directors are allowed to care for children unsupervised?

☒ Yes

☐ No

- v. How do providers receive updated information and/or training regarding this standard?  
This description should include methods to ensure that providers are able to maintain and update the health and safety practices as described in the standards above.

Providers and applicants receive updated information and training regarding this standard via pre-application orientation, consultation as part of the initial and annual surveys, email blasts and mailings, the Kansas Health and Environment- Child Care Licensing webpage, provider meetings (in-person or virtual) hosted by Kansas Health and Environment- Child Care Licensing or local licensing surveyors, local notifications, including social media posts, and from training partners (Kansas Child Care Training Opportunities and Child Care Aware).

5.3.14 In addition to the required standards, does the Lead Agency include any of the following optional standards? If checked, describe the requirements, how often the training is required and include the citation. (Please check all that apply)

- ☒ a. Nutrition: K.A.R. 28-4-116(e), K.A.R. 28-4-434, K.A.R. 28-4-439, K.A.R. 28-4-591(e). Menu plans for meals and snacks must be developed and implemented. Meals and snacks must contain a variety of healthful foods, including fresh fruits, fresh vegetables, whole grains, lean meats, and low-fat dairy products. The total number of meals and snacks served to each child is dependent on the total number of hours the child ins in care each day. A sufficient quantity of food must be prepared for each meal to allow each child to have a second portion of bread, milk, and either vegetables or fruits. Drinking water must always be available to each child when in care. Only pasteurized milk products may be served. Milk served to any child who is two years of age or older must have a fat content of one percent or less, unless a medical reason is documented in writing by a licensed physician. If a fruit juice or a vegetable juice is served, the juice must be pasteurized and full-strength. Each bottle that contains prepared formula or breast milk must be stored in the refrigerator with the nipple covered. The bottle must be labeled with the child's name, the contents, and the date received and must be used within 24 hours of the date on the label. If a child does not finish a bottle, the contents of the bottle must be discarded. Solid foods must be offered when the provider and the parent or legal guardian of the child determine that the child is ready for solid foods. Opened containers of solid foods must be labeled with the child's name, the contents, and the date opened. Containers must be covered and stored in the refrigerator.
- ☐ b. Access to physical activity: K.A.R. 28-4-116(a), K.A.R. 28-4-438(b)Activities, supplies, and equipment shall be designed to promote large motor and small motor development. Each child shall be given the opportunity for at least one hour of physical activity daily, either outdoors or indoors.
- ☐ c. Caring for children with special needs: K.A.R. 28-4-435 Child Care Center Programs which include non-ambulatory children must be conducted on the ground floor. All exits and steps shall have ramps approved by a fire inspector. Facilities enrolling children who use walkers or wheelchairs shall have 50 square feet of space for each physically handicapped child. When physically handicapped children are enrolled, toilets and washbasins shall be designed to accommodate them. A second adult must ride in the rear seat of the vehicle when three or more handicapped children are being transported. The parent of a child enrolled in the unit may not be a teacher in that unit. Each unit must have a staff person who has a minimum of six hours of academic credits or equivalent clock hours in understanding the needs of children with special needs, and in developing individual program plans. Consultants must meet the educational requirements of their profession. All staff are required to have 10 clock-hours of annual in-service training specific to special needs/conditions. A written individual program plan must be kept on file for each child enrolled, and in consultation with the parents, and reviewed and revised annually. The minimum staff/child ratios are determined by the total number of children with special needs enrolled in a unit.
- ☐ d. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)). Describe:

## 5.4 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.4.1 Enforcement of licensing and health and safety requirements.

Lead agencies must certify that procedures are in effect to ensure that all child care providers caring for children receiving CCDF services comply with all applicable state and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers, or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.4.2.

- a. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Standards as described in Section 5.3. KDHE will inform providers that of the total 16 hours of training required annually, a minimum of 4 hours (recommending 4-8) must be specific to health and safety. The required minimum number of health and safety training hours will be included in the provider pre-application orientation as well as on the “Provider” tab on the KDHE webpage.
- b. To certify, describe the procedures to ensure that CCDF providers comply with the required Health and Safety Training as described in Section 5.3. In accordance with protocol, licensing surveyors review documentation of annual training hours during the annual on-site survey at the facility. Surveyors are trained to identify what qualifies as a health a safety training and will refer to the KS MO Core Competencies for Early Childhood and Youth Development Professionals, Content Area V (health and safety). If a provider does not have a minimum of 4 health and safety training hours documented on file as required, the surveyor will include a Consultation on the Notice of Survey Findings stating, “Per the 2014 Reauthorization Bill, the minimum number of annual training hours on health and safety for caregivers, teachers, and directors has not been met.” Providers will be instructed to send documentation of completed health and safety hours to KDHE within 60 days. KDHE will run the existing report for Consultations every 60 days to monitor for those related to the minimum health and safety training hours. Providers who have not yet completed the requirement based on documentation in the file (copy of certificates) will be notified that a response is required. If the provider does not report back to KDHE with proof of completed training hours within 5 business days and the provider is under contract with DCF, the provider information will be forwarded to DCF for follow up. Professional Development In-service approvals will require that training certificates clearly indicate if a training is a KDHE-approved Health and Safety topic under Core Competency Content Area V (health and safety).
- c. To certify, describe the procedures to ensure that CCDF providers comply with all other applicable state and local health, safety, and fire standards. K.S.A. 65-508(b) requires that all licensed child care facilities comply with all applicable fire codes and rules and regulations of the state fire marshal. Ongoing noncompliance with fire codes is reported by the state fire marshal to KDHE as a complaint. If corrections are not received, KDHE will move forward with enforcement action which may include the request for a denial of or revocation of the license.

#### 5.4.2 Inspections for licensed CCDF providers.

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

Certify by describing, in the questions below, your state/territory’s monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

- a. Licensed CCDF center-based child care

- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed child care center providers for compliance with health, safety, and fire standards. A prelicensure inspection requires a minimum of 2 onsite visits. The initial inspection is scheduled and any additional inspections following are unannounced.
  - ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care center providers. An annual inspection is conducted every 12 months and is unannounced. If compliance is not found at the first onsite survey, a second unannounced inspection is required to complete the annual survey. Additional unannounced inspections may be required and include complaint investigations and/ or compliance inspections. Compliance inspections are requested to determine if compliance has been obtained or is being maintained
  - iii. Identify the frequency of unannounced inspections:
    - ☒ A. Once a year
    - ☐ B. More than once a year. Describe:
  - iv. If applicable, describe the differential monitoring process and how these inspections ensure that child care center providers continue to comply with the applicable licensing standards, including health, safety, and fire standards. It is the responsibility of the licensee to comply with all statutes and regulations. A set of criteria must be met to qualify for a Kansas Licensing Indicator System, KLIS. Survey. The KLIS is an annual survey tool that measures compliance with specific regulations that statistically predicts compliance with the entire set of program regulations. Safeguards built into the automated system allow for an override if it is deemed a full survey is necessary, or a section or full survey will open automatically if noncompliance is found within the indicator regulations. A licensee may qualify for a Kansas Licensing Survey 2 years in a row, however a full inspection is required the 3rd year. The KLIS is not survey used for school age programs.
  - v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers. K.S.A. 65-512
- b. Licensed CCDF family child care home
- i. Describe your state/territory's policies and practices for pre-licensure inspections of licensed family child care providers for compliance with health, safety, and fire standards. A prelicensure inspection requires a minimum of 2 onsite visits. The initial inspection is scheduled and any additional inspections following are unannounced.
  - ii. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF family child care providers. An annual inspection is conducted every 12 months and is unannounced. If compliance is not found at the first onsite survey, a second unannounced inspection is required to complete the annual survey. Additional unannounced inspections may be required and include complaint investigations and/ or compliance inspections. Compliance inspections are requested to determine if compliance has been obtained or is being maintained
  - iii. Identify the frequency of unannounced inspections:
    - ☒ A. Once a year
    - ☐ B. More than once a year. Describe:
  - iv. If applicable, describe the differential monitoring process and how these inspections ensure that family child care providers continue to comply with the applicable licensing

standards, including health, safety, and fire standards. It is the responsibility of the licensee to comply with all statutes and regulations. A set of criteria must be met to qualify for a Kansas Licensing Indicator System, KLIS. Survey. The KLIS is an annual survey tool that measures compliance with specific regulations that statistically predicts compliance with the entire set of program regulations. Safeguards built into the automated system allow for an override if it is deemed a full survey is necessary, or a section or full survey will open automatically if noncompliance is found within the indicator regulations. A licensee may qualify for a Kansas Licensing Survey 2 years in a row, however a full inspection is required the 3rd year.

- v. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers. [K.S.A. 65-512](#)
- c. Licensed in-home CCDF child care
  - i. Does your state/territory license in-home child care (care in the child's own home)?
    - ☒ No (Skip to 5.4.3 (a)).
    - ☐ Yes. If yes, answer A – D below:
      - A. Describe your state/territory's policies and practices for pre-licensure inspections of licensed in-home care (care in the child's own) providers for compliance with health, safety, and fire standards.
      - B. Describe your state/territory's policies and practices for annual, unannounced inspections of licensed CCDF child care in-home care (care in the child's own home) providers.
      - C. Identify the frequency of unannounced inspections:
        - ☐ 1. Once a year
        - ☐ 2. More than once a year. Describe:
      - D. If applicable, describe the differential monitoring process and how these inspections ensure that in-home care (care in the child's own providers continue to comply with the applicable licensing standards, including health, safety, and fire standards.
      - E. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF in-home care (care in the child's own home) providers.
  - ii. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.  
[Kansas Health and Environment](#)
- d. List the entity(ies) in your state/territory that is responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers.  
[Kansas Health and Environment](#)

5.4.3 Inspections for license-exempt center-based and family child care providers.

The Lead Agency must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety, and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Inspections for relative providers will be addressed in question 5.6.4. At a minimum, the health and safety requirements to be inspected must address the standards listed in subsection 5.3 (98.41(a)).

To certify, describe the policies and practices for the annual monitoring of:

- a. License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.
  - i. Provide the citation(s) for this policy or procedure.
- b. License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used.
  - i. Provide the citation(s) for this policy or procedure.

5.4.4 Inspections for license-exempt in-home care (care in the child's own home).

Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home that are appropriate to the setting. A child's home may not meet the same standards as other child care facilities and this provision gives Lead Agencies flexibility in conducting more streamlined and targeted on-site inspections. For example, Lead Agencies may choose to monitor in-home providers on basic health and safety requirements such as training and background checks. Lead Agencies could choose to focus on health and safety risks that pose imminent danger to children in care. This flexibility cannot be used to bypass the monitoring requirement altogether. States should develop procedures for notifying parents of monitoring protocols and consider whether it would be appropriate to obtain parental permission prior to entering the home for inspection (98.42(b)(2)(iv)(B)).

- a. To certify, describe the policies and practices for the annual monitoring of license-exempt in-home care, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used.
- b. Provide the citation(s) for this policy or procedure.
- c. List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers:



5.4.5 Licensing inspectors.

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the state's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

- a. To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)). Licensing inspectors, (referred to as surveyors), must be qualified as an RN or have a 4-year degree in nursing, early childhood or elementary education, child development, human development, social work or related field. All licensing inspectors are trained one-on-one with a seasoned inspector and/or a Kansas Health and Environment, (KDHE), Child Care Licensing District Specialist. The initial surveyor training includes conducting observed initial and annual inspections, conducting an inspection during a complaint investigation, a full review of child care laws and regulations, including health and safety required trainings, as well as how to determine if health and safety training and requirements are met by a child care provider. A minimum of 5 clock hours of professional development related to the work of an inspector is required annually. Licensing inspectors are also required to attend 3 of 4 quarterly KDHE Regional Meetings for ongoing regulation and procedure training.
- b. Provide the citation(s) for this policy or procedure. This is not policy but is in the Child Care Licensing contract or performance reviews set annually. Field work with surveyors is assessed on an ongoing basis within the program by the KDHE Field Supervisor and District Specialists. Compliance with procedures is determined through observation during onsite surveys and audits of completed inspection report. Retraining is conducted during regional meetings or one on one with the surveyor as needed. Health and safety topics are also reviewed quarterly with all contracted staff during regional trainings.

5.4.6 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

- a. To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. KDHE does not have a policy for surveyor ratio but does mandate through Aid to Local Contracts, or in performance reviews requirements for KDHE staff, that surveys are conducted with 90% timeliness. The KDHE Field Supervisor and District Specialists work with surveyors to monitor and improve timeliness as needed by providing time management guidance and surveying assistance as needed. Additionally, the program recently restructured the contracting areas to ensure that the majority of the licensing surveyors are full time in that role. The work of a licensing surveyor is complex and requires proficiency with procedures, regulation interpretation and use of the child care licensing web-based surveying system. Surveyors who conduct this work on a consistent basis are more proficient with procedures, processes and regulation interpretation and therefore are able to support providers effectively.

- b. Provide the policy citation and state/territory ratio of licensing inspectors.

## 5.5 Comprehensive Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct comprehensive background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)). Exemptions for relative providers will be addressed in 5.6.5.

A comprehensive background check must include eight (8) separate and specific components (98.43(2)(b)), which encompass three (3) in-state checks, two (2) national checks, and three (3) interstate checks (if the individual resided in another state in the preceding 5 years).

- 5.5.1 Background Check Requirements. In the table below, certify by checking that the state has policies regarding the required background check components, demonstrating that these requirements apply to all licensed, regulated, or registered child care providers and to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o).

