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

FFY 2025 – 2027

Version: Initial Plan

Plan Status: Approved as of 2024-11-09 00:37:10 GMT

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

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

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Overview

Introduction

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

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

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

Organization of Plan

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

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

Completing the Plan

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

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

Review and Amendment Process

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

Appendix 1: Implementation Plan

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

CCDF Plan Submission

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

1 CCDF Program Administration

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

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

1.1 CCDF Leadership

The governor of a State or Territory must designate an agency (which may be an appropriate collaborative agency) or establish a joint interagency office to represent the State or Territory as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable federal laws and regulations and the provisions of this Plan, including the assurances and certifications.

1.1.1 Designated Lead Agency

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

a. Lead Agency or Joint Interagency Office Information:

   i. Name of Lead Agency: **Florida Department of Education (FLDOE)/ Division of Early Learning (DEL)**

   ii. Street Address: **325 W. Gaines Street**

   iii. City: **Tallahassee**

   iv. State: **Florida**

   v. ZIP Code: **32399**

   vi. Web Address for Lead Agency: **https://www.fldoe.org/schools/early-learning/**

b. Lead Agency or Joint Interagency Official contact information:

   i. Lead Agency Official First Name: **Cari**

   ii. Lead Agency Official Last Name: **Miller**

   iii. Title: **Chancellor of Early Learning**

   iv. Phone Number: **850-717-8554**

   v. Email Address: **Cari.miller@del.fldoe.org**

1.1.2 CCDF Administrator

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

a. CCDF Administrator contact information:

i. CCDF Administrator First Name: **Cari**

ii. CCDF Administrator Last Name: **Miller**

iii. Title of the CCDF Administrator: **Chancellor of Early Learning**

iv. Phone Number: **850-717-8554**

v. Email Address: **Cari.miller@del.fldoe.org**

b. CCDF Co-Administrator contact information (if applicable):

i. CCDF Co-Administrator First Name: **Katerina**

ii. CCDF Co-Administrator Last Name: **Maroney**

iii. Title of the CCDF Co-Administrator: **Deputy Director of Programs and Policy**

iv. Phone Number: **850-717-8614**

v. Email Address: **Katerina.maroney@del.fldoe.org**

vi. Description of the Role of the Co-Administrator: **The Co-Administrator is responsible for ensuring timely communication with the Office of Child Care, responding to requests, and ensuring all reporting requirements are met. The Co-Administrator ensures the CCDF Administrator is apprised of all communications, technical assistance, and policy implications.**

1.2 CCDF Policy Decision Authority

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

1.2.1 Entity establishing CCDF program rules

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

Check one of the following:

a. **[ ]** All program rules and policies are set or established by the State or Territory. (If checked, skip to question 1.2.2.)

b. **[x]** 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:

[x] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

ii. Sliding-fee scale is set by the:

[x] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[x] State or Territory.

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

[ ] Other. Identify the entity and describe the policies the entity can set:

iv. Licensing standards and processes are set by the:

[x] State or Territory.

[x] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[x] State or Territory.

[x] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

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

[x] State or Territory.

[x] Local entity (e.g., counties, workforce boards, early learning coalitions).

[ ] Other. Identify the entity and describe the policies the entity can set:

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

1.2.2 Entities implementing CCDF services

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

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

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who conducts eligibility determinations?	[x]	[x]	[x]	[ ]	[x] Describe: Early Learning Coalitions (ELCs) and Redlands Christian Migrant Association (RCMA) determine eligibility, assist parents with locating child care, issue payments to providers, monitor licensed and license-exempt providers for contract/program compliance and operate quality improvement activities.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who assists parents in locating child care (consumer education)?	[x]	[ ]	[ ]	[x]	[x] Describe: Early Learning Coalitions (ELCs) and Redlands Christian Migrant Association (RCMA) determine eligibility, assist parents with locating child care, issue payments to providers, monitor licensed and license-exempt providers for contract/program compliance and operate quality improvement activities.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who issues payments?	[x]	[ ]	[x]	[ ]	[x] Describe: Early Learning Coalitions (ELCs) and Redlands Christian Migrant Association (RCMA) determine eligibility, assist parents with locating child care, issue payments to providers, monitor licensed and license-exempt providers for contract/program compliance and operate quality improvement activities.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who monitors licensed providers?	[x]	[ ]	[x]	[ ]	[x] Describe: The Department of Children and Families (DCF) and local licensing agencies (LLA) in four counties monitor licensed and license-exempt providers for health and safety.
Who monitors license-exempt providers?	[x]	[ ]	[x]	[ ]	[x] Describe: The Department of Children and Families (DCF) and local licensing agencies (LLA) in four counties monitor licensed and license-exempt providers for health and safety.

CCDF Activity	CCDF Lead Agency	TANF Agency	Local Government Agencies	CCR&R	Other
Who operates the quality improvement activities?	**[x]**	**[ ]**	**[ ]**	**[ ]**	**[x] Describe: Early Learning Coalitions (ELCs) and Redlands Christian Migrant Association (RCMA) determine eligibility, assist parents with locating child care, issue payments to providers, monitor licensed and license-exempt providers for contract/program compliance and operate quality improvement activities.**

1.2.3 Information systems availability

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

Check and describe how the Lead Agency includes in its written agreements the required elements. Note: The contents of the written agreement may vary based on the role the agency is asked to assume or type of project but must include, at a minimum, the elements below.

a. Tasks to be performed.

[x] Yes. If yes, describe: **Oversight of Services and Activities: The DEL administers early learning**

programs through grant awards to 30 ELCs that are registered not-for-profit 501(c)(3) organizations statutorily tasked with implementing early learning programs within their local service areas; the RCMA, a not-for-profit statewide entity that serves the unique populations of migrant and seasonal and former farm worker families. The DEL also oversees contracts with several additional organizations for the delivery of other aligned early learning program services and activities. Some services are also provided by other state agencies and coordinated with DEL.

The DEL fulfills its fiscal and programmatic monitoring responsibilities for the DEL sub-recipients through several mechanisms. Each ELC/RCMA is responsible for submitting an ELC/RCMA School Readiness (SR) service delivery plan for review/approval by the DEL. ELC SR plans must include the ELC's operations, procedures for implementing the SR application and waiting list, eligibility, enrollment processes, use of contracted slots, parent access and parental choice, sliding fee scale (and policies on applying the waiver or reduction of fees), child screening, program assessment policies, use of observation-based child assessments as applicable, provider payment rates, a detailed description of quality activities and services, a detailed budget, a detailed accounting, policies and procedures for procurement, maintenance of tangible personal property, maintenance of records, information technology, and disbursement controls, a description of the procedures for monitoring CCDF (SR) program providers (including a parental complaint process), and documentation that the ELC has solicited and considered comments regarding its proposed program plan from the local community. Each ELC/RCMA must update its SR plan at least triennially but can amend their plan throughout this timeframe as needed. The DEL has a formal SR plan amendment process in place for submission, review, and approval of SR plan changes. The DEL also maintains Memoranda of Understanding with DCF and the local child care licensing agencies (LLAs) in Broward, Palm Beach, Pinellas, and Sarasota counties to perform mandatory health and safety inspections.

Annual Risk Assessments: A preliminary risk assessment is performed at the beginning of the fiscal year by DEL's Financial Management Systems Assurance Section (FMSAS) to establish proposed monitoring priorities, testing tasks and sample sizes. During the planning phase for the fiscal and programmatic monitoring tasks, a final risk assessment is performed using information provided by each ELC/RCMA as part of the planning/data gathering process for monitoring engagements. Individual scores are compiled for each ECL/RCMA to reach a composite risk score. That score is compared to pre-set ranges to determine each entity's overall risk level (low, medium, high). This score is used to identify the number and type of sample items selected for testing.

Internal Control Surveys: Each ELC/RCMA and DEL sub-recipient is responsible for completing an annual internal control questionnaire (ICQ). The completed questionnaire is submitted to and reviewed by the DEL Program Integrity (PI) staff and used as part of the annual financial monitoring process by the DEL's contracted fiscal monitors.

Annual Budget, Revenue, and Expenditure Reporting: The DEL staff reviews annual budget, revenue, and expenditure reporting to ensure reporting of costs is in accordance with the uniform chart of accounts, and in compliance with state and federal targeted funds and restrictions.

Programmatic Monitoring: DEL's PI Unit includes an Accountability Section (AS) that conducts ongoing programmatic reviews for each ELC/RCMA. This review process addresses compliance with the SR program. This is completed with a two-phase approach: 1.) Biennial Accountability Review � AS staff conduct an onsite or desk review of each ELC, including Governance, Operations,

Educational Service Delivery, Child Care Resource and Referral (CCR&R), and Data Accuracy (which includes data edit reports related to eligibility and standard billing group codes). 2.) Eligibility Review - AS staff conducts these tests on a biennial basis for all ELCs and RCMA. Tests include a random sample of SR eligibility files and SR payment validation files.