- a. Components of In-State Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. Criminal registry or repository using fingerprints in the current state of residency	<input checked="" type="checkbox"/> Citation: <a href="#">K.A.R.28-4-125</a> , <a href="#">K.A.R. 28-4-584</a> , <a href="#">K.A.R.28-4-705</a>	<input type="checkbox"/> Citation:	<a href="#">Kansas Health and Environment</a>
ii. Sex offender registry or repository check in the current state of residency	<input checked="" type="checkbox"/> Citation: <a href="#">K.A.R.28-4-125</a> , <a href="#">K.A.R. 28-4-584</a> , <a href="#">K.A.R.28-4-705</a>	<input type="checkbox"/> Citation:	<a href="#">Kansas Health and Environment</a>
iii. Child abuse and neglect registry and database check in the current state of residency	<input checked="" type="checkbox"/> Citation: <a href="#">K.A.R.28-4-125</a> , <a href="#">K.A.R. 28-4-584</a> , <a href="#">K.A.R.28-4-705</a>	<input type="checkbox"/> Citation:	<a href="#">Kansas Health and Environment</a>

- b. Components of National Background Check

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. FBI Fingerprint Check	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: <a href="#">K.A.R.28-4-125</a> , <a href="#">K.A.R. 28-4-584</a> , <a href="#">K.A.R.28-4-705</a>	Citation:	<a href="#">Kansas Health and Environment</a> Click or tap here to enter text.
ii. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) name-based search	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Citation: <a href="#">K.A.R.28-4-125</a> , <a href="#">K.A.R. 28-4-584</a> , <a href="#">K.A.R.28-4-705</a>	Citation:	<a href="#">Kansas Health and Environment</a> Click or tap here to enter text.

## c. Components of Interstate Background Checks

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
i. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional.  Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">Kansas Health and Environment</a>
	Citation: <a href="#">K.A.R.28-4-125</a> , <a href="#">K.A.R. 28-4-584</a> , <a href="#">K.A.R.28-4-705</a>	Citation:	
ii. Sex offender registry or repository in any other state where the individual has resided in the past 5 years.  Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) to mitigate any gaps that may exist between the two sources.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<a href="#">Kansas Health and Environment</a>
	Citation: <a href="#">K.A.R.28-4-125</a> , <a href="#">K.A.R. 28-4-584</a> , <a href="#">K.A.R.28-4-705</a>	Citation:	

Component	Licensed, regulated, or registered child care providers	All other providers eligible to deliver CCDF Services	The state agency(ies) responsible for this component of the check
iii. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years  Note: This is a name-based search	<input checked="" type="checkbox"/>  Citation: K.A.R.28-4-125, K.A.R. 28-4-584, K.A.R.28-4-705	<input type="checkbox"/>  Citation:	Kanas Health and Environment

#### 5.5.2 Procedures for a Provider to Request a Background Check.

Child care providers are required to submit requests for background checks for each of their staff members to the appropriate state or territorial agency, which is to be defined clearly on the state or territory Web site. The requests must be submitted prior to when the individual becomes a staff member and must be completed at least once every five years per § 98.43(d)(1) and (2). The state or territory must ensure that its policies and procedures under this section, including the process by which a child care provider or other state or territory may submit a background check request, are published on the web site of the state or territory as described in § 98.43(g) and the web site of local lead agencies.

- a. Describe the state/territory procedure(s) for a provider to request the required background checks. If the process is different based on provider type, please include that in this description. If the process is different based on each background check component, please include that in this description. . Kansas law requires a background check for each individual residing, working or regularly volunteering in a licensed child care facility. Depending on the age of the individual and their role in the facility one of the following types of checks are conducted: A comprehensive fingerprint-based check consisting of: A Federal Bureau of Investigation(FBI) fingerprint check, A stated based finger print check, and a search of the National Crime Information Center's National Sex Offender Registry; A search of the following registries, repositories or databases in The State of Kansas and also each state where the individual has resided in the previous 5 years: State criminal registry or repository (if available); State sex offender registry or repository; and State-based child abuse and neglect registry and database. Out of state background checks for any state other than Kansas that an individual has lived in during the past 5 years and will include state criminal history, state sex offender registry and the state abuse and neglect registry. Applicants applying for a License or Group Day Care Home license will not be issued temporary permit until all residents have cleared the background checks. Applicants applying for a Child Care Center, Preschool, School Age Program or Drop in Program is not issued a temporary permit until the owner, administrator and the program director have cleared the background checks. Individuals working at more than one licensed facility are not required to submit fingerprints for each location; provided there is a current record of a fingerprint-based background check on file at KDHE. Each facility must list the individual as a current affiliate and receive verification from KDHE that a fingerprint-based check is not required. Licensees are notified by email to check the Provider Access Portal when the status of a background check has been updated. The record of pending, provisional and cleared individual's status is maintained there. If the licensee does not have an email address on file, a letter is mailed to the facility address.
- b. The state/territory must ensure that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. What are the fees and

how do you ensure that these fees do not exceed the actual cost of processing and administering the background checks? Lead Agencies can report that no fees are charged if applicable (98.43(f)). The cost of the background check is \$48.00 per fingerprint check. This cost does not include the cost of printing at an authorized printing site location. The cost includes the Kansas Bureau of Investigation, KBI, fingerprint fee of \$35.00 and Federal fingerprint fee of \$12.00 and \$1.00 collected as a maintenance fee for the KanCheck system owned by The Kansas Department of Aging and Disability Services, KDADs, and used by KDHE Child Care Licensing to house background check request and results. KDHE does not have a fee for the background check requirement, however does collect the fee in total to then interfund to the KBI and to the KDADs

- c. Describe the state/territory policy(ies) related to prospective staff members working on a provisional basis. Pending completion of all background check components in 98.43(b), the prospective staff member must be supervised at all times by an individual who received a qualifying result on a background check described in 98.43(b) within the past 5 years (98.43(c)(4)) and the prospective staff member must have completed and received satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the prospective staff member resides. Describe and include a citation for the Lead Agency's policy: KDHE does not have a policy but provides this information through FAQ's and the provisional status of an individual is displayed under the facility file on the Provider Access Portal once KDHE has received the fingerprint card, waiver and payment. It is the responsibility of the licensee to ensure that staff working provisionally are supervised in direct line of sight by qualified staff that have cleared the comprehensive background checks. K.A.R.28-4-125(e), K.A.R. 28-4-584(e), K.A.R.28-4-705(e)
- d. Describe the procedure for providers to request background checks from other states where they have resided within the previous 5 years. KDHE submits all requests to other states. Any individual who has lived in another state within the last 5 years and who has a role requiring a comprehensive background check must be identified and out of state address provided to KDHE when the individual's information is submitted to add to the facility record. Out-of-state background check instructions and forms are located on the KDHE website. Each individual must complete the required form for each state lived in the last five years and then send directly to KDHE Child Care Licensing for processing. Once received KDHE will review, log and file each form in a folder for each individual under each state requested. The form is then sent directly to the State in question for processing. If the form is not received completed correctly or at all by time results are received from the fingerprint-based background check, a letter is sent to the facility director requiring response within 5 business days
- e. Describe the procedure to ensure each provider completes all components of the background check process at least once during each 5-year period. If your state enrolls child care staff members in the FBI Rap Back Program or a state-based rap back program, please include that in this description. Note: An FBI Rap Back program only covers the FBI Fingerprint component of the background check. If child care staff members are enrolled in a state-based rap back, please indicate which background check components are covered by this service. The child care licensing system of record is coded to alert licensees that an individual requires a new fingerprint. The notifications begin at 4.7 years, allowing the individual sufficient time to complete the required fingerprinting by the 5-year requirement.
- f. Describe the procedure to ensure providers who are separated from employment for more than 180 consecutive days receive a full background check. The KDHE system of record automatically identifies individuals who have been separated from employment in a licensed facility for more than 90 days, which is consistent with the state requirements for name-based background checks. A notification that fingerprints are required is automatically sent through the Kansas Child Care Provider Access Portal to the licensee/applicant, or by mail if an email address is not on file.

- g. Provide the website link that contains instructions on how child care providers should initiate background check requests for a prospective employee (98.43(g)).  
[kdheks.gov/bcclr/background\\_checkinfo.html](https://kdheks.gov/bcclr/background_checkinfo.html)

5.5.3 Procedures for a Lead Agency to Respond to and Complete a Background Check.

Once a request has been initiated, the state shall carry out the request of a child care provider for a criminal background check as expeditiously as possible, but not to exceed 45 days after the date on which such request was submitted. The Lead Agency shall make the determination whether the prospective staff member is eligible for employment in a child care program (98.43(e)(1)). Lead Agencies must ensure the privacy of background checks by providing the results of the criminal background check to the requestor or identified recipient in a statement that indicates whether a child care staff member (including a prospective child care staff member) is eligible or ineligible for employment, without revealing any documentation of criminal history or disqualifying crimes or other related information regarding the individual. In the following questions, describe the Lead Agency's procedures for conducting background checks. These responses should include:

- The name of the agency that conducts the investigation; include multiple names if multiple agencies are involved in different background check components
  - How the Lead Agency is informed of the results of each background check component
  - Who makes the determinations regarding the staff member's eligibility? Note: Disqualification decisions should align to the response provided in 5.5.4.
- a. Describe the procedures for conducting In-State Background Check requests and making a determination of eligibility. Background check requests and results are sent through a batch process between KDHE and KBI. All legal names and alias(s) are searched with Date of Birth and Social security number (if available). All CHRI (Criminal History Record Information) is reviewed to make sure identifying information is a match. Any match in CHRI received from KBI is sent to KDHE Legal for review of statutes for prohibiting offenses. Once results are received from Legal, Results are date stamped and then manually entered into the provider access portal. Each individual will have documented internally the date the result was received, if any criminal history was found and if they are prohibited or not prohibited. The licensee will then receive notification via email that a result is available. On the provider portal they licensee will be able to see for each individual a cleared or not cleared status.
- b. If the procedure is different for National Background checks, including the name-based NCIC NSOR check and FBI fingerprint check, please describe here.
- c. Describe the procedure for responding to interstate background check requests from other states:
- i. Interstate Criminal History Registry Check Procedures



- A. Provide a description of how the state or territory responds to interstate criminal history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain criminal history information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). Out-of-state background check instructions and forms are located on the KDHE website. Each individual must complete the required form for each state lived in the last five years and then send directly to KDHE Child Care Licensing for processing. Once received KDHE will review, log and file each form in a folder for each individual under each state requested. The form is then sent directly to the State in question for processing. Any results received as a no match are processed in the Provider Access Portal whereas any results received with a match would be sent to KDHE Legal for review and processing for prohibition. Any fees associated with these checks are covered in full by KDHE and not charged to the individual or provider.
- B. “Compact States” are states that have ratified the National Crime Prevention and Privacy Compact Act of 1998 in order to facilitate electronic information sharing for noncriminal justice purposes (such as employment) among the Federal Government and states. More information can be found here: [fbi.gov/services/cjis/compact-council](https://fbi.gov/services/cjis/compact-council). The Compact allows signatory states to disseminate its criminal history record information to other states for noncriminal justice purposes in accordance with the laws of the receiving state. For the most up-to-date Compact States and Territories map visit: [fbi.gov/services/cjis/compact-council/maps](https://fbi.gov/services/cjis/compact-council/maps). Please indicate whether your state or territory is a Compact State. *KS is a Compact State*
- C. The National Fingerprint File (NFF) is a database of fingerprints, or other unique personal identification information relating to an arrested or charged individual, which is maintained by the FBI to provide positive fingerprint identification of record subjects. Only a state or territory that has ratified the Compact (a Compact State) may join the NFF program. An FBI fingerprint check satisfies the requirement to perform an interstate check of another state’s criminal history record repository if the responding state (where the child care staff member has resided within the past 5 years) participates in the NFF program. It is unnecessary to conduct both the FBI fingerprint check and the search of an NFF state’s criminal history record repository (refer to CCDF-ACF-PIQ-2017-01). For the most up-to-date NFF Participation map visit: [fbi.gov/services/cjis/compact-council/maps](https://fbi.gov/services/cjis/compact-council/maps). Please indicate whether your state or territory is an NFF State. *KS is NFF participant*
- ii. Interstate Sex Offender Registry Check Procedures
- Provide a description of how the state or territory responds to interstate sex offender history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain sex offender information to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). Each individual must have Sex Offender registry check completed for each state lived in the last five years. Each state has their own State Central repository for offender registry. When results from the Fingerprint based background check and Child Abuse and Neglect registry check has been received, a manual check of the Sex Offender Registry is completed. This is a name-based check and all legal and alias(s) will be check for each state.
- iii. Interstate Child Abuse and Neglect Registry Check Procedures
- Provide a description of how the state or territory responds to interstate child abuse and neglect history check requests from another state and whether there are any laws or policies that prevent the state from releasing certain child abuse and neglect information

to an out-of-state entity for civil purpose (i.e., for purposes of determining employment eligibility). [Child Abuse and Neglect Registry check instructions and forms](#) are located on the KDHE website. Each individual must complete the required form for each state lived in the last five years and then send directly to KDHE Child Care Licensing for processing. Once received KDHE will review, log and file each form in a folder for each individual under each state requested. The form is then sent directly to the State in question for processing. Any results received as a no match are processed in the Provider Access Portal whereas any results received with a match would be sent to KDHE Legal for review and processing for prohibition. Any fees associated with these checks are covered in full by KDHE and not charged to the individual or provider.

- 5.5.4 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry (98.43 (c)(1)(i-iii)). Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or—subject to an individual review (at the state/territory’s option)—a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)(iv-v)).
- a. Does the state/territory disqualify child care staff members based on their conviction for any other crimes not specifically listed in 98.43(c)(i)?

☐ No

☒ Yes. If yes, describe other disqualifying crimes and provide the citation:

KSA 21-5807 Burglary Prior law: 21-3715/21-3716 KSA 21-5812 Arson Prior law 21-3718/3719  
KSA 21-5814 Criminal Use of Explosives Prior law: 21-3731 KSA 21-5901 Treason prior law: 21-  
3801 KSA 21-5909 Intimidation of a Witness prior law: 21-3832/3833 KSA 21-5911 Escape from  
Custody prior law: 21-3809/3810 KSA 21-5913 Obstructing Apprehension or Prosecution prior  
law: 21-3812 KSA 21-5922 Interference with Conduct of Public Business prior law: 21-  
3828/3829 KSA 21-5924 Violation of Protective Order prior law: 21-3843 KSA 21-6101 Breach  
of Privacy prior law: 21-4001, 4002 KSA 21-6104 Unlawful Disclosure of Tax Information prior  
law: 21-3430 KSA 21-6201 Riot prior law: 21-4104/4105 KSA 21-6308 Criminal Discharge of a  
Firearm prior law: 21-4217/4219 KSA 21-6310 Unlawful Endangerment prior law: 21-4220 KSA  
21-6312 Criminal Possession of Explosives prior law: 21-4209, 4209a, 4209b, 4210 KSA 21-6314  
Recruiting Gang Membership prior law: 21-4227 KSA 21-6315 Criminal Street Gang Intimidation  
prior law: 21-4228 KSA 21-6317 Endangering the Food Supply prior law: 21-4221, 4222 KSA 21-  
6325 Unlawful Interference w/ Firefighter prior law: 21-3416 KSA 21-6326 Interference with an  
Emergency Medical prior law: 21-3444 KSA 21-6401 Promoting Obscenity prior law: 21-  
4301/4301a KSA 21-6418 Permitting a Dangerous Animal at Large prior law: 21-3418 KSA 21-  
6419 Selling Sexual Relations prior law: 21-3512 KSA 21-6420 Promoting the Sale of Sexual  
Relations prior law: 21-3513 KSA 21-6421 Buying Sexual Relations prior law: 21-3515 KSA 21-  
5404 Voluntary Manslaughter Prior law: KSA 21-3403 KSA 21-5405 Involuntary Manslaughter  
Prior law: 21-3404/3442 KSA 21-5406 Vehicular homicide Prior law: 21-3405 KSA 21-5407  
Assisting suicide Prior law: 21-3406 KSA 21-5408 Kidnapping Prior law: 21-3420/21-3421 KSA  
21-5409 Interference w/ Parental custody Prior law: 21-3422/21-3422a KSA 21-5410  
Interference w/ custody committed person Prior law: 21-3423 KSA 21-5411 Criminal restraint  
Prior law: 21-3424 KSA 21-5412 Assault Prior law: 21-3408/21-3409/21-3410/21-3411 KSA 21-  
5413 Battery Prior law: 21-3412/3413/3414/3415/3443/3448 KSA 21-5414 Domestic Battery  
Prior law: 21-3412a KSA 21-5415 Criminal threat Prior law: 21-3419/3419a KSA 21-5416  
Mistreatment of a confined Prior law: 21-3425 KSA 21-5417 Mistreatment of a dependent  
Prior law: 21-3437 KSA 21-5418 Hazing Prior law: 21-3434 KSA 21-5420 Robbery Prior law: 21-  
3426/3427 KSA 21-5421 Terrorism Prior law: 21-3449 KSA 21-5422 Weapons of mass  
destruction Prior law: 21-3450 KSA 21-5423 Terrorism or illegal use of MD Prior law: 21-3451  
KSA 21-5424 Exposing another to Communicable disease Prior law: 21-3435 KSA 21-5425  
Unlawful Administration of a Substance Prior law: 21-3445 KSA 21-5426 Human Trafficking  
Prior law: 21-3446/3447 KSA 21-5427 Stalking Prior law: 21-3438 KSA 21-5428 Blackmail Prior  
law: 21-3428 KSA 21-5429 Endangerment KSA 21-5430 Distribution of Controlled Substance  
KSA 21-5431 Female genital mutilation KSA 21-5503 Rape Prior law: 21-3502 KSA 21-5504  
Criminal Sodomy Prior law: 21-3505/3506 KSA 21-5505 Sexual Battery Prior law: 21-3517/3518  
KSA 21-5506 Indecent liberties w/ a child Prior law: 21-3503/3504 KSA 21-5507 Unlawful  
Voluntary Sexual Relations Prior law: 21-3522 KSA 21-5508 Indecent Solicitation of a child Prior  
law: 21-3510/3511 KSA 21-5509 Electronic solicitation Prior law: 21-3523 KSA 21-5510 Sexual  
exploitation of child Prior law: 21-3516 KSA 21-5511 Adultery Prior law: 21-3507 KSA 21-5512  
Unlawful Sexual Relations Prior law: 21-3520 KSA 21-5513 Lewd and lascivious behavior Prior  
law: 21-3508 KSA 21-5601 Endangering a child Prior law: 21-3608/3608a KSA 21-5603  
Contributing to child's misconduct Prior law: 21-3612 KSA 21-5604 Incest Prior law: 21-  
3602/3603 KSA 21-5605 Abandonment of a child Prior law: 21-3604/3604a KSA 21-5606  
Criminal Nonsupport Prior law: 21-3605 KSA 21-5607 Furnishing Alcohol to a Minor Prior law:  
21-3610/21-3610b KSA 21-5608 Unlawful Hosting Minors Consuming Alcohol Prior law: 21-  
3610c KSA 21-5609 Bigamy Prior law: 21-3601 KSA 21-5301 Attempt to Commit Art. 54, 55 or  
56 Prior Law: 21-3301 KSA 21-5302 Conspiracy to Commit Art. 54, 55 or 56 Prior Law: 21-3302

- b. Describe how the Lead Agency notifies the applicant about their eligibility to work in a child care program. This description should detail how the Lead Agency ensures the privacy of

background checks. Note: The Lead Agency may not publicly release the results of individual background checks. (98.43(e)(2)(iii)). KDHE notifies the facility that results are available, status of "Cleared" "Not Cleared" is available for them to view. The individual is notified in the event they are Prohibited and reason why, the facility is notified that the individual is prohibited and not eligible to work. The Kansas Department of Health and Environment issues legal notices to the staff member notifying the staff member of the prohibiting offense and that the staff member is prohibited from being employed in a child care facility. The facility only gets notified that the staff member is ineligible to work in the facility without specific information provided regarding the criminal conviction.

- c. Describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43 (e)(2-4). A felony drug offense is listed as a prohibiting offense. KDHE would not clear employment if a staff member has a felony drug offense.

#### 5.5.5 Appeals Processes for Background Checks

States and territories shall provide for a process by which a child care program staff member (including a prospective child care staff member) may appeal the results of a background check to challenge the accuracy or completeness of the information contained in a staff member's background report. The state or territory shall ensure that:

- The child care staff member is provided with information related to each disqualifying crime in a report, along with information/notice on the opportunity to appeal
  - A child care staff member will receive clear instructions about how to complete the appeals process for each background check component if the child care staff member wishes to challenge the accuracy or completeness of the information contained in such member's background report
  - If the staff member files an appeal, the state or territory will attempt to verify the accuracy of the information challenged by the child care staff member, including making an effort to locate any missing disposition information related to the disqualifying crime
  - The appeals process is completed in a timely manner for any appealing child care staff member
  - Each child care staff member shall receive written notice of the decision. In the case of a negative determination, the decision should indicate 1) the state's efforts to verify the accuracy of information challenged by the child care staff member, 2) any additional appeals rights available to the child care staff member, and 3) information on how the individual can correct the federal or state records at issue in the case. (98.43(e)(3))
  - The Lead Agency must work with other agencies that are in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.
- a. What is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background check report? If there are different appeal process procedures for each component of the check, please provide that in this description, including information on which state agency is responsible for handling each type of appeal. Note: The FBI Fingerprint Check, State Criminal Fingerprint, and NCIC NSOR checks are usually conducted by a state's Identification Bureau and may have different appeal processes than agencies that conduct the state CAN and state SOR checks.  
The staff member is provided the following information in writing: The right to challenge the accuracy

or completeness of the information contained in the staff member's criminal background report by contacting the Criminal Records Unit with the Kansas Bureau of Investigation [KBI]. A telephone number is provided. If the listed conviction is from another state, notification that the staff member must contact the other state governmental agency responsible for maintaining criminal record information in that state. The right to request a hearing on the accuracy or completeness of the information contained in the staff member's criminal background report and their status as a prohibited person in accordance with the provisions of the Kansas Administrative Procedure Act (K.S.A. 77-501 et seq.) by filing a request for a hearing. The right to seek an expungement of the prohibiting conviction(s). The staff member is informed that expungements will need to be obtained in the court in which the staff member was convicted.

- b. If the appeals process is different for interstate checks, what is the procedure for each applicant to appeal or challenge the accuracy or completeness of the information contained in the background report for interstate checks?

#### 5.5.6 Website Links to Interstate Background Check Processes

Provide the website link providing the detailed information required on the state or territory's consumer education website related to the following interstate background check provisions.

Note: The links below should be a part of your consumer education website identified in 2.3.11.

- a. Interstate Criminal Background Check: [kdheks.gov/bcclr/out\\_of\\_state\\_forms.htm](https://kdheks.gov/bcclr/out_of_state_forms.htm)
- b. Interstate Sex Offender Registry (SOR) Check: [kdheks.gov/bcclr/out\\_of\\_state\\_forms.htm](https://kdheks.gov/bcclr/out_of_state_forms.htm)
- c. Interstate Child Abuse and Neglect (CAN) Registry Check: [kdheks.gov/bcclr/out\\_of\\_state\\_forms.htm](https://kdheks.gov/bcclr/out_of_state_forms.htm)

## 5.6 Exemptions for Relative Providers

States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from certain health and safety requirements. Note: This exception applies if the individual cares only for relative children.

Check and describe where applicable the policies that the Lead Agency has regarding exemptions for eligible relative providers for the following health and safety requirements.

### 5.6.1 Licensing Requirements (as described in Section 5.1)

- ☒ a. Relative providers are exempt from all licensing requirements.
- ☐ b. Relative providers are exempt from a portion of licensing requirements. Describe.
- ☐ c. Relative providers must fully comply with all licensing requirements.

### 5.6.2 Health and Safety Standards (as described in Section 5.2 and 5.3)

- ☒ a. Relative providers are exempt from all health and safety standard requirements  
For CCDF relative providers a Health & Safety checklist is completed and signed by both the provider and parent/guardian pertaining to the place where the care will be provided. This form is turned into DCF as part of the child care provider enrollment process.
- ☐ b. Relative providers are exempt from a portion of health and safety standard requirements. Describe.
- ☐ c. Relative providers must fully comply with all health and safety standard requirements.

### 5.6.3 Health and Safety Training (as described in Section 5.3)

- ☒ a. Relative providers are exempt from all health and safety training requirements.  
For CCDF relative providers a Health & Safety checklist is completed and signed by both the provider and parent/guardian pertaining to the place where the care will be provided. This form is turned into DCF as part of the child care provider enrollment process.
- ☐ b. Relative providers are exempt from a portion of all health and safety training requirements. Describe.
- ☐ c. Relative providers must fully comply with all health and safety training requirements.

### 5.6.4 Monitoring and Enforcement (as described in Section 5.4)

- ☒ a. Relative providers are exempt from all monitoring and enforcement requirements.
- ☐ b. Relative providers are exempt from a portion of monitoring and enforcement requirements. Describe.
- ☐ c. Relative providers must fully comply with all monitoring and enforcement requirements.

### 5.6.5 Background Checks (as described in Section 5.5)

- ☐ a. Relative providers are exempt from all background check requirements.



- ☒ b. Relative providers are exempt from a portion of background check requirements. Describe.  
Relative providers are exempt from comprehensive finger-printing background checks and the 5-year look-back. Name checks are run on the Kansas Child Abuse and Neglect Registry, the Adult Abuse and Neglect Registry, the state and federal sex offender website and the Kansas Department of Corrections website.
- ☐ c. Relative providers must fully comply with all background check requirements.

DRAFT

## 6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)) and addresses early learning and developmental guidelines.

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). This section addresses the quality improvement activities implemented by the Lead Agency related to the support of the child care workforce and the development and implementation of early learning and developmental guidelines. It asks Lead Agencies to describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services. (98.53 (f)) in either of these two areas.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

### 6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

a. Describe how the state/territory's framework for training and professional development addresses the following required elements:

i. State/territory professional standards and competencies. Describe:

The Core Competencies for Early Childhood and Youth Development (Kansas and Missouri) serve as the foundation for professional development for early childhood and youth professional development. These competencies set the expectations for professionals who care for infants, toddlers, preschoolers, school-age and older youth. Lead Agency contracts for professional development require all trainings be identified by competency content area for online course

description. KDHE approves child care training and requires that core competency content area and skill level of audience be identified. The Kansas Early Learning Standards provide information and guidance to early childhood providers and teachers, including early primary grade teachers, on the developmental sequence of learning for children from birth through kindergarten. It is a resource that providers and teachers can use to plan activities and engage in conversations with young children and their families around early learning. The Kansas Family Engagement and Partnership Standards for Early Childhood are structured to align with the Kansas Early Learning Standards and the Kansas School Readiness Framework. The standards provide information and guidance for early childhood providers and educators, including individuals working with children from birth through age five on the engagement of families.