Training: The DEL staff conduct periodic training sessions related to eligibility issues. The AS has developed standard statewide eligibility monitoring guides for ELCs to use when monitoring their sub-recipients (if applicable). Validation of each ELC's sub-recipient monitoring results is completed during the ELC accountability review. In addition to validating an ELC's sub-recipient monitoring results for SR eligibility, the AS has developed monitoring tools to evaluate compliance in the areas of governance, operations, educational service delivery, CCR&R, and data accuracy. For ELCs and RCMA who provide SR services directly, the AS uses these monitoring tools to directly evaluate compliance in the areas of governance, operations, educational service delivery, CCR&R, data accuracy, SR child eligibility, SR provider payment validation. Monitoring activities for all ELCs and RCMA include corrective action plan acceptance and technical assistance as it relates to each ELC's and RCMA programmatic monitoring review.

Financial Monitoring: The DEL's FMSAS is responsible for various financial monitoring tasks of the DEL sub-recipients, including the ELCs. The DEL contracts for financial monitoring services with a qualified CPA firm licensed to practice within the State of Florida. The CPA firm conducts the annual financial compliance onsite monitoring visits under the direction of the DEL staff. Current financial monitoring tasks are detailed in DEL's financial monitoring tools and include the following categories (as applicable) for the DEL sub-recipients:
- Preventive/Correction Action Plan Implementation
- Financial Management Systems
- Internal Control Environment
- Cash and Revenue Management
- DEL Statewide Information System Reporting and Reconciliation
- Prepaid Program Items
- Cost Allocation and Disbursement Testing
- Travel
- Purchasing
- Contracting
- Sub-recipient Monitoring

Separate monitoring tools have been provided for selected sub-recipients (statewide contracts, universities, etc.).

Other annual FMSAS monitoring tasks include but may not be limited to: review of annual Florida audit reports; notice to sub-recipients of monitoring findings; receipt of resulting preventive/corrective action plans; analysis of all preventive/corrective action plans to ensure timely review; revisions (as needed) and final approval of these plans; and preparation of periodic progress reports as requested by DEL management. The DEL also conducts internal reviews of DCF/LLA inspections to ensure that follow-up inspections are conducted when necessary.

[ ] No. If no, describe:

b. Schedule for completing tasks.

[x] Yes. If yes, describe: **The DEL conducts the following monitoring tasks:**
Biennially: Programmatic Monitoring Accountability Review, Eligibility Review
Annually: Annual Risk Assessment, Internal Control Survey, Annual Budget, Revenue and Expenditure Reporting, Financial Monitoring, and Health and Safety Monitoring
Monthly: Fiscal Desk Review
As requested or deemed necessary: Training

[ ] No. If no, describe:

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

[x] Yes. If yes, describe: **Fiscal Desk Reviews conducted by DEL's Financial Administration and Budget Services Unit focus on ELC expenditures to determine the allowability of reimbursed expenditures as a complement to the monthly invoice submission process and annual financial monitoring activities. These desk reviews select a limited number of sample items from administrative, quality, and other non-direct service expenditures.**

[ ] No. If no, describe:

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

[x] Yes. If yes, describe: **DEL reviews the results of fiscal monitoring activities as well as technical assistance requests from ELCs/contractors to determine and track the effectiveness of fiscal management practices. Compliance trends are identified to provide insight into areas of risk and improvement.**

[ ] No. If no, describe:

e. In addition to the written agreements identified above, describe any other monitoring and auditing processes used to oversee CCDF administration.

1.2.4 Certification of shareable information systems.

Does the Lead Agency certify that to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop is made available to other public agencies? This includes public agencies in other States for their use in administering child care or related programs.

[x] Yes.

[ ] No. If no, describe:

1.2.5 Confidential and personally identifiable information

Certification of policies to protect confidential and personally identifiable information

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

[x] Yes.

[ ] No. If no, describe:

1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of general-purpose local government. General purpose local governments are defined by the U.S. Census at https://www2.census.gov/govs/cog/g12_org.pdf.

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

(3) Tribe(s) or Tribal organization(s) within the State. This consultation should be done in a timely manner and at the option of the Tribe(s) or Tribal organization(s).

1.3.1 Consultation efforts in CCDF Plan development

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

a. Describe how the Lead Agency consulted with appropriate representatives of general-purpose local government: **The Florida Alliance of Children's Councils and Trusts (FACCT) represents local county Children's Services Councils. They work to support statewide policies that build effective prevention and early intervention systems of supports for Florida's children and families. FACCT participated in the CCDF Sub-Committee meeting held February, 7, 2024. They were also provided two drafts of the Plan for comments. The DEL consults with executive leadership from FACCT regularly throughout the year. In addition, each ELC has a local board that meets monthly, including a FACCT member.**

a. Describe how the Lead Agency consulted with the State Advisory Council or similar coordinating body: **DEL convened a CCDF Sub-committee that included all the key stakeholders. The stakeholders were provided with a draft of the plan for comments. When comments were received, the DEL addressed those comments within the plan and, as necessary, reached out to CCDF Sub-committee members to discuss and amended language as applicable. The DEL invited the CCDF Sub- committee to an in-person meeting with a virtual option to finalize the plan on February 7, 2024. The DEL provided the CCDF Sub-committee with a second draft of the plan prior to submission.**

While the DEL does not have a formal State Advisory Council, the DEL regularly consults with stakeholders that would hold council membership, such as local ELCs, DCF, FACT, Early Steps, Florida Diagnostic and Learning Resource Systems, Technical Assistance and Training Systems (TATS), Head Start, and FLDOE Bureaus of Exceptional Education and Student Services (BEESS). Additionally, the DEL holds biweekly statewide calls with ELC

executive leadership.

b. Describe, if applicable, how the Lead Agency consulted with Indian Tribes(s) or Tribal organizations(s) within the State: **As the same with past plan cycles, the Miccosukee Indian tribe was emailed an invitation to be a part of the CCDF Sub-committee and a copy of the plan for input. The Miccosukee Indian tribe was provided an opportunity to participate in the CCDF Sub-committee meeting as well as two opportunities to offer comment on the draft plan. As with previous years, the Miccosukee Indian tribe did not respond to the DEL's request.**

c. Identify other entities, agencies, or organizations consulted on the development of the CCDF Plan (e.g., representatives from the child care workforce, or statewide afterschool networks) and describe those consultation efforts: **The DEL consulted with the following entities by inviting them to participate in the CCDF Sub-committee meeting and sharing a draft of the plan for their input. These agencies, and organization in development of the CCDF Plan include: public school district representatives, Florida After School Inc, 21st Century Community Learning Centers, the Florida DOE, Florida Child Care Early Childhood Educators Network, DCF, Florida Head Start Association, 4C Head Start/Early Head Start, ELC of Miami-Dade/Monroe, Florida Department of Health (DOH), The Association of Early Learning Coalitions, Florida State University Center for Prevention and Early Intervention, the Children's Forum, United Way of Florida, the Ounce of Prevention Fund of Florida, Florida Association of Healthy Start Coalitions, Agency for Health Care Administration, Florida KidCare, Early Steps, Florida Diagnostic and Learning Resource Systems, Help Me Grow Florida, Florida Department of Agriculture and Consumer Services, Child Care Aware of America, Florida Department of Commerce, RCMA, Florida Department of Emergency Management, Child Development Education Alliance, Florida Association for the Education of Young Children, Florida Association for Child Care Management, Florida Family Child Care Home Association, Florida Head Start Association, University of Florida Anita Zucker Center, and University of Florida Lastinger Center (UF Lastinger).**

1.3.2 Public hearing process

Lead Agencies must hold at least one public hearing in the State or Territory, with sufficient Statewide or Territory-wide distribution of notice prior to such a hearing to enable the public to comment on the provision of child care services under the CCDF Plan.

Describe the Statewide or Territory-wide public hearing process held to provide the public with an opportunity to comment on the provision of child care services under this Plan.

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

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

ii. Date of notice of public hearing: **5/17/2024**

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

[x] Yes.