- ii. **Career pathways. Describe:** The Kansas Workforce Development Advisory Group, facilitated by Lead Agency's workforce development contractor, has a career pathway subgroup working on development of a career pathway.
  - iii. **Advisory structure. Describe:** The Lead Agency solicits and receives recommendations from community partners and stakeholders through regularly scheduled meetings with early childhood education partners. The Kansas Children's Cabinet and Trust Fund has been recognized by the governor as the Kansas Early Childhood Advisory Council. The council includes the State Directors Team which is comprised of members from key state agencies that support Kansas children and families. Agencies represented include the Lead Agency Kansas Department for Children and Families, Kansas Department of Health and Environment and Kansas State Department of Education. The Lead Agency sponsored Workforce Professional Development Advisory Group aligns their work with Children Cabinet's all in for Kansas Kids Strategic Plan. This group makes recommendations to the Kansas Early Childhood Advisory Council through the Kansas Early Childhood Advisory Council Recommendations Panel.
  - iv. **Articulation. Describe:** Agreements are individually negotiated between two-year and four-year postsecondary programs. The Workforce Professional Advisory Group has participants who represent both community colleges and universities. The career pathway development will include alignment with higher education requirements for early childhood education.
  - v. **Workforce information. Describe:** Child Care Aware of Kansas released a 2018 Workforce Study, Who Cares for Kansas Children. The 2019 Kansas Early Childhood Systems Need Assessment was supported by Preschool Development Grant Birth through Five funding. This assessment included an Early Childhood Workforce Survey. Plans for a workforce registry are included in the All in for Kansas Kids Strategic Plan. This work is currently in progress through the Children's Cabinet's All in for Kansas Kids Strategic plan and is a focus of the Workforce Professional Development Advisory Group.
  - vi. **Financing. Describe:** The Lead Agency provides CCDF funding to support progression of professional development through contracts for workforce professional development and Infant Toddler Specialist Network. In service clock-hour training, continuing education unit training, higher education for early childhood education associate degrees, early childhood certification, director's credential, and CDA credential training and CDA application fees are available through the workforce professional development agreement. The Infant Toddler Specialist Network and Links to Quality provide financial incentives to participants as they work through and accomplish goals on their Quality Improvement Plans.
- b. The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.
- i. ☐ Continuing education unit trainings and credit-bearing professional development to the extent practicable. Describe:
  - ii. ☐ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's

framework. Describe:

iii. ☐ Other. Describe:

- 6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

The Kansas Children's Cabinet and Trust Fund has been recognized by the governor as the Kansas Early Childhood Advisory Council. Lead Agency staff participate in the council's recommendation panel and in the Workforce Development Advisory Group to develop and improve the professional development framework. Lead Agency's work through the Workforce Professional Development Advisory Group aligns with the All in for Kansas Kids Strategic Plan workforce goals to expand the number of professionals entering and remaining in the workforce; implement a high-quality, competency-based professional development system; and support diversity, equity, and inclusion in the early childhood care and education workforce.

- 6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)). Kansas uses CCDF funding to support the early care and education workforce by offering low or no cost professional development. Online and in-person training is available through our workforce professional development contract at a minimum cost to providers. The Infant Toddler Specialist Network (ITSN) offers in-person trainings to infant and toddler providers at no charge. Financial incentives through the workforce professional development contract include trainer mini-grants and scholarships for progression of professional development. Trainer mini-grants are designed to expand professional development opportunities for child care workforce population state-wide with priority of funding awards aimed to increase professional development in rural areas. DCF also supports scholarships towards professional development progression which requires applicants to complete an Individualized Professional Development Plans (IPDP). Scholarships include progression of professional development through clock-hour training, continuing education unit training, higher education courses to obtain an associate degree, early childhood certification, director's credential, and Child Development Associate (CDA) Credential training and application fees. The ITSN offers financial incentives to providers and programs serving infants and toddlers who need assistance in meeting goals for quality improvements. Our workforce professional development contractor coordinates with high school teachers to offer free health and safety training to high school students. Lead Agency continues to coordinate in statewide early childhood efforts to develop a career pathway and workforce registry that will support early childhood and education professionals to access, track and guide career advancement, increase compensation, recruitment and retention.

## 6.2 Training and Professional Development Requirements

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements—as described in Section 5 for caregivers, teachers, and directors in CCDF programs—align, to the extent practicable, with the state/territory professional development framework. These requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

- 6.2.1 Describe how the state/territory incorporates into training and professional development opportunities the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models that reduce the likelihood of suspension and expulsion of children (as described in Section 2 of the Pre-Print) (98.44(b)).

Health and safety training is incorporated into the child care licensing training requirements for new applicants. Training and technical assistance is available for Kansas Early Learning Standards, social-emotional behavioral and early mental health intervention models, including positive behavior intervention training through our professional development and infant-toddler specialist network. Training and the use of the Kansas Early Learning Standards is incorporated into Links to Quality. The workforce professional development and Infant Toddler Specialist Network agreements offer multiple trainings and technical assistance on social emotional behavior intervention and support models to reduce the likelihood of suspension and expulsion. KCCTO offers a course on Preventing Suspension and Expulsion in Early Care Education.

- 6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)). All training and professional development through CCDF funded workforce professional development and infant toddler specialist network are accessible to all child care providers anyone planning to become a provider or anyone who has interest in childhood education. There are no limitations to who may take the trainings. The Interagency Agreement with Kickapoo Tribe in Kansas explicitly explains that CCDF supported workforce development courses are available to all providers throughout the state. Access to these workforce development courses has been verbally explained to Prairie Band Potawatomie Nation staff during a Tribal TANF coordination meeting.

- 6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

- a. with limited English proficiency. Lead Agency's contract for professional development require trainers to respond to each learner's ability and linguistic background. The contract requires provision of translations and accommodations in all professional development trainings for non-English speaking learners. Online health and safety courses are available in Spanish and are monitored by a Spanish-speaking trainer. In-person trainers will utilize translators on staff or within the community when not available through the contractor.
- b. who have disabilities. Course registration allows participants to identify needs for training accommodations. All online and in-person courses will adhere to Americans with Disabilities Act (ADA).

- 6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iv)). The workforce professional development contractor provides online training, in-person training and technical assistance appropriate for all providers of all age groups. There are a variety of trainings available to providers based on their individual needs and the needs of the children in their care. The contractor utilizes state and national best practice and evidence-based resources for course development. State resources includes KS-MO Core Competencies for Early Childhood and Youth Development Professionals and Kansas Early Learning Standards. These standards include learning environments and cognitive development, dual language learners, social and emotional development, and physical health and development. Providers who participate in online trainings and complete course evaluation survey can request additional information and/or technical assistance. Technical assistance, provided through Infant Toddler Specialist Network contracts, is based on provider requests and needs and is available to any provider at the intensity level required to meet the needs of their individual child care setting. Providers who receive subsidy must take an online course, Supporting Kansas Families: DCF Child Care Subsidy Program to learn the process and program requirements to become a DCF provider for families eligible for child care assistance.
- 6.2.5 The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).
- a. Describe the state/territory's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness (relates to question 3.2.2).  
Lead Agency's identifies this topic as a CCDF priority course in the workforce professional development agreement. At a minimum, the course covers identifying, serving and providing resources for families experiencing homelessness under the McKinney-Vento definition. This course, Recognizing and Supporting Families Experiencing Homelessness, is available through the contractor. The Infant Toddler Specialist Network incorporates homelessness into the course Trauma and Adverse Childhood Experiences. ITSN specialists are available who have knowledge and skills to provide TA on serving special populations that includes homelessness.
  - b. Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.3.6). The state level interagency early childhood MOU has been up-dated and completed with agency signatures. It was developed to include the KSDE, McKinney Vento program. Lead Agency staff throughout the state are involved in varying ways with targeted work with families experiencing homelessness and have been involved in a variety of training and TA efforts to complete this work. In the East region, staff participate in the Topeka Impact Project, where EES staff members are present at the community center to work with individuals on their applications and updates to their cases every Thursday. Employment Service staff help clients navigate to partners or talk about next steps in their employment preparations. The Wichita region also has out-stationed staff at various homeless shelters, homes for victims of domestic violence and women's recovery centers one day a week. Staff members attend monthly homeless initiatives and board meetings, and report back what they are doing to help inform other case managers and provide updated information. They have provided TA in daily meetings with eligibility staff about services provided. The Wichita region also has staff on the Child Start Policy Council to provide monthly updates regarding DCF business and programs. Staff connects Child Start staff with out-stationed workers to fulfill training and resource needs, and to answer policy questions. The KC region participate in the Impact KCK event where staff attend and participate. They also participate in Project Home with Shawnee Mission Schools and Impact Olathe with Olathe Schools. These events are outreach-connection events



that provide holistic services and supports to those families identified by the McKinney-Vento school liaison. Families identified are then directed to specific staff for interview and overview of available services. KC Community Affairs staff also attend many community agency meetings and provide contact for any needed services that is identified for any household or agency staff. EES staff also provide direct training for programs, including Childcare, to community agency staff as requested. The training for the KC staff is hands-on. Bridges Out of Poverty Training is a common training for new staff within EES.

6.2.6 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen providers' business practices, which can include training and/or TA efforts.

- a. Describe the strategies that the state/territory is developing and implementing for training and TA. Business practices is a CCDF priority topic in our workforce professional development contract. A business course for family child care providers and training module on strengthening business practices is offered through the workforce professional development contractor, KCCTO. Many workforce development trainers are certified or credentialed in Strengthening Business Practices. KCCTO Infant Toddler Specialist Network offers training and TA support for child care providers serving infants and toddlers. KCCTO/ITSN provides outreach to all new child care licensing applicants and sends out a new provider packet followed by contact for technical assistance. ITSN Building Your Early Childhood Toolkit is a resource and training offered in communities throughout Kansas. All KCCTO courses are followed up with resource packages on the topic and information on how to receive additional technical assistance. Lead Agency partners offer opportunities for business practice courses that are not CCDF funded and include fiscal management, budgeting and recordkeeping. Links to Quality has participants look at business practices using the BAS and PAS assessment tools and corresponding quality indicators.

- b. Check the topics addressed in the state/territory's strategies. Check all that apply.
- ☒ i. Fiscal management
  - ☒ ii. Budgeting
  - ☒ iii. Recordkeeping
  - ☒ iv. Hiring, developing, and retaining qualified staff
  - ☐ v. Risk management
  - ☐ vi. Community relationships
  - ☒ vii. Marketing and public relations
  - ☐ viii. Parent-provider communications, including who delivers the training, education, and/or technical assistance
  - ☐ ix. Other. Describe:

### 6.3 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 of the CCDF Rule, and those included in the activities to improve the quality of child care also addressed in Section 7 (98.53(a)(1)).

#### 6.3.1 Training and professional development of the child care workforce.

- a. In the table below, describe which content is included in training and professional development activities and how an entity is funded to address this topic. Then identify which types of providers are included in these activities. Check all that apply.

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
i. Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies (98.53 (a)(i)(A)). Describe: <a href="#">CCDF identifies course topics of English Language Learners, Nutrition, Physical</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<p>Activity and Obesity Prevention and Early Childhood Social and Emotional Development as CCDF priority courses in the workforce professional development contract. Lead agency's workforce development and ITSN contractors offer multiple courses and TA supports on these topics. Links to Quality (L2Q), QRIS, provides quality improvement support through incentives, technical assistance and coaching to offer relationship-based assistance in the completion of quality indicators (Links). L2Q includes four (4) foundation links as a basis for programs to start the journey for continuous quality improvement. The Links within Links to Quality have been aligned with national and state quality standards, which include best practices from BAS/PAS, Kansas Family Engagement Standards, Caring for Our Children, and Nutrition and Physical Activities Self-Assessment for Child Care (NAPSACC). Program Administration has a focus on strong business practices to promote sustainability in early education. Family Partners looks as the dynamic between families and the program supporting and building relationships with families in their program, while providing resources to support their child's development regardless of family structure, socioeconomic, racial, religious and cultural backgrounds; gender; sexual</p>					

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<p>orientation; abilities; or preferred language. This will ensure that families have the tools and resources needed to support their children's development. The Learning and Development Link and the Health and Safety Link focus on creating a healthy and safe environment conducive to learning while using KELS to guide practices within instruction and planning. L2Q has and will continue to work with our training partners to align our Links with specific trainings to support our participants in the completion of each Link. The participants use self-assessments for each Link to complete a Quality Improvement Plan to create an intentional plan to strengthen their quality, which may include necessary training.</p>					
<p>ii. Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.4.5.) (98.53(a)(iii)). Describe: CCDF identifies the topic of Preventing and Reducing Expulsions and Suspensions as a CCDF priority course in the workforce professional development contract. There are multiple courses for related topics including inclusion of children with special</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<p>needs, behavior and guidance, and social-emotional development. Lead Agency's workforce development and ITSN contractors offer multiple courses and TA supports on these topics. Links to Quality (L2Q) includes four (4) foundation Links as a basis for programs to start the journey for continuous quality improvement. Using Kansas Early Learning Standards (KELS) to guide practices within instruction and planning within the Link for Learning and Development. The Program Administration Link includes policies and sound business practices. As part of Program Administration is a handbook that is shared with families which requires a behavior guidance policy that focuses on positive behavior supports.</p>					
<p>iii. Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development. (98.53(a)(iv)). Describe: CCDF identifies Cultural Responsiveness, English Language Learners and Family Engagement as CCDF priority courses in the workforce professional development contract. Cultural responsiveness is embedded in other courses offered through the contractor. Links to Quality (L2Q) includes four (4) foundation Links as a basis for programs to start the journey for continuous quality improvement. One of these foundational Links is Family</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
Partnerships which focuses on programs supporting and building relationships with families in their program, while providing resources to support their child's development regardless of family structure, socioeconomic, racial, religious and cultural backgrounds; gender; sexual orientation; abilities; or preferred language. This will ensure that families have the tools and resources needed to support their children's development.					
iv. Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula, and designing learning environments that are aligned with state/territory early learning and developmental standards (98.15 (a)(9)). Describe: Cultural and linguistic indicators are imbedded in Early Learning Standards and courses offered by Lead Agency's workforce professional development contractor. The Kansas Early Learning Standards are designed to: recognize the importance of the early years as learning years; serve as a guide for appropriate curriculum development/selection; and Cultural and linguistic indicators are imbedded in Early Learning Standards and courses offered by Lead Agency's workforce professional development contractor. The Kansas Early Learning Standards are designed to: recognize the importance of the early years as learning years; serve as a guide for appropriate curriculum development/selection; and serve as guide for creating quality learning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<p>environments and opportunities. The standards provide information and guidance to early childhood providers and teachers, including primary grade teachers, on the developmental sequence of learning for children birth through kindergarten. The KELS promote quality programming for ALL children. Links to Quality (L2Q) includes four (4) foundation Links as a basis for programs to start the journey for continuous quality improvement. Using Kansas Early Learning Standards (KELS) to guide practices within instruction and planning within the Link for Learning and Development. The Learning and Development Link focuses on creating an environment conducive to learning to support their child's development regardless of family structure, socioeconomic, racial, religious and cultural backgrounds; gender; sexual orientation; abilities; or preferred language.</p>					
<p>v. Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development. Describe: Lead Agency's CCDF priority course topics include a course titled Supporting Kansas Families: DCF Child Care Subsidy Program. This course is a requirement for licensed providers who wish to support DCF families. Another CCDF priority course, Promoting Family Engagement with Infant</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
and Toddler Families focuses on how to develop and grow relationships with families. An introductory course is offered through the workforce professional development contractor on using the Kansas Family Engagement and Partnership Standards. Lead Agency's workforce development and ITSN contractors offer multiple courses and TA supports on these topics.					