[ ] No. If no, describe:

iv. Describe how the public was notified about the public hearing, including outreach in other languages, information on interpretation services being available, etc. Include specific website links if used to provide notice**Notice of the hearing was published in the Florida Administrative Register, Volume 50/98, on May 17, 2024. If a stakeholder is registered, they would have received the announcement. ELC Executive Directors were notified via email on May 24, 2024, and the draft plan was also published to the DEL's website on June 5, 2024. It was also shared with all providers on June 13, 2024. The plan was not translated into other languages or promoted on social media platforms.**

v. Describe how the approach to the public hearing was inclusive of all geographic regions of the State or Territory: **The DEL conducted a virtual hearing, providing instant access around the state.**

vi. Describe how the content of the Plan was made available to the public in advance of the public hearing (e.g., the Plan was made available in other languages, in multiple formats, etc.): **Language revised to past tense. The plan was formatted to comply with Americans With Disabilities Act and made available to the public prior to the public hearing via the DEL website (https://www.fldoe.org/schools/early-learning/) on June 5, 2024.**

vii. Describe how the information provided by the public was taken into consideration regarding the provision of child care services under this Plan: **The DEL recorded the hearing and captured all comments made by the public for consideration or incorporation into the final 2025-2027 CCDF Plan. The DEL also invited public comments to be submitted via email (Del.questions@del.fldoe.org) prior to and during the hearing.**

1.3.3 Public availability of final Plan, amendments, and waivers

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

a. Provide the website link to where the Plan, any Plan amendments, and waivers (if applicable) are available. Note: A Plan amendment is required if the website address where the Plan is posted changes. **https://www.fldoe.org/schools/early-learning/rep-pol-guide/ccdf-plan.stml**

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

i. **[x]** Working with advisory committees. Describe: **The DEL created a CCDF Sub-committee to provide input on the development of the 2025-2027 CCDF State Plan.**

ii. **[x]** Working with child care resource and referral agencies. Describe: **The State CCR&R Network representative and the Association of Early Learning Coalitions (which represents the ELCs and local CCRR agencies) were invited to participate as CCDF Sub-committee members and provided a copy of the draft plan to provide input.**

iii. **[ ]** Providing translation in other languages. Describe:

iv. **[ ]** Sharing through social media (e.g., Facebook, Instagram, email). Describe:

v. **[x]** Providing notification to key constituents (e.g., parent and family groups, provider groups, advocacy groups, foundations, and businesses). Describe: **The DEL invited parent leader, provider, and advocacy groups to be members of the CCDF Sub-committee and provided a copy of the CCDF plan for input. These groups included organizations such as the Association for Early Learning Coalitions, Florida Association for the Education of Young Children, Florida Association for Child Care Management, Florida Family Child Care Home Association, Florida Head Start Association, The Ounce of Prevention Fund of Florida, and Florida Diagnostic & Learning Resources System.**

vi. **[x]** Working with Statewide afterschool networks or similar coordinating entities for out-of-school time. Describe: **DEL will strengthen collaboration efforts with the Florida Afterschool Inc., which provides support to programs by holding regular trainings, webinars for professionals, supports national standards, offers discounted access to innovative tools and resources to enhance programming, and serves as the voice for school-age programs and policies in Florida.**

vii. **[x]** Direct communication with the child care workforce. Describe: **DEL emailed child care providers directly notifying them of the public hearing and identifying where the CCDF plan was uploaded to the DEL website.**

viii. **[ ]** Other. Describe:

2 Child and Family Eligibility and Enrollment and Continuity of Care

Stable and reliable child care arrangements facilitate job stability for parents and healthy development of children. CCDF eligibility and enrollment policies can contribute to these goals. Policies and procedures that create barriers to families accessing CCDF, like inaccessible subsidy applications and onerous reporting requirements, interrupt a parent's ability to work and may deter eligible families from participating in CCDF.

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

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

2.1 Reducing Barriers to Family Enrollment and Redetermination

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

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy

renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, Lead Agencies can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g., use of languages other than English, access to transportation, accommodation of parents working non-traditional hours).

2.1.1 Eligibility practices to reduce barriers to enrollment

a. Does the Lead Agency implement any of the following eligibility practices to reduce barriers at the time of initial eligibility determination? Check all that apply and describe those elements checked.

i. **[ ]** Establishing presumptive eligibility while eligibility is being determined. Describe the policy, including the populations benefiting from the policy, and identify how long the period of presumptive eligibility is:

ii. **[x]** Leveraging eligibility from other public assistance programs. Describe: **Eligibility is based on a documented child care authorization form from the DCF or its contracted provider, a DCF-designated Lead Homeless Coalition Continuum of Care agency, or a Certified Domestic Violence Center. The coalition shall authorize the following for 12-months of child care funding:**
- at-risk as defined in Section 1002.81(1), F.S.,
- economically disadvantaged,
- homeless,
- special needs children,
- and a parent who has an Intensive Service Account or an Individual Training Account under Section 445.009, F.S.

Exhibit II, section C.5.1.2, of the Grant Agreement requires coalitions to act upon referrals within 10 calendar days of referral receipt to determine eligibility for SR services for at-risk children or children of families receiving Temporary Assistance for Needy Families (TANF) or transitioning off of TANF.

iii. **[x]** Coordinating determinations for children in the same household (while still ensuring each child receives 12 months of eligibility). Describe: **If a new child is added into a household that currently has authorized SR services, the previously established children in services will have their child care authorization dates extended to align with the new sibling's authorization date.**

iv. **[x]** Self-assessment screening tools for families. Describe: **Per Rule 6M-4.300(3)(a), F.A.C., ELCs shall review each submitted application and required documentation within 20 calendar days of submission to determine if the parent is potentially eligible pursuant to Section 1002.87(1), F.S.**

v. **[x]** Extended office hours (evenings and/or weekends).

vi. **[x]** Consultation available via phone.

vii. **[ ]** Other. Describe the Lead Agency policies to process applications efficiently and make timely eligibility determinations:

viii. **[ ]** None.

b. Does the Lead Agency use an online subsidy application?

[x] Yes.

[ ] No. If no, describe why an online application is impracticable.

c. Does the Lead Agency use different policies for families receiving TANF assistance?

[x] Yes. If yes, describe the policies: **In accordance with 6M-4.200(b)b, F.A.C., during the 12-month authorization of child care funding, child care services will continue in increments defined by the referring agency each time child care authorization is renewed. If an additional referral is granted to the parent that extends the purpose for care beyond the initial 12-month authorization period, the ELC shall authorize the parent for an additional 12-month authorization period.**

[ ] No.

2.1.2 Preventing disruption of eligibility activities

a. Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents do not have their employment, education, or job training unduly disrupted to comply with the State's/Territory's or designated local entity's requirements for the redetermination of eligibility. Check all that apply.

i. **[x]** Advance notice to parents of pending redetermination.

ii. **[x]** Advance notice to providers of pending redetermination.

iii. **[x]** Pre-populated subsidy renewal form.

iv. **[x]** Online documentation submission.

v. **[ ]** Cross-program redeterminations.

vi. **[x]** Extended office hours (evenings and/or weekends).

vii. **[x]** Consultation available via phone.

viii. **[x]** Leveraging eligibility from other public assistance programs.

ix. **[x]** Other. Describe: **Text messaging, video conferencing, fax, and letters are also used.**

b. Does the Lead Agency use different policies for families receiving TANF assistance?

[ ] Yes. If yes, describe the policies:

[x] No.

2.2 Eligible Children and Families

At eligibility determination or redetermination, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income (SMI) for a family of the same size and whose family assets do not exceed $1,000,000; and (3)(a) reside with a parent or parents who are working or attending a job training or educational program (which can include job search) or (b) receive, or need to receive, protective services as defined by the Lead Agency.

2.2.1 Eligibility criteria: age of children served

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

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

[x] Yes.

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

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

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

[x] No.

[ ] Yes.

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

ii. If yes, provide the Lead Agency definition of physical and/or mental incapacity:

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

[x] No.

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

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

i. "residing with": **Living with a parent, legal guardian or other adult relative caretaker in the same home.**

ii. "in loco parentis": **A responsible adult with whom the child lives, who is responsible for the day-to-day care and custody of the child when the child's parent by blood, marriage, adoption or court order is not performing such duties. See Rule 6M-4.200, F.A.C.**

2.2.2 Eligibility criteria: reason for care

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

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

a. Identify which of the following activities are included in your definition of "working" by checking the boxes below:

i. **[x]** An activity for which a wage or salary is paid.

ii. **[x]** Being self-employed.

iii. **[x]** During a time of emergency or disaster, partnering in essential services.

iv. **[x]** Participating in unpaid activities like student teaching, internships, or practicums.

v. **[x]** Time for meals or breaks.

vi. **[x]** Time for travel.

vii. **[x]** Seeking employment or job search.

viii. **[ ]** Other. Describe:

b. Identify which of the following activities are included in your definition of "attending job training" by checking the boxes below:

i. **[x]** Vocational/technical job skills training.

ii. **[x]** Apprenticeship or internship program or other on-the-job training.

iii. **[ ]** English as a Second Language training.

iv. **[x]** Adult Basic Education preparation.

v. **[x]** Participation in employment service activities.

vi. **[x]** Time for meals and breaks.

vii. **[x]** Time for travel.

viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

ix. **[x]** Time for outside class study or completion of homework.

x. **[ ]** Other. Describe:

c. Identify which of the following diplomas, certificates, degrees, or activities are included in your definition of "attending an educational program" by checking the boxes below:

i. **[x]** Adult High School Diploma or GED.

ii. **[x]** Certificate programs (12-18 credit hours).

iii. **[x]** One-year diploma (36 credit hours).

iv. **[x]** Two-year degree.

v. **[x]** Four-year degree.

vi. **[x]** Travel to and from classrooms, labs, or study groups.

vii. **[x]** Study time.

viii. **[x]** Hours required for associated activities such as study groups, lab experiences.

ix. **[x]** Time for outside class study or completion of homework.

x. **[x]** Applicable meal and break times.

xi. **[ ]** Other. Describe:

d. Does the Lead Agency impose a Lead Agency-defined minimum number of hours of activity for eligibility?

[ ] No.

[x] Yes.

If yes, describe any Lead Agency-imposed minimum requirement for the following:

[x] Work. Describe: **A single-parent family in which the parent with whom the child resides is employed or engaged in eligible work for at least 20 hours per week; (2) a two-parent family in which both parents with whom the child resides are employed or engaged in eligible work activities for a combined total of at least 40 hours per week.**

[x] Job training. Describe: **A single-parent family in which the parent with whom the child resides is employed or engaged in eligible job training for at least 20 hours per week; (2) a two-parent family in which both parents with whom the child resides are employed or engaged in eligible job training activities for a combined total of at least 40 hours per week.**

[x] Education. Describe: **A single-parent family in which the parent with whom the child resides is engaged in education activities for at least 20 hours per week; (2) a two-parent family in which both parents with whom the child resides are engaged in education activities for a combined total of at least 40 hours per week.**

[x] Combination of allowable activities. Describe: **A single-parent family in which the parent with whom the child resides is employed or engaged in eligible work or education activities for at least 20 hours per week; a two-parent family in which both parents with whom the child resides are employed or engaged in eligible work or education activities for a combined total of at least 40 hours per week.**

[ ] Other. Describe:

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

[x] Yes.

[ ] No. If no, describe the additional work requirements:

f. Does the Lead Agency extend eligibility to specific populations of children otherwise not eligible by including them in its definition of "children who receive or need to receive protective services?"

Note: A Lead Agency may elect to provide CCDF-funded child care to children in foster care when foster care parents are *not* working or are *not* in education/training activities, but this provision should be included in the Lead Agency's protective services definition.

[ ] No. If no, skip to question 2.2.3.

[x] Yes. If yes, answer the questions below:

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

[x] Children in foster care.

[x] Children in kinship care.

[x] Children who are in families under court supervision.

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

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

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

[x] Children experiencing homelessness.

[x] Children whose family has been affected by a natural disaster.

[ ] Other. Describe:

g. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis?

[ ] No.

[x] Yes.

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

[ ] No.

[x] Yes.

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

[ ] No.

[x] Yes.

2.2.3 Eligibility criteria: deciding entity on family income limits

How are income eligibility limits established?

[x] There is a statewide limit with no local variation.

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

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

[ ] Other. Describe:

2.2.4 Initial eligibility: income limits

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

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

Family Size	100% of SMI ($/Month)	Maximum Initial Eligibility Limit (or Threshold) %	Maximum Initial Eligibility Limit (or Threshold) $
1	3074.00	59.00	1823.00
2	4020.00	61.00	2465.00
3	4965.00	63.00	3108.00
4	5911.00	63.00	3750.00
5	6857.00	64.00	4393.00

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

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

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

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

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

i. Region/locality with the highest eligibility limit:

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

ii. Region/locality with the lowest eligibility limit:

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

iii. Region/locality that is most populous:

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

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

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

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

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

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

i. **[x]** Gross wages or salary.

ii. **[x]** Disability or unemployment compensation.

iii. **[x]** Workers' compensation.

iv. **[x]** Spousal support, child support.

v. **[x]** Survivor and retirement benefits.

vi. **[x]** Rent for room within the family's residence.

vii. **[x]** Pensions or annuities.

viii. **[ ]** Inheritance.

ix. **[x]** Public assistance.

x. **[ ]** Other. Describe:

d. What is the effective date for these income eligibility limits? **July 1 of each state fiscal year**

e. Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census, even if the federal poverty level is used in implementing the program.

What federal data does the Lead Agency use when reporting the income eligibility limits? **[x]** LIHEAP. If checked, provide the publication year of the LIHEAP guideline estimates used by the Lead Agency: **2023**

[ ] Other. Describe:

f. Provide the direct URL/website link, if available, for the income eligibility limits. **https://www.acf.hhs.gov/ocs/policy-guidance/liheap-im-2023-02-state-median-income-estimates-optional-use-ffy-2023-and**

2.2.5 Income eligibility: irregular fluctuations in earnings

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

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

i. **[x]** Average the family's earnings over a period of time (e.g., 12 months).

Identify the period of time **12 months**

ii. **[ ]** Request earning statements that are most representative of the family's monthly income.

iii. **[x]** Deduct temporary or irregular increases in wages from the family's standard income level.

iv. **[ ]** Other. Describe the other ways the Lead Agency takes into account irregular fluctuations in earnings:

2.2.6 Family asset limit

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

[x] Yes.

[ ] No. If no, describe:

b. Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as

receiving, or in need of, protective services?

[ ] No.

[x] Yes. If yes, describe the policy or procedure: **Families are requested to submit any income household members receive to ensure it is on file. In order to participate in the SR program, parents shall submit a prequalifying questionnaire, file an application, certifying the family's total assets do not exceed the program requirements and provide requested documentation to an ELC. For at-risk out of home placements, including foster children or relative caregiver cases and TANF child only cases, the family's income and assets shall be based on the child's income only**

2.2.7 Additional eligibility criteria

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

a. **[ ]** Eligibility determination? If checked, describe:

b. **[ ]** Eligibility redetermination? If checked, describe:

2.2.8 Documentation of eligibility determination

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

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

Required at Initial Determination	Required at Redetermination	Description
[x]	**[x]**	Applicant identity. Describe how you verify: **The applicant must meet the definition of a parent consistent with regulatory requirements. Rule 6M-4.208(4)(d), F.A.C., requires an applicant to submit a government issued ID in conjunction with one of the documents referenced below (in section ii) for purposes of establishing a relationship to the child.**

Required at Initial Determination	Required at Redetermination	Description
[x]	**[x]**	Applicant's relationship to the child. Describe how you verify: **Each applicant must meet the definition of parent. After the applicant has established his or her identity by providing acceptable documentation, the applicant must submit one of the following documents to establish parental relationship: 1. A copy of the child's birth certificate. 2. A court order or other legal document that substantiates the adult's relationship to the child(ren). 3. A valid DCF or Workforce Child Care Authorization Form that bears the name of the child and the parent. 4. Documentation the applicant is in receipt of relative caregiver payment or TANF benefits on behalf of the child. 5. An affidavit sworn to or affirmed by the child's parent. 6. Official public or non-public school records. 7. An affidavit from a medical professional.**

Required at Initial Determination	Required at Redetermination	Description
[x]	**[x]**	Child's information for determining eligibility (e.g., identity, age, citizen/immigration status). Describe how you verify: **Child Certificate of Baptism or other religious record of the child's birth, accompanied by an affidavit state that the certificate is true and correct.** **- An insurance policy on the child's life that has been in force for at least two years.** **- An original or certified copy of the child's U.S. birth record filed according to law with the appropriate public officer.** **- An immunization record that a public health officer or licensed practicing physician signed.** **- Florida SHOTS document.** **- A valid military dependent identification card.** **- U.S. passport.** **- Official vital statistics records.** **- Lawfully admitted alien document (e.g., Forms I-94, I-94A, I-197, I-551 & I-766) with non-U.S. passport.** **- Certificate of U.S. citizenship or naturalization.** **If a child's parent is unable to submit any of the supporting documentation listed, the ELC may accept a parent's notarized statement of the child's age with an accompanying certificate of age that bares the signature of a public health officer or physician stating that the child's age shown on the affidavit is true and correct.** **For children identified in ss. 1002.87(1)(a), (1)(c)2. and (1)(c)5., F.S., the child's status as a TANF recipient, as indicated on a child care authorization submitted by the referring agency, is sufficient to establish the child's citizenship.** **For children identified in s. 1002.81(1)(a) -(d)., F.S., the Medicaid-eligible status, as indicated on a child care authorization submitted by the referring agency, is sufficient to establish the child's citizenship.**