What content is included under each of these training topics and how is the entity funded to address this topic?	Which type of providers are included in these training and professional development activities?				
	<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
vi. Using data to guide program evaluation to ensure continuous improvement 98.53(a)(ii)). Describe: Lead Agency's workforce professional development contractor offers multiple courses on observation and assessment. Ongoing assessment of children's growth is a part of quality early childhood programs. The portfolio review process data evaluation will be used to inform future revisions on the quality standards in Links to Quality. The intent is for families to see their needs reflected in L2Q, which will help us identify which links to start building out. This will be done through working with our CCR&Rs, family surveys and different workgroups. Using data to guide the program creation will ensure that the programs needs are meet and encourage continuous quality improvement for them in meeting the needs of their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe: Lead Agency's CCDF priority course topics include Homelessness, nutrition, and physical activity and Adverse Childhood Experiences (ACES). These online courses are offered statewide. ITSN targets the geographic areas of poverty in their technical assistance efforts. The Lead Agency's QRIS, Links to Quality (L2Q), peer learning community locations were determined after identifying these same high need communities with high poverty, high	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

unemployment and high out of home placement data. This same standard will continue to be used in the creation of the expansion plan and any revision that may be necessary as Links to Quality expands across the State.					
<p>viii. Caring for and supporting the development of children with disabilities and developmental delays 98.53 (a)(i)(B). Describe:</p> <p>Lead Agency's CCDF priority course topics include children with disabilities. Courses include topics of inclusion of children with disabilities at different age levels. Lead Agency's workforce development and ITSN contractors offer multiple courses and TA supports on these topics. KDHE Infant-Toddler supports professional development through the Kansas In-Service Training System (KITS). Lead Agency's CCDF priority course topics include children with disabilities. Courses include topics of inclusion of children with disabilities at different age levels. Lead Agency's workforce development and ITSN contractors offer multiple courses and TA supports on these topics. KDHE Infant-Toddler supports professional development through the Kansas In-Service Training System (KITS). KITS is a program of the University of Kansas Life Span Institute designed to provide a training and resource system for early intervention networks and early childhood special education program staff through collaborative training and technical assistance activities on a comprehensive statewide basis. The Infant Toddler Specialist Network contractor, KCCTO, partners with KITS to provide training, technical assistance and resources to providers and programs statewide. Through the network, there are a variety of professional development opportunities to support providers who serve children with developmental delays and disabilities. Links to Quality (L2Q) includes four (4) foundation Links as a basis for programs to start the</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

journey for continuous quality improvement. Using Kansas Early Learning Standards (KELS) to guide practices of instruction and planning within the Learning and Development Link. The Learning and Development Link addresses the need for differentiating lesson planning/instruction to meet individual needs.					
ix. Supporting the positive development of school-age children (98.53(a)(iii). Describe: Lead Agency's workforce professional development contractor offers courses that support guidance for youth development and an introduction to behavior and guidance. Lead Agency also contracts with Kansas Enrichment Network for support of out-of-school time programs. Supports offered through Kansas Enrichment Network include training and technical assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
x. Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce and then identify which providers are eligible for this activity. Check all that apply.

		<i>Licensed center-based</i>	<i>Legally exempt center-based</i>	<i>Licensed family child care home</i>	<i>Legally exempt family child care home</i>	<i>In-home care (care in the child's own home)</i>
<input checked="" type="checkbox"/>	i. Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	ii. Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	iii. Financial awards such as scholarships, grants, loans, or reimbursement for expenses and/or training, from the state/territory to complete post-secondary education.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	iv. Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3.2 Describe the measurable indicators of progress relevant to this use of funds that state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. Lead Agency supports workforce professional development and infant and toddler training and technical assistance through contractual agreements that require participant data and demographics, as well as pre and post evaluations of trainings. Data collected through these agreements include but is not limited to: number of enrollments in training and increase in knowledge as demonstrated in pre and post evaluations of trainings; number of written TA plans and number of completions and number of on-site TA visits. Links to Quality (L2Q) includes four (4) foundation links as a basis for programs to start the journey for continuous quality improvement. Those four Links include: Program Administration, Family Partnerships, Learning and Development, and Health and Safety. To be recognized as a member of Links to Quality a child care program must complete all four (4) of the foundation Links. The measures that Links to Quality will track include but are not limited to: number of program participating in L2Q, number of member programs (programs that have complete the 4 foundation links), Number of children served by L2Q program, the number of L2Q programs who are enrolled providers with DCF, and the number of children receiving CCDF funding.



## 6.4 Early Learning and Developmental Guidelines

- 6.4.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth to three, three to five, birth to five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.
- a. Describe how the state/territory's early learning and developmental guidelines address the following requirements:
    - i. **Are research-based.** Guidance from multiple state, local and national sources was sought during the process of reviewing and updating the Kansas Early Learning Standards. Resources from national and state organizations and local school districts as well as Kansas Documents such as the 2012 School Readiness Framework, the Kansas College and Career Ready Standards for K-12 and standards from other states (Ohio, New York, South Carolina) were used to develop a document that is firmly grounded in research, evidence-based educational practices and developmentally appropriate early childhood beliefs and values. The Kansas early childhood community worked diligently to develop standards that will meet the needs of the children of Kansas and their families by promoting high quality programs that have a consistent standard of high expectations for teachers and education based upon appropriate early learning standards.
    - ii. **Developmentally appropriate.** . The Kansas Early Learning Standards are designed to: recognize the importance of the early years as learning years; serve as a guide for appropriate curriculum development/selection; and serve as guide for creating quality learning environments and opportunities. The document provides information and guidance to early childhood providers and teachers, including primary grade teachers, on the developmental sequence of learning for children birth through kindergarten.
    - iii. **Culturally and linguistically appropriate.** The Kansas Early Learning Standards guiding principles include recognition of the wide range of cultural and linguistic backgrounds, learning experiences and differences in abilities. Cultural and linguistic diversity are incorporated into the learning approaches and social development standards.
    - iv. **Aligned with kindergarten entry.** . Kansas Early Learning Standards align with the K-12 College and Career Ready Standards and The School Readiness Framework.
    - v. **Appropriate for all children from birth to kindergarten entry.** The Kansas Early Learning Standards are structured around domains of learning that include a whole child perspective for ages infant through Kindergarten.
    - vi. **Implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.** The All in For Kansas Kids Strategic Plan, developed by The Children's Cabinet Kansas Early Childhood Advisory Council, includes update and dissemination of the Kansas Early Learning Standards with updates to include the use of technology in early childhood care and education settings and the benefits of multiple languages in early learning.

They also include the Kansas Early Learning Standards as a measure of success to provide high-quality, safe and nurturing environments in early childhood care and education programs.

- b. Describe how the required domains are included in the state/territory's early learning and developmental guidelines. Responses for "other" are optional.
  - i. Cognition, including language arts and mathematics. The standards include domains for Communication and Literacy, Mathematics and Science.
  - ii. Social development. The standards include a Social and Emotional Development domain.
  - iii. Emotional development. The standards include a Social and Emotional Development domain.
  - iv. Physical development. The standards include a Physical Development domain includes large motor skills, fine motor skills, physical fitness, nutrition and healthy eating, and safety personal hygiene.
  - v. Approaches toward learning. The standards include an Approaches to Learning domain that focuses on persistence and engagement in learning, initiative, and creativity in learning.
  - vi. Describe how other optional domains are included, if any:  
The standards include a Creative Arts and Social Studies domain.
- c. Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates.

Kansas has had three revisions to the Kansas Early Learning Standards. The first document was completed in 2006, with a second revision done in 2009. The latest version was released in 2015. The current version includes the same eight domains or developmental content areas that were in previous versions. Unlike prior versions, each developmental content area is now structured into four organizational components: strand - the domain; age (grade in K-12) level; boxed sub-heading - sub-set of the strand (domain); and the standard - a broad concept (formerly the 'indicator' level). The revisions are included in the All in for Kansas Kids Strategic Plan
- d. If applicable, discuss the state process for the adoption, implementation, and continued improvement of state out-of-school time standards.
- e. Provide the Web link to the state/territory's early learning and developmental guidelines.  
[ksde.org/Portals/0/Early%20Childhood/KsEarlyLearningStandards.pdf](https://ksde.org/Portals/0/Early%20Childhood/KsEarlyLearningStandards.pdf)

6.4.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF

- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used as the primary or sole method for assessing program effectiveness
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2))

Describe how the state/territory's early learning and developmental guidelines are used.

- 6.4.3 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measurable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

DRAFT

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## 7 Support Continuous Quality Improvement

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Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care.

States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. In the annual expenditure report, the ACF-696, ACF will collect data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce (Addressed in Section 6)
- Improving on the development or implementation of early learning and developmental guidelines (Addressed in Section 6)
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)
- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds, and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)). These activities can benefit infants and toddlers through school-age populations.

This section covers the quality activities needs assessment, quality improvement activities, and indicators of progress for each of the activities undertaken in the state or territory.

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## **7.1 Quality Activities Needs Assessment for Child Care Services**

- 7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)). The overarching goal for quality improvement is implementing a statewide QRIS. Work on our QRIS, known as Links to Quality established the goals to 1) Focus quality indicators by scaffolding towards national standards for high-quality child care, 2) Build a sustainability QRIS system, 3) Build upon existing system of early care and education resources and supports, rather than building a new system, and 4) Incorporate program and parent feedback into the system. Kansas Early Care and Education has defined quality as "Quality early care and education provides a safe, stable, and nurturing environment where every child can thrive". Links to Quality (L2Q) looks to improve the quality care so children have a safe place to learn and grow, offer consumer education to parents to assist in the selection of quality child care for their children, and to build a system that recognizes providers as professionals and the quality within their programs.

As we built our system, we acknowledged the early learning work already occurring. Through our strategic planning efforts we have identified our goals to increase quality care in Kansas early care and education programs by helping providers build upon their strengths, skills, resources and connections; empower families in choosing the early care and education program that best suits their needs; and strengthen communities through increased access to quality early care and education and enhance public-private partnerships. Within Links to Quality (L2Q), Kansas QRIS system, we will continue assessing several of the processes as we move forward with implementation. These include the orientation process, portfolio process, review process, recognition process and contracts.

Contracts currently leveraged in Links to Quality (L2Q), include L2Q Support Services, which includes but is not limited to coaching, mentoring, technical assistance, training, reviewing, researching, referring and assessing. Also, the Quality Support Services contract provides backbone support for DCF/L2Q Program Staff, whom assists in revisions, materials, meeting facilitation and strategic planning. Assessments on contracts is through the use of data reports and activity narratives, monthly meetings to include phone, face-to-face or virtual.

Assessments for other quality contracts include quarterly data reports and activities narratives, monthly phone calls, and face-to-face (virtual) meetings as needed. These contracts, Consumer Education, Resources and Referrals, Child Care Workforce Professional Development, Infant Toddler Specialist Network and Kansas Enrichment Network, have data points and performance standards within their contracts that they report quarterly on their CCDF Quality Performance Reports. Monthly phone call agendas vary, depending on the needs of the contractor and the Lead Agency staff. Face-to-face meetings are conducted to provide evaluation and feedback regarding services, materials and activities related to the contractual requirements. All contractors utilize satisfaction surveys and/or evaluations and share this information in their quarterly reports.



- 7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified. If applicable, include a weblink for any available evaluation or research related to the findings. The Lead Agency's (DCF) assessments of quality activities includes an internal review of current expenditures of CCDF quality dollars, performance outcomes of contracts/grants funded through CCDF, status of our QRIS system development and statewide quality initiatives. Review of CCDF funded quality programs are done annually as contracts are renewed. Fiscal and program outcomes are reviewed as part of this annual review. Review of all quality efforts are assessed every three years in conjunction with the completion of the CCDF state plan.

The overarching goal for quality improvement is implementing a statewide QRIS. Work on our QRIS, known as Links to Quality established the goals to 1) Focus quality indicators by scaffolding towards national standards for high-quality child care, 2) Build a sustainability QRIS system, 3) Build upon existing system of early care and education resources and supports, rather than building a new system, and 4) Incorporate program and parent feedback into the system. Kansas Early Care and Education has defined quality as "Quality early care and education provides a safe, stable, and nurturing environment where every child can thrive". Links to Quality (L2Q) looks to improve the quality care so children have a safe place to learn and grow, offer consumer education to parents to assist in the selection of quality child care for their children, and to build a system that recognizes providers as professionals and the quality within their programs.

## 7.2 Use of Quality Funds

- 7.2.1 Check the quality improvement activities in which the state/territory is investing.