Required at Initial Determination	Required at Redetermination	Description
[x]	**[x]**	Work. Describe how you verify: **Employment income: Applicants are asked to submit four weeks of current and consecutive paystubs. If an applicant cannot produce a sufficient number of paystubs, the applicant's employer is asked to complete an income verification form that details hours worked per week and rate of pay. If the applicant produces neither of the above, then the eligibility specialist contacts the applicant's employer directly.** **Self-employment income documents: The most commonly accepted form of documentation is IRS Tax Schedule C from the most recent year if reflective of current earnings. The income form Schedule C (corporate documents, if incorporated) is used and averaged over the number of months of employment. If not reflective of current earnings for the household, older than six months or applicant/recipient has not been self-employed long enough to have filed an income tax, then a profit/loss statement is requested from the household. If questionable, additional receipts and expense documentation is requested.**
[x]	**[x]**	Job training or educational program. Describe how you verify: **For applicants who are involved in a job-training program, a TANF child care referral serves as verification. If the gross income of the applicant is not notated on the child care referral, the applicant must submit four weeks of current paystubs to the ELC. School registration records: For education programs, a current document completed by an official of the school or institution showing the number of classroom hours and any lab hours, date the semester/training period starts, and the date it ends on appropriate stationery from the school/institution or training program, which may contain an official seal. This includes an official school schedule and proof of enrollment from an accredited education institution and is limited to GED programs, secondary education programs, technical or vocational programs, associate of arts, associate of science, bachelor of arts, and bachelor of science programs**

Required at Initial Determination	Required at Redetermination	Description
[x]	**[x]**	Family income. Describe how you verify: **ELCs can use the following documents to verify income:** **- Four weeks of current and consecutive pay stubs, using gross income before any deductions, including pretax deductions). When paid biweekly or semi-monthly, two current and consecutive pay periods are requested. For monthly pay periods, one month's pay is requested.** **- An income verification form signed by the employer, dated within four weeks of applying for services. Hours worked times rate of pay is then used to calculate earnings.** **- A signed contract for employment that has a termination date not less than nine months from applying for services.** **- If none of the above sources are available, direct contact is made with the employer to discuss the applicant's employment income, which is used to arrive at an income projection that is representative of future earnings. Also recorded is any information provided by the employer, such as projected hours of employment, amount per hour, date the employee started and date of the first received pay.** **Child support enforcement records:** **DEL prefers verification directly from child support enforcement or a clerk of the court website that shows the gross amount paid and the time-period over which it was paid. Alternatively, a written statement from the absent parent stating the amount(s) the absent parent paid over the last four weeks, including the dates payments were made. Copies of checks or canceled checks can accompany written statements or be submitted in lieu of written documents. A court order can be used if it was recently issued. However, if the court order has been established for a period of time, and the custodial parent stated that the court order does not reflect current payments, then proof is requested of the last four weeks (one month if paid monthly) of payment and the income is averaged. If, for any reason, the first two sources are not available, an attestation from the parent stating the amount of child support received or not received under the penalty of perjury is acceptable.** **Other sources of unearned income:** **An award letter or verification statement may be used to document other sources of unearned income.**

Required at Initial Determination	Required at Redetermination	Description
[x]	**[x]**	Household composition. Describe how you verify: **The family unit composition is determined by the application for SR and an acknowledgment of income and family size, which may be recorded on the statewide income worksheet or a locally developed income worksheet that includes at least the information included on the statewide income worksheet. Documentation may also include a supplemental form that describes additional family members and relationships.**

Required at Initial Determination	Required at Redetermination	Description
[x]	[x]	Applicant residence. Describe how you verify: **Applicants must produce at least one of the following documents to verify residency.** **-Utility bill (electric, gas, water), cable, internet or landline phone bill dated within 12 months of the date the child application is submitted.** **- Pay stub from a current employer dated within 12 months of the date the child application is submitted.** **-Current and signed residential rental agreement, mortgage statement or receipt that contains a name and address, from rental payment dated within 12 months of the date the child application is submitted.** **- Government-issued document (e.g., Florida driver's license, Florida identification card, current property tax assessment showing a homestead exemption dated within 12 months of eligibility determination), or** **- Military order showing that the child's parent is a service member in the United States Armed Forces and is assigned to duty and resides in Florida when the child attends the SR program (e.g., permanent change of station).** **- For children identified in s. 1002.87(1), F.S., the child's status as a TANF recipient, as indicated on a child care authorization submitted by the referring agency, is sufficient to establish the child's residency.** **- For children identified in s. 1002.81(1)(a)-(d),F.S., the child's Medicaid-eligible status, as indicated on a child care authorization submitted by the referring agency, is sufficient to establish the child's residency.** **- If no supporting documents listed above are available, an ELC may accept a notarized statement provided by the child's parent and a letter from a landlord or property owner, which confirms that the child resides at the address shown in the notarized statement.** **- If no supporting documents listed above are available, for a homeless child as defined in s. 1003.01, F.S., an ELC shall document residency based on other supporting documents showing that the child is homeless and resides in Florida (e.g., letter from a shelter or a notarized statement provided by the child's parent, school district Student Housing Questionnaire).**
[ ]	[ ]	Other. Describe how you verify:

2.2.9 Exception to TANF work requirements

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

a. Identify the TANF agency that established these criteria or definitions: **Florida Department of Children and Families**

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

   i. "Appropriate child care": **An eligible childcare provider as defined in 45 CFR 98.2, and section 1002.88, F.S. Childcare options must have hours of operation that meets the needs of the parents work schedule and meet any special needs of the individual child.**

   ii. "Reasonable distance": **Reasonable distance depends on the geographic area and availability of public transportation. Program staff discusses and determines mileage and/or time needed for travel to and from the job site with the participant.**

   iii. "Unsuitability of informal child care": **Informal child care is suitable only to the extent such care is provided within the constraints of applicable federal and state laws, regulations, and requirements.**

   iv. "Affordable child care arrangements": **Annually, DOE, DEL CCR&R Network surveys all legally operating childcare providers to obtain program and rate information. DEL combines the payment rate data with the Florida Commerce research on the average salary of child care personnel and data from child care providers on the average cost of child care (materials, curricula, food, maintenance costs, and average cost of regulatory fees). This information is then submitted to the state's Early Learning Programs Estimating Conference. The conference uses the data to set the maximum reimbursement rates for the state.**

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

   i. **[x]** In writing

   ii. **[x]** Verbally

   iii. **[ ]** Other. Describe:

2.3 Prioritizing Services for Vulnerable Children and Families

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

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

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

2.3.1 Lead Agency definition of priority groups

Describe how the Lead Agency defines:

d. "Children with special needs." **A child (birth up to 13) who has been determined eligible as a child with a disability, in accordance with Chapter 6A-6, F.A.C., and is participating in a program for children with a disability provided by the school district or a child who has an individualized educational plan (IEP) or family support plan (IFSP).**

e. "Families with very low incomes." **Very low incomes are attributed to families with an income at or below 100 percent FPL.**

2.3.2 Prioritization of child care services

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

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

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

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

[ ] No.

[x] Yes. If yes, identify the populations prioritized and describe how the Lead Agency prioritizes services: **In accordance with s. 1002.87(1), F.S., priority is given to at risk-children. Section 1002.81(1), F.S., defines an at-risk child as: (a) a child from a family under investigation by DCF or a designated sheriff's office for child abuse, neglect, abandonment, or exploitation, (b) a child who is in a diversion program provided by DCF or its contracted provider and who is from a family that is actively participating and complying in DCF-prescribed activities, including**

education, health services, or work, (c) a child from a family that is under supervision by the DCF or a contracted service provider for abuse, neglect, abandonment, or exploitation, (d) a child placed in court- ordered, long-term custody or under the guardianship of a relative or nonrelative after termination of supervision by the DCF or its contracted provider, (e) a child in the custody of a parent who is considered a victim of domestic violence and is receiving services through a certified domestic violence center, (f) a child in the custody of a parent who is considered homeless as verified by a DCF certified homeless shelter. Priority is also given to children from working families that are economically disadvantaged. �Economically disadvantaged� means having a family income that does not exceed 150 percent FPL and includes children of working migratory families or agricultural workers who are employed by more than one agricultural employer during a year, and whose incomes vary according to weather conditions and market stability.

2.3.3 Enrollment and grace period for children experiencing homelessness

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

Lead Agencies must establish a grace period that allows children experiencing homelessness and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with State, Territory, or local immunization and other health and safety requirements. The length of such a grace period must be established in consultation with the State, Territorial, or Tribal public health agency.

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

a. Describe the strategies to allow CCDF enrollment of children experiencing homelessness while required eligibility documentation is obtained: **Notwithstanding their inability to provide full documentation at initial eligibility determination, an ELC shall permit enrollment, care and services to children experiencing homelessness as verified by a DCF certified homeless shelter (Rule 6M-4.208(2), F.A.C.). This applies not only to children experiencing homelessness but all children in care. DCF collaborated with FL DOH around this requirement.**

b. Describe the grace period for each population below and how it allows them to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements.

i. Provide the policy for a grace period for:

Children experiencing homelessness: **Parents have a 30-day grace period to submit immunization records to the child care provider as directed by DCF in consultation with Florida DOH. The requirement is set by our partners in child care licensing at DCF. This is the same requirement for all families. There is no additional grace period provided to children experiencing homelessness. DCF collaborated with FL DOH around this requirement.**

Children who are in foster care: **Parents have a 30-day grace period to**

submit immunization records to the child care provider as directed by DCF in consultation with Florida DOH. The requirement is set by our partners in child care licensing at DCF. This is the same requirement for all families. There is no additional grace period provided to children in foster care. DCF collaborated with FL DOH around this requirement.

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

[x] Yes.

[ ] No. If no, describe:

c. Describe how the Lead Agency coordinates with licensing agencies and other relevant State, Territorial, Tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements: **To improve access to child care for homeless families, the definition of "at-risk child" includes a child in the custody of a parent considered homeless as verified by DCF designated lead agency on homelessness (s. 1002.81(1)(f), F.S.) and those receiving services through domestic violence shelters. The DCF-recognized referring entities authorize the need for child care services for their clients. The referring entity submits the child care authorization (referral) to the applicable ELC to receive child care services. Immunization records are not collected by the SR agency as a condition of initial eligibility for child care. Child care providers are responsible for obtaining and keeping on file a record of the child's immunizations, physical development and other health requirements. Parents have a 30-day grace period to submit immunization records to the child care provider. School-aged children attending public or non-public schools are not required to have student health examination and immunization records on file at the child care facility as such records are on file at the school where the child is enrolled. Immunization records are available at no cost via the online statewide registry (FL SHOTS).**
Parents have a 30-day grace period to submit immunization records to the child care provider as directed by DCF in consultation with Florida DOH. The requirement is set by our partners in child care licensing at DCF. This is the same requirement for all families.

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

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

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

a. Check the strategies the Lead Agency or partners utilize to conduct outreach and provide services to eligible families with limited English proficiency. Check all that apply.

i. **[x]** Application in languages other than English (application and related documents, brochures, provider notices).

ii. **[x]** Informational materials in languages other than English.

iii. **[x]** Website in languages other than English.

iv. **[x]** Lead Agency accepts applications at local community-based locations.

v. **[x]** Bilingual caseworkers or translators available.

vi. **[x]** Bilingual outreach workers.

vii. **[x]** Partnerships with community-based organizations.

viii. **[x]** Collaboration with Head Start, Early Head Start, or Migrant and Seasonal Head Start.

ix. **[x]** Home visiting programs.

x. **[ ]** Other. Describe:

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

i. **[ ]** Applications and public informational materials available in braille and other communication formats for access by individuals with disabilities.

ii. **[x]** Websites that are accessible (e.g., Section 508 of the Rehabilitation Act).

iii. **[x]** Caseworkers with specialized training/experience in working with individuals with disabilities.

iv. **[x]** Ensuring accessibility of environments and activities for all children.

v. **[x]** Partnerships with State and local programs and associations focused on disability- related topics and issues.

vi. **[x]** Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers.

vii. **[x]** Partnerships with State and local IDEA Part B, Section 619 and Part C providers and agencies.

viii. **[x]** Availability and/or access to specialized services (e.g., mental health, behavioral specialists, therapists) to address the needs of all children.

ix. **[ ]** Other. Describe:

2.4.2 Families experiencing homelessness: Outreach and technical assistance efforts

a. Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness and their families.

i. **[ ]** Lead Agency accepts applications at local community-based locations.

ii. **[x]** Partnerships with community-based organizations.

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

iv. **[x]** Other. Describe: **Florida has an online application through the family portal, which allows homeless families to apply from anywhere, including from their**

phones.

b. The Lead Agency must provide training and technical assistance (TA) to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness.

i. Describe the Lead Agency's training and TA efforts for providers in identifying and serving children and their families experiencing homelessness. **The DEL's SharePoint site for ELCs/RCMA contains resources and links to training and technical assistance to be shared with providers regarding serving homeless children and families. In the Registry, instructors and directors can access training targeting the needs of families experiencing homelessness. The DEL program staff continuously research and take courses in serving children experiencing homelessness. The Florida Early Learning and Afterschool Career Pathway includes training targeting the needs of families experiencing homelessness as a core requirement. This course covers the experience and needs of children in housing transition.**

ii. Describe the Lead Agency's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness. **The DEL partners with the FLDOE's McKinney-Vento office and the Head Start State Collaboration Office (HSSCO) to share training opportunities and provide cross program training information on eligibility of services and best practices to meet the needs of children experiencing homelessness. The DEL's SharePoint site for ELCs/RCMA contains resources and links to training and technical assistance to be shared with providers regarding serving homeless children and families. DEL also created the Florida's CCR&R Specialist Training Service Delivery modules. Each training model encourages trainees to be mindful of children and families who may be experiencing homelessness and aware of local services and supports for these families, and other agencies that also provide assistance. DEL's CCR&R Training Modules for new CCR&R specialists and coordinators includes a section on homelessness. After completing that section of the training, staff are able to: Define and discuss factors that may lead to homelessness, identify self-assessment tools that can assist in identifying families who are at risk for homelessness, connect these families to community supports, and utilize and access the Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness.**

2.5 Promoting Continuity of Care

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

2.5.1 Children's development

Describe how the Lead Agency's eligibility, enrollment, reporting, and redetermination policies promote continuity of care in order to support children's development. **The DEL implements several policies to provide for the utmost continuity of care for families. A web-based portal system reduces paperwork and hardship on parents by providing online access to eligibility**

documentation, eliminating required office visits and reducing disruptions to education/training or employment. To further reduce barriers for families experiencing hardships, DEL allows families that identify under TANF or who are marked Medicaid eligible under DCF to use the child care authorization submitted by the referring agency in place of required eligibility documentation. Documentation from Social Security Benefits and SNAP are also used. For example, a child's US citizenship may be determined if the child is marked Medicaid eligible on a DCF child care authorization or the household size may be determined by the SNAP benefit printout. In addition to TANF, ELCs have the ability to set priority factors when considering children's development and promoting continuity of care when authorizing child care services. These factors may include children with special needs, or a child who has an IEP or FSP.

The DEL coordinates efforts with state agencies that oversee implementation of the IDEA. The DEL works closely with the BEESS to align identification and referral information. The Florida DOH oversees Part C, Early Steps Program; and the FLDOE oversees Part B, Pre-kindergarten Programs for Children with Disabilities. Early Head Start grantees coordinate with the Early Steps Program to recruit and provide comprehensive services to infants and toddlers with disabilities.

Timely processing of all eligibility documentation received ensures families a quick turnaround for eligibility services. Families are provided with a 12-month eligibility period upon initial eligibility determination and redetermination. Additionally, if a new child is added into a household that currently has authorized SR services, the previously established children in services may have their care authorization dates extended to align with the new sibling's authorization date.

At redetermination, if a family's income exceeds the threshold for initial eligibility to qualify for CCDF assistance, but does not exceed 85% of State median income, they remain eligible for services and enter graduated phase-out. (Copayments aren't raised during 12-month eligibility period unless a family is in graduated phase out and reports an increase in income but remains under the maximum income threshold for SR services) Income requirements do not take into account one-time bonuses and agencies can account for irregular income fluctuations.

DEL implements 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. The DEL works with Head Start and VPK to provide wrap around services for children who qualify for CCDF services to create a package of arrangements that accommodates parents' work schedules.

2.5.2 Minimum 12-month eligibility

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

- Regardless of changes in income, Lead Agencies may not terminate CCDF assistance during the minimum 12-month period if a family has an increase in income that exceeds the Lead Agency's income eligibility threshold but not the federal threshold of 85 percent of SMI; and
- Regardless of temporary changes in participation in work, training, or educational activities.

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

[x] Yes.

[ ] No. If no, describe:

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

1. Any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness.
2. Any interruption in work for a seasonal worker who is not working between regular industry work seasons.
3. Any student holiday or break for a parent participating in a training or educational program.
4. Any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program.
5. Any cessation of work or attendance at a training or educational program not listed above. In these cases only, Lead Agencies may establish a period of 3 months or longer.
6. Any change in age, including a child turning 13 years old during the minimum 12-month eligibility period.
7. Any changes in residency within the State or Territory.

[x] Yes.

[ ] No. If no, describe:

c. Are the policies different for redetermination?

[x] No.

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

2.5.3 Job search and continued assistance

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

i. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at initial eligibility determination. If yes, describe:

ii. **[ ]** Yes. The Lead Agency does consider seeking employment (engaging in a job search) as an eligible activity at redetermination. If yes, describe:

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

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

[ ] Yes. The Lead Agency continues assistance.