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
a. Supporting the training and professional development of the child care workforce as discussed in 6.2.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		6.3
b. Developing, maintaining, or implementing early learning and developmental guidelines.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		6.4
c. Developing, implementing, or	<input checked="" type="checkbox"/> i. CCDF funds		7.3

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
enhancing a tiered quality rating and improvement system.	<input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		
d. Improving the supply and quality of child care services for infants and toddlers.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.4
e. Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7.	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.5
f. Facilitating Compliance with State Standards	<input checked="" type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.6
g. Evaluating and assessing the quality and effectiveness of child care services within the state/territory.	<input type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.7
h. Accreditation Support	<input type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.8

Quality Improvement Activity	Type of funds used for this activity. Check all that apply.	Other funds: describe	Related Section
i. Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.	<input type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.9
j. Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible.	<input type="checkbox"/> i. CCDF funds <input type="checkbox"/> ii. State general funds <input type="checkbox"/> iii. "CARES Act" funds		7.10

### 7.3 Quality Rating and Improvement System (QRIS) or Another System of Quality Improvement

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving, and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.3.1 Does your state/territory have a quality rating and improvement system or another system of quality improvement?

- ☐ a. No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.  
☐ b. No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.

- ☐ c. Yes, the state/territory has a QRIS operating statewide or territory-wide. Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners, and provide a link, if available.
- ☒ d. Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis. Provide a link, if available. [ksqualitynetwork.org/links](https://ksqualitynetwork.org/links)
- ☐ e. Yes, the state/territory has another system of quality improvement.

7.3.2 Indicate how providers participate in the state or territory's QRIS or another system of quality improvement.

- a. Are providers required to participate in the QRIS or another system of quality improvement? Check all that apply if response differs for different categories of care.
  - ☒ i. Participation is voluntary.
  - ☐ ii. Participation is partially mandatory. For example, participation is mandatory for providers serving children receiving a subsidy or participation is mandatory for all licensed providers. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
  - ☐ iii. Participation is required for all providers.
- b. Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS or another system of quality improvement? Check all that apply.
  - ☒ i. Licensed child care centers
  - ☒ ii. Licensed family child care homes
  - ☐ iii. License-exempt providers
  - ☐ iv. Early Head Start programs
  - ☐ v. Head Start programs
  - ☐ vi. State Prekindergarten or preschool programs
  - ☐ vii. Local district-supported Prekindergarten programs
  - ☒ viii. Programs serving infants and toddlers
  - ☒ ix. Programs serving school-age children
  - ☐ x. Faith-based settings
  - ☐ xi. Tribally operated programs
  - ☐ xiv. Other. Describe:

7.3.3 Identify how the state or territory supports and assesses the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services or another system of quality improvement. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS,

that agency can use the funding to assist in meeting consumer education requirements (98.33).  
If the Lead Agency has a QRIS, respond to questions 7.3.3 through 7.3.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

- ☒ No
- ☐ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
- ☐ a. Programs that meet state/territory PreK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between PreK programs and the quality improvement system).
  - ☐ b. Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
  - ☐ c. Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
  - ☐ d. Programs that meet all or part of state/territory school-age quality standards.
  - ☐ e. Other. Describe:

7.3.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

- ☐ No
- ☒ Yes. If yes, check any links between the state/territory's quality standards and licensing requirements.
- ☒ a. Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
  - ☐ b. Embeds licensing into the QRIS.
  - ☐ c. State/territory license is a "rated" license.
  - ☐ d. Other. Describe:

7.3.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS or another system of quality improvement.

- ☐ No
- ☒ Yes. If yes, check all that apply.

a. If yes, indicate in the table below which categories of care receive this support.

Financial incentive or other supports	Licensed center-based	Legally exempt	Licensed family child care Home	Legally exempt care in the	In-home (care in the child's

		center-based		provider's home	own home)
i. One-time grants, awards, or bonuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Ongoing or periodic quality stipends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Higher subsidy payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Training or technical assistance related to QRIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Coaching/mentoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Scholarships, bonuses, or increased compensation for degrees/certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Materials and supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Priority access for other grants or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Tax credits (providers or parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Tax credits (providers or parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Other:



- 7.3.6 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. [Links to Quality \(L2Q\) was developed to increase quality within identified topic links or areas. These quality links have benchmarks with criteria or evidence that must be completed prior to the program receiving the quality recognition with the award of the link. These quality links Improved knowledge and skills of child program staff participating in long-term technical assistance with self-determined goals, attainment and follow-up. There are 4 foundation topic areas \(Links\). Program Administration focuses on implementing sound business practices for child care programs. Family Partnerships looks at engaging parents and families to encourage program participation along with expanding their knowledge and skills. Learning and Development focuses on developmentally appropriate instruction, curricula and learning environments to support all children. Lastly Health and Safety to encourage nutrition and physical activities along with increased safety practices. Each link has a self-assessment the child care program must complete along with a quality improvement plan \(QIP\). The QIP is created to either create or build upon existing evidence necessary for their portfolio. The measures that Links to Quality will track include but are not limited to: number of program participating in L2Q, number of member programs \(programs that have complete the 4 foundation links\), Number of children served by L2Q program, the number of L2Q programs who are enrolled providers with DCF, and the number of children receiving CCDF funding.](#)

## **7.4 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers**

Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

Lead Agencies are encouraged to use the required needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs.

- 7.4.1 Identify and describe the activities that are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers and check which of the activities are available to each provider type.

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
<input type="checkbox"/>	b. Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Establishing or expanding the operation of community- or neighborhood-based family child care networks. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	d. Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe: The Infant and Toddler Specialist Network offers professional development and technical assistance on developmentally appropriate environments for infants and toddlers. There are multiple online trainings and virtual toolkits on developmentally appropriate practices. Online courses reflect current research, best practice, state early learning and development guidelines, and accommodations where	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
	possible. ITSN specialists are trained in providing technical assistance in developmentally appropriate practices and creating authentic learning experiences for young children.					
<input type="checkbox"/>	e. Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant/toddler specialists. Describe: The Lead Agency has an agreement with KCCTO for training and technical assistance through the Infant Toddler Specialist Network. Training and Technical Assistance specialists work with participants to determine the level and intensity of support a program needs. Coaching, mentoring and technical assistance are provided to child care programs statewide through a framework based on intensity of support.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	f. Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.). Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	g. Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	h. Developing infant and toddler components within the state/territory's child care licensing regulations. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
<input type="checkbox"/>	i. Developing infant and toddler components within the early learning and developmental guidelines. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	j. Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development. Describe: Programs and providers can access the Kansas Early Learning Standards through the Infant Toddler Specialist Network website virtual toolkits and training modules to support parents in learning and using skills across developmental domains. The Kansas Family Engagement and Partnership Standards for Early Childhood align with the Kansas Early Learning Standards. These standards provide guidance for families, practitioners, community members, and educators to examine current family engagement practices and to plan future strategies to engage families in their children's development and learning. Technical assistance, additional training and resources are available through the KCCTO Infant Toddler Specialist Network.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	k. Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Activities available to improve the supply and quality of infant and toddler care.	Licensed center-based	Legally exempt center-based	Licensed family child care home	Legally exempt family child care home	In-home care (care in the child's own home)
	evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being.					
<input type="checkbox"/>	l. Coordinating with child care health consultants. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	m. Coordinating with mental health consultants. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	n. Other. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7.4.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures. [Measurable indicators are established in the agreement for the Infant Toddler Specialist Network. Tracking requirements include, but are not limited to, number of written and completed technical assistance plans, number of providers who received on-site technical assistance, pre- post-knowledge assessments of all infant and toddler trainings.](#)

## 7.5 Child Care Resource and Referral

A Lead Agency may expend funds to establish, expand, or maintain a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

- 7.5.1 What are the services provided by the local or regional child care and resource and referral agencies? DCF contracts with Child Care Aware of Kansas for child care resources, consumer education and referral services. Referral services include individualized information and assistance for families searching for child care. The web-based referral system offers services to providers that includes but is not limited to, access to input and update their profile information and child care vacancies. Child care programs have access to consumer education materials that encourage quality improvement and assist families in meeting their needs. Community services and supports include providing outreach and partnerships with businesses and community organizations to build capacity for high quality child care. The contractor develops the annual supply demand child care report and provides research data for our market rate analysis.
- 7.5.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures. The consumer education resource and referral contract include written statements outlining good/services to be produced by the project and identifies intended recipients of the goods/services. Performance standards and data tracking includes, but is not limited to, number of families requesting child care referrals and types of child care requested, number of subsidy families requesting referral services, number of consumer education materials distributed to families and providers, number and type of child care community support activities, and provider vacancy updates.

## **7.6 Facilitating Compliance with State Standards**



- 7.6.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety, and with state/territory licensing standards? Describe:
- DCF provides CCDF quality funding through an interagency agreement with the Kansas Department of Health and Environment (KDHE) the Child Care licensing agency for the state. The purpose of this agreement and the services described are to increase the availability, affordability and quality of child care services. KDHE is responsible for the regulatory services applicable to health and safety requirements of child care facilities and is a partner in the enhancement of a quality child care system. In addition, KDHE works to increase the availability of regulated quality child care to all interested persons, including those with limited English proficiency. Currently the KDHE Child Care Licensing (CCL) Program establishes and enforces regulatory safeguards to approximately 4760 licensed child care facilities, reducing the risk of predictable harm to 137,321 children receiving out-of-home care. Licensed child care facilities include child care centers, preschools, day care homes, group day care homes, school age programs, drop in programs for school age children and youth, and child care resource and referral agencies. Core functions fulfill mandatory requirements pursuant to the Child Care Act (K.S.A. 65-501 et.seq.) and the KDHE-DCF MOA. CCL work supports the CCDF state plan through regulatory oversight and monitoring of health and safety standards. Inspection and licensing activities include but are not limited to: -Establishing and enforcing requirements for the operation of child care facilities; -Increasing the state-wide availability of regulated facilities that meet or exceed standard; -Reducing predictable health and safety risks to children in child care; -Providing consumer protection for children and families; and-Conducting timely and accurate inspections. All licensing applications are processed by Child Care Licensing. Inspection activity is carried out by local health department surveyors through Aid to Local contracts and by KDHE staff located in district offices across the state. The issuance of licenses and enforcement activity are carried out at the state level. KDHE currently contracts with 50 health departments to carry out the local licensing program. At the current time there are 23 counties without a local surveyor. KDHE District Specialists and KDHE surveyors are responsible for those counties not covered by a local contract KDHE has continued efforts to increase the knowledge and skills of regulatory staff. Activities include: -Quarterly district meetings with local child care licensing surveyors on training topics specific to the work they do including: new and amended regulations, inspection process and complaint investigations; -Conference calls to provide updates and re-enforce knowledge gained at Quarterly district meetings; -and On-going and one on one mentoring and support by KDHE District Specialists (technical assistance via phone and face-to-face; on-site survey assistance; regulation training; new surveyor training and provider training). KDHE licensing surveyors also refer providers who have findings to Kansas Child Care Trainings, Inc. for technical assistance and training. Child care quality expenditures are also devoted to resource and referral services, workforce development, and expanding infant and toddler care. Resource and referral programs serve as a central component of the State's child care infrastructure. The core role of this service is to provide consumer education information to parents about child care available in their communities and referrals to other programs in response to family needs. Other functions include maintaining a database on child care programs and building the supply of child care, Workforce development activities include face-to-face, on-line training opportunities, and technical assistance to new and existing providers. Specific quality activities for Infants and Toddlers are within the Infant Toddler Statewide Network. In the Infant/Toddler Statewide Network Kansas Child Care Training Opportunities, Inc's (KCCTO) overall goal is to support and strengthen families and child providers through training, technical assistance, sharing of information and community

resources to enhance access to quality infant and toddler care. DCF also contracts with the Kansas Enrichment Network to strengthen afterschool programs within the state. Kansas Enrichment Network (KEN) utilizes CCDF funds to develop the afterschool infrastructure across the state, provide technical assistance to existing and new out-of-school time programs, evaluate collaborative partnerships and educate Kansans about the potential of quality afterschool programs. The Kansas Early Head Start-Child Care Partnership Program (KEHS-CCP) is a quality initiative that requires KEHS grantees to partner with community child care providers and/or provide child care in a center-based infant-toddler classroom operated by the KEHS grantee. The program provides child care for parents who are employed, attending school or in a job training program. KEHS-CCP grantees support families in completing a minimum of 30 hours of approved activities each week, including work, school, study, training, sleep (for third shift work), and other activities to meet goals identified in their Family Partnership Agreement. The program provides full-day, full year care to KEHS-CCP children by offering child care in high quality settings and assisting child care partners in meeting high quality performance standards.

7.6.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

☐ No

☐ Yes. If yes, which types of providers can access this financial assistance?

- ☐ a. Licensed CCDF providers
- ☐ b. Licensed non-CCDF providers
- ☐ c. License-exempt CCDF providers
- ☐ d. Other. Describe:

- 7.6.3 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

## 7.7 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

- 7.7.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children. The Kansas Department of Health and Environment (KDHE) utilizes data from the web based survey tool to pull information for most frequent violations per region or county. Non-compliance data is provided to surveyors. Some counties use this information to build specific training or to guide further training topics in their contracted county. In addition, KDHE monitors county and state inspection timeliness information quarterly and reports this information to the Contract Administrators for each county. The information gathered is used to work with the counties to improve their timeliness rates. Depending on the situation a corrective action plan can be initiated and KDHE will also send in a District Specialist to assist in training and conducting surveys. County contracts are re-evaluated yearly and timeliness is a factor in deciding if a contract will be renewed.
- 7.7.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures.

## 7.8 Accreditation Support

- 7.8.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?
- a. ☐ Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation.
  - b. ☐ Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers. Describe:
  - c. ☐ Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care. Describe:
  - d. ☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide.

- i. ☐ Focused on child care centers. Describe:
- ii. ☐ Focused on family child care homes. Describe:
- e. ☐ No, but the state/territory is in the accreditation development phase.
  - i. ☐ Focused on child care centers. Describe:
  - ii. ☐ Focused on family child care homes. Describe:
- f. ☐ No, the state/territory has no plans for accreditation development.

7.8.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

## **7.9 Program Standards**

7.9.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children.