[x] No, the Lead Agency discontinues assistance.

i. If no, describe the Lead Agency's policies for discontinuing assistance due to a parent's non-temporary change: **During the 12-month eligibility period, if a parent**

loses purpose for care due to a non-temporary loss of work or education activity, the parent will receive three months of continued services to obtain a new purpose for care (i.e., employment or education activity). If the parent does not re-establish a new purpose for care within a three-month period, the family's services are discontinued.

ii. If no, describe what specific actions/changes trigger the job-search period after each such loss or cessation: **1. For families receiving services based on child care authorization from a referring agency, the three-month job search period is triggered when the referring agency does not issue another referral upon expiration or termination of the previous referral.**
2. For families that are income eligible, the three-month job search period is triggered by the parent self-reporting a loss in purpose for care (i.e., employment or education activity).

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

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

i. **[ ]** Not applicable.

ii. **[x]** Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

Provide the Lead Agency's policy defining the number of unexplained absences identified as excessive: **If a child has five consecutive days of absences during their regularly scheduled attendance or more than ten unexplained absences where no verbal or written communication with the parent is provided and not including an extraordinary circumstance, during a calendar month the provider can submit written notification to the local coalition or its designee who in turn shall determine the need for continued care for the child. As mandated in Rule 6M-4.200(8)(a), F.A.C., ELCs must document three attempts to contact the family and the provider prior to disenrollment. The coalition shall document in the case file all attempts to contact the parent by the coalition, provider or referring agency, if applicable.**
If it is determined that services are no longer needed, the local coalition or its designee shall send a notice of termination to the parent and provider two weeks prior to the disenrollment or through the end of the authorization period, whichever ends sooner. An at-risk child may not be disenrolled without written approval from the appropriate child welfare office.

iii. **[x]** A change in residency outside of the State or Territory.

Provide the Lead Agency's policy for a change in residency outside the State or Territory: **Services are discontinued if a family moves out of the state of Florida.**

iv. **[x]** Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Provide the Lead Agency's definition of fraud/intentional program violations that lead to discontinued assistance: **The ELCs are required to submit anti-fraud plans annually that include procedures for identifying fraud and due process procedures for clients. The ELCs must follow their DEL-approved anti-fraud plans to establish substantiated fraud amounting to termination prior to the conclusion of the 12-month period. In cases of intentional program violations, the ELCs are required to document instances of intentional program violations (IPVs) prior to termination.**

2.5.4 Reporting changes during the minimum 12-month eligibility period

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

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

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

[x] Yes.

[ ] No. If no, describe:

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

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

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

(i) 85 percent of SMI for a family of the same size; or,
(ii) An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:
    (A) Takes into account the typical household budget of a family with a low income
    (B) Provides justification that the second eligibility threshold is:
        (1) Sufficient to accommodate increases in family income over time that are typical for workers with low incomes and that promote and support family

economic stability

(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption

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

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

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

a. **[ ]** Not applicable. The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and therefore is not required to provide a graduated phase-out period. (If checked, skip to question 3.1.1.)

b. **[x]** The Lead Agency sets the second tier of eligibility at 85 percent of SMI. If checked, describe the policies and procedures: **Upon redetermination, after 12 months, and if the family income is above 150 percent FPL (entry level) and below 85 percent SMI, the parent begins to phase out of the SR Program. During this graduated phase-out, as a family's income increases, copayments will increase in gradual increments for family incomes above 150 percent FPL and up to 85 percent SMI. Once family income exceeds 85 percent SMI, the family is no longer eligible.**

   i. **[x]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out: **At the end of the initial 12-month eligibility period, if a family's income is above 150 percent FPL, but at or below 85 percent of the SMI, the family will enter the graduated phase-out. As the family's income increases, the co-payment gradually increases based on the approved sliding fee scale.**

   ii. **[x]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe: **During graduated phase-out, the family shall report any changes in family size or income to the ELC within 10 calendar days.**

c. **[ ]** The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold. If checked, provide the following information:

i. Provide the income level ($/month) and the percent of SMI for the second tier of eligibility for a family of three:

ii. Describe how the second eligibility threshold takes into account the typical household budget of a low-income family:

iii. Describe how the second eligibility threshold is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

iv. Describe how the second eligibility threshold reasonably allows a family to continue accessing child care services without unnecessary disruption:

v. **[ ]** Lead Agency adjusts the family's co-pay during the graduated phase-out period. If checked, describe how the Lead Agency gradually adjusts co-payment for families under a graduated phase-out period in proportion to a family's income growth. Include information on the percentage or amount of change made in the co-payment during graduated phase-out:

vi. **[ ]** Lead Agency requires additional reporting requirements during the graduated phase-out period. If checked, describe:

3 Child Care Affordability

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

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

3.1 Family Co-payments

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

ensure that the total payment to a child care provider is not reduced because of family's lowered or waived co-payment.

3.1.1 Family co-payment

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

a. What is the maximum percent of a family's gross income any family could be charged as a co-payment? **Currently, DEL requires co-pays to be no more than 10% of a family's income. The DEL is working to establish co-payment policies for families receiving CCDF assistance to be no more than 7% of family income to help ensure family co-payments are not a barrier to accessing child care.**

b. Does the Lead Agency certify that their sliding fee scales are always based on income and family size (regardless of how many different scales they may use)?

[x] Yes.

[ ] No. If no, describe:

3.1.2 Sliding fee scale

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

a. Is the sliding fee scale set statewide?

[ ] Yes.

[x] No. If no, describe how the sliding fee scale is set: **The DEL requires ELCs and RCMA to develop sliding fee scales based on the most current release of the Federal Poverty Guidelines and SMI. This information is provided in each ELC's and RCMA's SR Plan and subject to the DEL's approval. Most, but not all ELCs allow for a discounted fee for two or more children. Recent legislation from the 2024 legislative session moved the authority of setting copayments to the state instead of at the ELC level. DEL will be revising copayments in the upcoming year.**

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

	A	B	C	D	E	F
Family Size	Lowest monthly income at initial eligibility where the family is first charged a co-pay (greater than $0).	What is the monthly co-payment for a family of this size based on the income level in (A)?	What percentage of income is the co-payment in (B)?	Highest monthly income at initial eligibility where a family is charged a co-pay before a family is no longer eligible.	What is the monthly co-payment for a family of this size based on the income level in (D)?	What percentage of income is this co-payment in (E)?
1	**0.01**	**17.33**	**2.90**	**3073.75**	**294.67**	**9.60**
2	**0.01**	**17.33**	**2.10**	**4019.58**	**294.67**	**7.30**
3	**0.01**	**17.33**	**1.70**	**4965.33**	**294.67**	**5.90**
4	**0.01**	**17.33**	**1.40**	**5911.17**	**294.67**	**5.00**
5	**0.01**	**17.33**	**1.20**	**6859.92**	**294.67**	**4.30**

c. What is the effective date of the sliding-fee scale(s)? **July 1, 2024**

d. Provide the link(s) to the sliding-fee scale(s): **https://www.elcmdm.org/Content/Uploads/elcmdm.org/files/contracts/Copy%20of%202024-2025%20Sliding%20Fee%20Schedule%20template.pdf.**

e. Does the Lead Agency allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment?

[ ] No.

[x] Yes.

If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy does not provide a barrier and promotes affordability and access for families: **Providers have different practices on what they charge parents. This has not hindered access to a large variety of care. All contracted SR providers must inform parents prior to enrollment of any amount the provider charges in addition to the co-payment. Providers must also indicate in their statewide contract if they charge parents the difference between the reimbursement rate and the private pay rate.**

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: **Florida does not currently collect data on the size and frequency of the additional amounts charged to families above the required co-payment. Providers are required to indicate if they charge a differential to the families based on the private pay rate and the reimbursement rate. Of the 6,827 total CCDF providers,**

5,679 (83 percent) providers charge a differential to families.

3.2 Calculation of Co-Payment

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

3.2.1 Family co-payment calculation

a. How is the family's contribution calculated, and to whom is it applied? Check if the fee is a dollar amount or if the fee is a percent of income below, and then check all that apply under the selection, as appropriate.

i. **[x]** The fee is a dollar amount and (check all that apply):

[x] The fee is per child, with the same fee for each child.

[x] The fee is per child and is discounted for two or more children.

[ ] The fee is per child up to a maximum per family.

[ ]No additional fee is charged after a certain number of children.

[ ] The fee is per family.

[x] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe: **The DEL implements a sliding fee scale based on the most current release of the Federal Poverty Guidelines and SMI. This information is provided in each ELC's and RCMA's SR Plan and subject to the DEL's approval. Most, but not all ELCs allow for a discounted fee for two or more children. The sliding fee scale is updated annually based on the latest FPL/SMI information and is effective for use each year by July 1. Legislation was passed during the 2024 Legislative session that shifts the responsibility for developing a sliding fee scale from the ELCs to DEL.**

[ ]Other. Describe:

ii. **[ ]** The fee is a percent of income and (check all that apply):

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

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

[ ]The fee is per child up to a maximum per family.