7.9.2 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

## **7.10 Other Quality Improvement Activities**

7.10.1 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities; and also describe the measurable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry, and the data on the extent to which the state or territory has met these measures. Describe:

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## 8 Ensure Grantee Program Integrity and Accountability

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Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity, and accountability apply to:

- Memorandums of understanding (MOUs) within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOUs, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF, such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

### 8.1 Internal Controls and Accountability Measures to Help Ensure Program Integrity

8.1.1 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

- a. ☒ Verifying and processing billing records to ensure timely payments to providers. Describe: When Kansas implemented EBT for child care, we also implemented prospective issuance of benefits so that families have their benefits available for any given month on the first day of that month, so they may transfer those benefits to their provider throughout the month in payment for child care services according to the terms of their parent/provider agreements. Providers have the same recourse with subsidy eligible families as they do with private pay families if there is a payment dispute. DCF has a Child Care Overpayment Detection and Prevention Unit to review provider's records and compare to the child care plans. Provider overpayments are determined and referred to the Fraud Unit for civil or criminal proceedings. After a fraud determination is adjudicated a repayment notice is sent and the case is referred to the Central Collections Unit.
- b. ☒ Fiscal oversight of grants and contracts. Describe: The Procurement Services Unit within the Operations Division with DCF, the lead agency, coordinates and processes the procuring of goods and services through contracts and grants. They are responsible for making payments for all encumbered contracts and grants and ensuring they comply for all applicable statutes, regulations and policies. Prior to entering written agreements, the Lead Agency verifies the subrecipients' tax clearance, debarment status and FFATA (Federal Funding Accountability and Transparency Act) information. The specific work required by a grant must be completed in accordance with the scope of work specified in the notification of grant award and all required reports must be submitted to a designated DCF staff member as agreed on. Written agreements include scope of work; services to be provided; performance measures;

deliverables and reporting requirements. The status report, budget transaction report and budget itemization reports are reviewed by multiple DCF staff for completeness and allowability. In addition to monthly financial reports, subrecipients are required to submit quarterly performance goals reports, quarterly outcome reports and annual quality performance reports. Site visits may occur by assigned DCF staff and/or the DCF internal audit services unit to ensure appropriate fiscal practices are being followed. Desk reviews, monthly calls and email communications are examples of other methods used for grant/contract oversight and monitoring. The grantee is responsible for obtaining an independent audit of any grant awarded by DCF. All grantees are subject to federal and state audits.

c. ☒ **Tracking systems to ensure reasonable and allowable costs. Describe:**

Each grant/contract has its own file where copies of all payments processed, budget balances, the grant or agreement, and any important correspondence is stored. All grants/contracts are in an Access database. The database tracks payments and balances by fiscal year along with specific information regarding the length of the term of the grant/contract, if there is a renewal option and address information.

d. ☐ **Other. Describe:**

**8.1.2 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program (98.68(a)(2)). Check all that apply:**

a. ☒ **Conduct a risk assessment of policies and procedures. Describe:**

DCF has established Program Management, Operation, and Support departments to separate functions of the program in order to ensure checks and balances are in place to support the policies and procedures for the program. Various employees across the department in the units referenced receive the notifications regarding regulatory changes. Individuals overseeing these areas are knowledgeable of the program and the appropriate supervisions are in place to ensure DCF is in compliance with applicable requirements.

b. ☒ **Establish checks and balances to ensure program integrity. Describe:**

The eligibility system, KEES, contains edits that prevent the authorization of excessive hours, prevent the overlap of plans for the same child at the same time, determines the hours to be authorized when schedules are entered to prevent and reduce errors. Warnings are also created when the system recognizes something that requires a closer look by the eligibility worker, like child care plans being created for a provider who is almost at capacity or when a child is on another child care program. Provider rates are automated to prevent incorrect rates from being entered on the child care plan. System rules streamline the application of many of the child care policies based on data that is entered by eligibility workers. Data matches are used with Kansas wage and unemployment compensation and Social Security Administration to assist with verifying or identifying income. Eligibility workers also verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc.) through access to child support services, vital statistics, food assistance program information, TANF program information, the work number, and the Systematic Alien Verification for Entitlements Program. Fraud Navigator is a tool accessed through the EBT system to monitor real-time transactions including child care payments for suspicious payment activity, such as excessive transaction amounts. The Child Care Overpayment Detection and Prevention Unit uses outlier reports to target questionable providers and clients. The unit completes facility site visits to review the handbook with the provider and answer questions. They also request and review enrollment, attendance, and payment records. Interview templates/scripts exist for child care interviews to ensure staff ask the needed questions and to ensure sufficient documentation. EES performance improvement case readers are reading CC cases on new trainees until such time that, in consultation with supervisory staff, it is determined that their accuracy rate level meets and maintains expectations.

c. ☒ **Use supervisory reviews to ensure accuracy in eligibility determination. Describe:**

Supervisory case reviews are used to assess error trends and determine additional training needs. Supervisors and program improvement staff complete and record the results of case reads in the Case



Review System (CARES), The data is available at the worker, unit, regional, or state level.

d. ☐ Other. Describe:

8.1.3 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)), including processes to train child care providers and staff of the Lead Agency and other agencies engaged in the administration of CCDF about program requirements and integrity.

a. Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity (98.68 a)(3)). Check all that apply:

- i. ☒ Issue policy change notices. Describe: Each time a policy change takes place, the new information is posted in the Kansas Economic & Employment Services Manual that is available to both agency staff and the general public on the agency's web sites. Summaries of all policy changes made are also posted on the web page that houses the manual. That manual can be viewed at [content.dcf.ks.gov/EES/KEESM/Keesm.htm](https://content.dcf.ks.gov/EES/KEESM/Keesm.htm). Prior to the effective date of the changes, that information is shared with the lead agency's eligibility staff via the summaries of changes, implementation memos and training calls. Depending on the policy that is being changed, there may be a press release or other announcement made. If it is expected that a policy change could have a significant impact on them, a letter could be sent to providers and others. Information about the changes may be shared with our partners at various meetings that are attended by agency staff. At least one person from KDHE Child Care Licensing participates in our weekly child care team meetings where the policies are discussed. At times some of our partners may be asked to share the information in their newsletters. Information may also be posted on the Kansas Quality Network website at [ksqualitynetwork.org](https://ksqualitynetwork.org).
- ii. ☒ Train on policy changes notices. Describe: Implementation meetings occur when changes are made to the policy log and staff need to be made aware of the new policy, instructions and training materials are developed as needed to help implement new policies, and questions are collected regarding new policies and the answers are shared with all staff. Regional trainers do onsite training on topics when needed, supervisors meet with staff on a regular basis to inform them of new information or known issues, and desk aids staff use for interviews are updated when needed due to policy changes.
- iii. ☒ Issue new policy manual. Describe: Each time a policy change takes place, the new information is posted in the Kansas Economic & Employment Services Manual that is available to both agency staff and the general public on the agency's web sites. Summaries of all policy changes made are also posted on the web page that houses the manual. That manual can be viewed at [content.dcf.ks.gov/EES/KEESM/Keesm.htm](https://content.dcf.ks.gov/EES/KEESM/Keesm.htm). Prior to the effective date of the changes, that information is shared with the lead agency's eligibility staff via the summaries of changes, implementation memos and training calls. Depending on the policy that is being changed, there may be a press release or other announcement made. If it is expected that a policy change could have a significant impact on them, a letter could be sent to providers and others. Information about the changes may be shared with our partners at various meetings that are attended by agency staff. At least one person from KDHE Child Care Licensing participates in our weekly child care team meetings where the policies are discussed. At times some of our partners may be asked to share the information in their newsletters. Information may also be posted on the Kansas Quality Network website at [ksqualitynetwork.org](https://ksqualitynetwork.org).
- iv. ☒ Train on policy change manual. Describe: Online training level 1 is updated with new policies as needed, implementation meetings occur when changes are made to the policy log and staff need to be made aware of the new policy, instructions and training materials are developed

as needed to help implement new policies, questions are collected regarding new policies and the answers are shared with all staff. Regional trainers do onsite training on topics when needed, supervisors meet with staff on a regular basis to inform them of new information or known issues, and desk aids staff use for interviews are updated when needed due to policy changes. For new workers, training for Child Care Subsidy is provided by the individual regions, using largely the same process. Three out of the four regions begin training with employees completing the Child Care Personal Trainer, a standardized web-based training that is available as a course in the DCF Training Center. The Personal Trainer takes approximately 5 hours to complete and is completed individually. This virtual learning environment covers an overview of the program, eligibility rules, aid codes, assistance planning, financial eligibility and resource eligibility. The Personal Trainer also goes a step further and covers the application and review process, case management specific to the childcare program, reporting, verification, and how to handle changes and noncompliance. The personal trainer ends with a final quiz that requires 80% accuracy to pass.

In addition to completing the Child Care Personal Trainer, eligibility staff also attend instructor led training. Instructor led training provides a combination of lecture, collaborative and hands-on learning. In addition to learning these themes, staff complete simulated cases in a practice system environment in order to receive hands-on experience. Following the more structured portion of training, new staff work with either their supervisors or the regional case readers to evaluate ongoing case work for up to 60 days. The supervisors and case readers are able to monitor training needs and provide a refresher if needed.

- v. ☒ **Ongoing monitoring and assessment of policy implementation. Describe:** Random case reads are done and reviewed with staff to ensure accurate determinations are made, reports are often utilized to ensure new policies are implemented and assist in identifying needed changes and creating plans of action.
  - vi. ☒ **Regular implementation meetings. Describe:** Implementation meetings occur when changes are made to the policy log and staff need to be made aware of the new policy, instructions and training materials are developed as needed to help implement new policies, and questions are collected regarding new policies and the answers are shared with all staff.
  - vii. ☒ **Other. Describe:** The KEES eligibility system has built in rules that apply most eligibility factors for a child care assistance determination based on information entered by an eligibility worker. This automates much of the child care policy. The KEES user manual provides detailed instructions on the system. Access to eligibility records is limited to individuals with a job description that requires access. Only limited positions are allowed access to approve eligibility on the system, others are only given read-only access.
- b. Check and describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply.
- i. ☐ **Issue policy change notices. Describe:**
  - ii. ☒ **Issue new policy manual. Describe:** When the DCF Child Care Provider handbook is updated with new policies and procedures, each DCF provider is mailed a new copy of the handbook. This is also available on the DCF public website.
  - iii. ☐ **Orientations.**
  - iv. ☒ **Training. Describe:** The Child Care Overpayment Detection and Prevention Unit completes facility site visits to review the handbook with the provider and answer questions. They also request and review enrollment, attendance, and payment records. During the onsite visit, the unit takes the most recent updated Child Care Provider Handbook with a sheet that explains the changes. Providers are educated on DCF policies and procedures during this visit. There is an acknowledgement of provider responsibilities that is reviewed with each provider and the provider is given the

opportunity to ask questions. This is signed by both the provider and the reviewer.

- v. ☒ Ongoing monitoring and assessment of policy implementation. Describe:  
The Child Care Overpayment Detection and Prevention Unit completes facility site visits to review the Child Care Provider Handbook. This onsite visit is an opportunity to educate providers on any new policies and procedures. While going over the handbook, the reviewer will ask the provider if they have any questions regarding the new requirements or any previous requirements. They will request and review enrollment, attendance, and payment records. During the onsite visit, the reviewer will make sure that the provider has the most recent updated Child Care Provider Handbook. There is an acknowledgement of provider responsibilities that is reviewed with each provider and the provider is given the opportunity to ask questions. This is signed by both the provider and the reviewer. KDHE licensing surveyors track the ongoing health and safety training hours and reports back to DCF if these have not been completed.
- vi. ☐ Regular implementation meetings. Describe:
- vii. ☒ Other. Describe: Random provider reviews are conducted from a list that is generated through the KEES system. During the review providers are given one on one training of the CCDF requirements and integrity.

8.1.4 Describe the processes in place to regularly evaluate Lead Agency internal control activities (98.68 (a)(4)). Describe: Program and Financial staff regular monitor reports for all programs/subrecipients to ensure compliance requirements are being met. There is management level review at significant trigger points throughout all programs such as applying penalties or terminating benefits for recipients. If necessary, periodic site visits are performed. Independent audits are conducted on subrecipients and the Grantor follows up on all deficiencies within prescribed time frames on any deficiencies identified in the audit.

8.1.5 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations.
  - i. ☒ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: Eligibility workers verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc. through access to shared information from other programs like TANF, FNS and Medicaid. Other databases are used to assist with verifying or identifying income, such as social security administration. PARIS matches are used to ensure that residency requirements are met and identify duplications in the program with another state.
  - ii. ☒ Run system reports that flag errors (include types). Describe the activities and the results of these activities: Relative providers must be approved for a specific family prior to

accepting funds from them - reports are run showing if a relative provider accepted funds from an unauthorized family; parents are to authorize payments to providers so reports are run showing if a provider receive all payments on the 1st of the month when the 1st is on a weekend; excessive large payments are also tracked. The eligibility system, KEES, contains edits that prevent the authorization of excessive hours, prevent the overlap of plans for the same child at the same time, determines the hours to be authorized when schedules are entered to prevent and reduce errors. Warnings are also created when the system recognizes something that requires a closer look by the eligibility worker, like child care plans being created for a provider who is almost at capacity or when a child is on another child care program. Provider rates are automated to prevent incorrect rates from being entered on the child care plan. System rules streamline the application of many of the child care policies based on data that is entered by eligibility workers. Fraud Navigator is a tool accessed through the EBT system to monitor real-time transactions including child care payments for suspicious payment activity, such as excessive transaction amounts. The Child Care Overpayment Detection and Prevention Unit uses outlier reports to target questionable providers and clients.

- iii. ☒ Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: The Child Care Overpayment Detection and Prevention Unit completes facility site visits to review the handbook with the provider and answer questions. They also request and review enrollment, attendance, and payment records.
  - iv. ☒ Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Interview templates/scripts exist for child care interviews to ensure staff ask the needed questions and to ensure sufficient documentation. EES performance improvement case readers are reading CC cases on new trainees until such time that, in consultation with supervisory staff, it is determined that their accuracy rate level meets and maintains expectations. When resources allow, PI staff complete random reviews of CC cases processed by experienced staff as well
  - v. ☒ Audit provider records. Describe the activities and the results of these activities: DCF has a Child Care Overpayment Detection and Prevention Unit to review provider's records and compare to the child care plans. Provider overpayments are determined and referred to the Fraud Unit for civil or criminal proceedings. After a fraud determination is adjudicated a repayment notice is sent and the case is referred to the Central Collections Unit.
  - vi. ☒ Train staff on policy and/or audits. Describe the activities and the results of these activities: Online training level 1 is updated with new policies as needed, implementation meetings occur when changes are made to the policy log and staff need to be made aware of the new policy, instructions and training materials are developed as needed to help implement new policies, questions are collected regarding new policies and the answers are shared with all staff. Regional trainers do onsite training on topics when needed, supervisors meet with staff on a regular basis to inform them of new information or known issues, and desk aids staff use for interviews are updated when needed due to policy changes.
  - vii. ☒ Other. Describe the activities and the results of these activities:  
The KEES eligibility system has built in rules that apply most eligibility factors for a child care assistance determination based on information entered by an eligibility worker. This automates much of the child care policy. The KEES user manual provides detailed instructions on the system. Access to eligibility records is limited to individuals with a job description that requires access. Only limited positions are allowed access to approve eligibility on the system, others are only given read-only access.
- b. Check and describe all activities the Lead Agency conducts, including the results of these activities, to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations.

- i. ☐ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: Eligibility workers verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc. through access to shared information from other programs like TANF, FNS and Medicaid. Other databases are used to assist with verifying or identifying income, such as social security administration. PARIS matches are used to ensure that residency requirements are met and identify duplications in the program with another state.
- ii. ☒ Run system reports that flag errors (include types). Describe the activities and the results of these activities: Relative providers must be approved for a specific family prior to accepting funds from them - reports are run showing if a relative provider accepted funds from an unauthorized family; parents are to authorize payments to providers so reports are run showing if a provider receive all payments on the 1st of the month when the 1st is on a weekend; excessive large payments are also tracked. The eligibility system, KEES, contains edits that prevent the authorization of excessive hours, prevent the overlap of plans for the same child at the same time, determines the hours to be authorized when schedules are entered to prevent and reduce errors. Warnings are also created when the system recognizes something that requires a closer look by the eligibility worker, like child care plans being created for a provider who is almost at capacity or when a child is on another child care program. Provider rates are automated to prevent incorrect rates from being entered on the child care plan. System rules streamline the application of many of the child care policies based on data that is entered by eligibility workers. Fraud Navigator is a tool accessed through the EBT system to monitor real-time transactions including child care payments for suspicious payment activity, such as excessive transaction amounts. The Child Care Overpayment Detection and Prevention Unit uses outlier reports to target questionable providers and clients.
- iii. ☒ Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: The Child Care Overpayment Detection and Prevention Unit completes facility site visits to review the handbook with the provider and answer questions. They also request and review enrollment, attendance, and payment records.
- iv. ☒ Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Interview templates/scripts exist for child care interviews to ensure staff ask the needed questions and to ensure sufficient documentation. EES performance improvement case readers are reading CC cases on new trainees until such time that, in consultation with supervisory staff, it is determined that their accuracy rate level meets and maintains expectations. When resources allow, PI staff complete random reviews of CC cases processed by experienced staff as well.
- v. ☒ Audit provider records. Describe the activities and the results of these activities: DCF has a Child Care Overpayment Detection and Prevention Unit to review provider's records and compare to the child care plans. Provider overpayments may be determined.
- vi. ☒ Train staff on policy and/or audits. Describe the activities and the results of these activities: Online training level 1 is updated with new policies as needed, implementation meetings occur when changes are made to the policy log and staff need to be made aware of the new policy, instructions and training materials are developed as needed to help implement new policies, questions are collected regarding new policies and the answers are shared with all staff. Regional trainers do onsite training on topics when needed, supervisors meet with staff on a regular basis to inform them of new information or known issues, and desk aids staff use for interviews are updated when needed due to policy changes.
- vii. ☐ Other. Describe the activities and the results of these activities:



- c. Check and describe all activities that the Lead Agency conducts, including the results of these activities, to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.
- i. ☒ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)). Describe the activities and the results of these activities: Eligibility workers verify various child care eligibility factors, such as employment, income, citizenship, age, residency, etc. through access to shared information from other programs like TANF, FNS and Medicaid. Other databases are used to assist with verifying or identifying income, such as social security administration. PARIS matches are used to ensure that residency requirements are met and identify duplications in the program with another state.
  - ii. ☒ Run system reports that flag errors (include types). Describe the activities and the results of these activities: The eligibility system, KEES, contains edits that prevent the authorization of excessive hours, prevent the overlap of plans for the same child at the same time, determines the hours to be authorized when schedules are entered to prevent and reduce errors. Warnings are also created when the system recognizes something that requires a closer look by the eligibility worker, like child care plans being created for a provider who is almost at capacity or when a child is on another child care program. Provider rates are automated to prevent incorrect rates from being entered on the child care plan. System rules streamline the application of many of the child care policies based on data that is entered by eligibility workers.
  - iii. ☐ Review enrollment documents and attendance or billing records. Describe the activities and the results of these activities: The Child Care Overpayment Detection and Prevention Unit completes facility site visits to review the handbook with the provider and answer questions. They also request and review enrollment, attendance, and payment records.
  - iv. ☒ Conduct supervisory staff reviews or quality assurance reviews. Describe the activities and the results of these activities: Interview templates/scripts exist for child care interviews to ensure staff ask the needed questions and to ensure sufficient documentation. EES performance improvement case readers are reading CC cases on new trainees until such time that, in consultation with supervisory staff, it is determined that their accuracy rate level meets and maintains expectations. When resources allow, PI staff complete random reviews of CC cases processed by experienced staff as well.
  - v. ☒ Audit provider records. Describe the activities and the results of these activities: DCF has a Child Care Overpayment Detection and Prevention Unit to review provider's records and compare to the child care plans. Provider overpayments may be determined.
  - vi. ☒ Train staff on policy and/or audits. Describe the activities and the results of these activities: Online training level 1 is updated with new policies as needed, implementation meetings occur when changes are made to the policy log and staff need to be made aware of the new policy, instructions and training materials are developed as needed to help implement new policies, questions are collected regarding new policies and the answers are shared with all staff. Regional trainers do onsite training on topics when needed, supervisors meet with staff on a regular basis to inform them of new information or known issues, and desk aids staff use for interviews are updated when needed due to policy changes.
  - vii. ☐ Other. Describe the activities and the results of these activities:



- 8.1.6 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.
- a. Identify what agency is responsible for pursuing fraud and overpayments (e.g. State Office of the Inspector General, State Attorney). For child care cases that also involve TANF or food assistance, once a referral is received by the DCF Fraud Intake Specialist the referral will be forwarded first to DCF EES to review for legitimacy. If the referral is valid DCF EES will respond and request that the case be investigated further. If DCF EES finds that the information supplied within the referral is not essential to determining eligibility for either program(s) they will respond letting DCF Fraud unit know that the referral is invalid, and the case will close. Upon completion of those cases that receive a request for further investigation the DCF Special Investigator (SI) will forward their findings and any supporting information on to the DCF Fraud Analyst to review and proceed with establishing a claim against the client and seeking the appropriate disqualification penalty by way of offering the client a Waiver of Administrative Disqualification Hearing form or by submitting a Referral for an Administrative Disqualification Hearing with the Kansas Office of Administrative Hearings. If the cases involve child care only, upon receipt of any referral pertaining to childcare only cases the referral will still be forwarded to DCF EES to review. If returned as invalid the referral will close. If DCF EES request further review the referral will be assigned to a DCF Special Investigator. Upon completion of the investigation, if fraud has been found the case and all supporting documents will then be submitted to the DCF Fraud Analyst to review. If no other benefit programs are involved during the alleged time period of fraud the DCF Fraud Analyst will then forward the case on to the DCF Childcare Overpayment Unit Supervisor. From there the DCF Childcare Overpayment Supervisor will assign the case to someone within their unit to proceed with establishing a claim based on the findings and obtaining the appropriate disqualification penalty for the program violator.
  - b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:
    - i. ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:
    - ii. ☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:
    - iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities: After a fraud determination is adjudicated a repayment notice is sent and the case is referred to the DCF Central Collections unit. Multiple recovery methods are available.
    - iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities: After a fraud determination is adjudicated a repayment notice is sent and the case is referred to the DCF Central Collections unit. Multiple recovery methods are available.
    - v. ☒ Recover through state/territory tax intercepts. Describe the activities and the results of these activities: After a fraud determination is adjudicated a repayment notice is sent and the case is referred to the DCF Central Collections unit. Multiple recovery methods are available.
    - vi. ☐ Recover through other means. Describe the activities and the results of these activities:
    - vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities: DCF has established the Child Care Overpayment Detection and Prevention unit composed of a supervisor and program consultants. Based on reports run, they conduct a review of not only the

Provider's records but also the parent's work schedule as compared to the Child Care Plan. Provider overpayments are determined and referred to the DCF Fraud Unit for civil and criminal proceedings. Intentional client overpayments are referred to an Administrative Disqualification hearing or to the DCF Fraud Division. After a fraud determination is adjudicated a repayment notice is sent and the case is referred to the DCF Central Collections unit.

- viii. ☐ Other. Describe the activities and the results of these activities:
- c. Check and describe any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:
- i. ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:
  - ii. ☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:
  - iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities: When overpayments are determined, repayment notices sent and a referral is made to the Central Collections unit. Multiple recovery methods are available to the client.
  - iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities: When overpayments are determined, repayment notices sent and a referral is made to the Central Collections unit. Multiple recovery methods are available to the client.
  - v. ☒ Recover through state/territory tax intercepts. Describe the activities and the results of these activities: When overpayments are determined, repayment notices sent and a referral is made to the Central Collections unit. Multiple recovery methods are available to the client.
  - vi. ☐ Recover through other means. Describe the activities and the results of these activities:
  - vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit below. Describe the activities and the results of these activities: DCF has established the Child Care Overpayment Detection and Prevention unit composed of a supervisor and program consultant positions. Based on reports run, they conduct a review of not only the Provider's records but also the parent's work schedule as compared to the Child Care Plan. Overpayments are determined, repayment notices sent and a referral is made to the Central Collections unit.
  - viii. ☐ Other. Describe the activities and the results of these activities:
- d. Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.
- i. ☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities:

- ii. ☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency). Describe the activities and the results of these activities:
  - iii. ☒ Recover through repayment plans. Describe the activities and the results of these activities: When overpayments are determined, repayment notices sent and a referral is made to the Central Collections unit. Multiple recovery methods are available to the client.
  - iv. ☒ Reduce payments in subsequent months. Describe the activities and the results of these activities: When overpayments are determined, repayment notices sent and a referral is made to the Central Collections unit. Multiple recovery methods are available to the client.
  - v. ☐ Recover through state/territory tax intercepts. Describe the activities and the results of these activities: When overpayments are determined, repayment notices sent and a referral is made to the Central Collections unit. Multiple recovery methods are available to the client.
  - vi. ☐ Recover through other means. Describe the activities and the results of these activities:
  - vii. ☒ Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities: DCF has established the Child Care Overpayment Detection and Prevention unit composed of a supervisor and 3 program consultant positions. Based on reports run, they conduct a review of not only the Provider's records but also the parent's work schedule as compared to the Child Care Plan. Overpayments are determined, repayment notices sent and a referral is made to the Central Collections unit.
  - viii. ☐ Other. Describe the activities and the results of these activities:
- 8.1.7 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:
- a. ☒ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities: Adults who fail to cooperate with a child care program fraud investigation are ineligible for child care for all household members until cooperation has been established in that fraud investigation. Clients have the right to submit a request for a fair hearing for this, or any, agency action. A fair hearing decision is rendered by the hearing officer no later than 90 days after the receipt of the request for the hearing. The decision is sent to the client and the local DCF service center.
  - b. ☐ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities:
  - c. ☒ Prosecute criminally. Describe the activities and the results of these activities: The local Fraud Unit will make a decision as to whether or not to pursue prosecution through either civil or criminal action.
  - d. ☒ Other. Describe the activities and the results of these activities: While some providers are prosecuted criminally, most are taken to court for a Civil Judgment. We do not disqualify providers, but the state has the right to choose which provider they will do CCDF business with. The state usually does not do CCDF business with providers who have been convicted of fraud.

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## Appendix A: MRS, Alternative Methodology and Narrow Cost Analysis Waiver Request Form

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Lead Agencies may apply for a temporary waiver for the Market Rate Survey and/or ACF pre-approved alternative methodology and/or the narrow cost analysis. These waivers will be considered “extraordinary circumstance waivers” to provide relief from the timeline for completing the MRS and/or ACF pre-approved alternative methodology and the narrow cost analysis during the COVID-19 pandemic. These waivers are limited to a one-year period.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in Section 4, questions 4.2.1 and 4.2.5.

To submit a Market Rate Survey (MRS) or ACF pre-approved alternative methodology and/or a Narrow Cost Analysis waiver, complete the form below.

Check and describe each provision for which the Lead Agency is requesting a time-limited waiver extension.

- ☐ Appendix A.1: The Market Rate Survey (MRS) or ACF pre-approved alternative methodology (See related question 4.2.1.)
  - 1. Describe the provision (MRS or ACF Pre-approved alternative methodology) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision.
  - 2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
  - 3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.
- ☐ Appendix A.2: The Narrow Cost Analysis (See related question 4.2.5.)
  - 1. Describe the provision (Narrow Cost Analysis) from which the state/territory seeks relief. Include the reason why the Lead Agency is seeking relief from this provision.
  - 2. Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children.
  - 3. Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.