[ ]No additional percentage is charged after a certain number of children.

[ ] The fee is per family.

[ ]The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe:

[ ] Other. Describe:

b. Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment? (Lead Agencies may not use price of care or amount of subsidy payment in determining co-payments).

[ ] No.

[x] Yes.

If yes, check and describe those additional factors below:

i. **[x]** Number of hours the child is in care. Describe: **If a child is authorized for part-time care, the parent is assessed a part-time co-payment. If a child is authorized for full-time care, the parent is assessed a full-time co-payment.**

ii. **[ ]**Quality of care (as defined by the Lead Agency). Describe:

iii. **[ ]** Other. Describe:

c. Describe any other policies the Lead Agency uses in the calculation of family co-payment to ensure it does not create a barrier to access. Check all that apply:

i. **[ ]** Base co-payments on only a portion of the family's income. For instance, only consider the family income over the federal poverty level.

ii. **[x]** Base co-payments on the number of children in the family and reduce a portion of the co-payments as the number of children being served increases.

iii. **[ ]**Other. Describe:

3.3 Waiving Family Co-payment

3.3.1 Waiving family co-payment

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

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

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

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

i. **[x]**Families with an income at or below 100% of the Federal Poverty Level for families of the same size.

ii. **[x]**Families with an income above 100% but at or below 150% of the Federal Poverty Level for families of the same size.

iii. **[x]**Families experiencing homelessness.

iv. **[x]**Families with children with disabilities.

v. **[x]**Families enrolled in Head Start or Early Head Start.

vi. **[x]**Children in foster care or kinship care, or otherwise receiving or needing to receive protective services. Describe the policy: **Per Rule 6M-4.400(6)(a), F.A.C., a co-payment may be waived on a case-by-case basis for families participating in an at-risk program as defined in Section 1002.81(1), F.S.**

vii. **[x]**Families meeting other criteria established by the Lead Agency. Describe the

policy: **In accordance with Section 1002.84(9), F.S., the coalition may waive the parent co-payment on a case-by-case basis. Each coalition must include a list of qualifying events in its coalition plan and outline the procedure for obtaining a waiver of a co-payment.**

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

Core purposes of CCDF are to provide participating parents choice in their child care arrangements and provide their children with equal access to child care compared to those children not participating in CCDF. CCDF requirements approach equal access and parental choice comprehensively to meet these foundational program goals. Providing access to a full range of child care providers helps ensure that families can choose a child care provider that meets their family's needs. CCDF payment rates and practices must be sufficient to support equal access by allowing child care providers to recruit and retain skilled staff, provide high-quality care, and operate in a sustainable way. Supply-building strategies are also essential.

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

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

4.1 Access to Full Range of Provider Options

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

4.1.1 Parent choice

a. Identify any barriers to provider participation, including barriers related to payment rates and practices, (including for family child care and in-home providers), based on provider feedback, public comment, and reports to the Lead Agency: **Identified barriers to participation are compliance with expanded health and safety training requirements, increased teacher training requirements, lower group sizes and lower reimbursement rates.**

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

[x] Yes.

[ ] No.

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

[x] Yes.

[ ] No.

d. Describe how the parent is informed that the child care certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; family child care homes; or in-home providers: **Information on parental choice is made widely available to parents via the DEL website and through consumer education materials provided by the ELCs and DEL. When parents become eligible for SR, they must sign a Terms and Conditions agreement that acknowledges their right to choose from a variety of child care categories pursuant to 45 CFR 98.30. Per Rule 6M-4.200(6), F.A.C., upon determination of eligibility, a parent shall be given a payment certificate to submit to an eligible child care provider to enroll the child in its school readiness program. The payment certificate shall at a minimum include the child(ren) for whom a coalition authorized child care, the provider the family selected, signatures of both the beneficiary and school readiness provider representative, the assessed parent copayment for each eligible child, the authorized hours of care and the authorized begin and end dates for school readiness services.**

e. Describe what information is included on the child care certificate: **The payment certificate shall, at a minimum, include the child(ren) for whom an ELC authorized child care, the provider the family selected, signatures of both the beneficiary and SR provider representative, assessed parent copayment for each eligible child, authorized hours of care, and authorized begin and end dates for SR services.**

4.2 Assess Market Rates and Analyze the Cost of Child Care

To establish subsidy payment rates that ensure equal access, Lead Agencies must collect and analyze statistically valid and reliable data and have the option to conduct either a (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child, or (2) an ACF pre-approved alternative methodology, such as a cost estimation model, which estimates the cost of care by incorporating both data and assumptions to estimate what expected costs would be incurred by child care providers and parents under different scenarios. All Lead Agencies must analyze the cost of providing child care through a narrow cost analysis or pre-approved alternative methodology.

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

Note: Any Lead Agency considering using an alternative methodology instead of a market rate survey to set payment rates, is required to submit a description of its proposed approach to OCC for pre-approval in advance of developing and conducting the alternative methodology. Advance approval is not required if the Lead Agency plans to implement both an MRS and an alternative

methodology to set rates at a percentile of the market rate, but a Lead Agency conducting a limited market rate survey and using it to inform their cost model would need pre-approval for this approach. In its request for ACF pre-approval, a Lead Agency must provide details on the following elements of their proposed alternative methodology:

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

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

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

a. **[x]** Market rate survey.

i. When were the data gathered (provide a date range; for instance, September – December 2023)? **DEL used the latest provider private pay rates between July 1, 2022, and June 30, 2023, when determining the average market rate. DEL used the latest month during that period (June 30, 2023). If June was not available, DEL used the last month the providers had available. The information is used to determine an adequate payment rate, enabling families using the subsidy to enter the child care market in a competitive position with the ability to find and afford high-quality care across the full range of child care provider types and services.**

b. **[ ]** ACF pre-approved alternative methodology.

i. **[ ]** The alternative methodology was completed.

ii. **[ ]** The alternative methodology is in process.

If the alternative methodology was completed:

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

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

If the alternative methodology is in progress:

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

c. Consultation on data collection methodology.

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

iii. State Advisory Council or similar coordinating body: **Prior to the development of the MRS, DEL gathers private pay rate data from contracted and non-contracted legally operating providers. DEL coordinates a statewide campaign, January-May, that includes a flyer and email blasts to the ELCs encouraging them to invite providers and local child care organizations to invite their members to participate in the MRS. Once MRS data is compiled, the DEL consults with the Association of Early Learning Coalitions, Florida Family Child Care Home Association, Florida Association for Education of Young Children, Florida Head Start Association, Florida Association for Child Care Management, and Florida Alliance of Children's Councils Trusts to share the results of the MRS. Provider association groups and other aforementioned stakeholders attended the December 19, 2023 MRS webinars, conducted to collect feedback. These entities are the same entities that are required to consult and coordinate with development of the plan. There were 380 participants during the course of the webinars that yielded suggestions on data collection used to capture the care levels and provider types. As a result of the feedback received from the webinars, DEL will raise the minimum and maximum acceptable rates for inclusion in the 2024 MRS.**

iv. Local child care program administrators: **The DEL consults with ELCs to obtain legally operating provider's private pay data by May 31. This data is used to conduct the MRS. Providers and ELCs attended the December 19, 2023 MRS webinars, conducted to collect feedback. There were 380 participants during the course of the webinars that yielded suggestions on data collection used to capture the care levels and provider types.**

v. Local child care resource and referral agencies: **The DEL consults with the ELCs and the local CCR&R agencies to conduct the MRS. Within the 30 ELCs are 30 CCR&R units that are responsible for coordinating efforts with child care providers to annually submit their private provider rates by the last business day in May. The DEL works with ELC CCR&R units as needed to coordinate this submission. There were 380 participants during the course of the webinars that yielded suggestions on data collection used to capture the care levels and provider types.**

vi. Organizations representing child care caregivers, teachers, and directors from all settings and serving all ages: **The DEL consults with Florida Family Child Care Home Association, Florida Association for Education of Young Children, Florida Head Start Association and Florida Association for Child Care Management to share the results of the MRS and to collect feedback on how the MRS was conducted.**

vii. Other. Describe:

d. An MRS must be statistically valid and reliable.

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

i. When was the market rate survey completed? **12/12/2023**

ii. What was the time period for collecting the information (e.g., all of the prices in the survey are collected within a three-month time period)? **The report is updated annually and covers the state fiscal year (July � June), with an emphasis on reporting the most recent rates during the period. The current report, published December 12, 2023, covers the 2022-2023 state fiscal year. The next reporting period will be issued in late 2024.**

iii. Describe how it represented the child care market, including what types of providers were included in the survey: **The market rate survey includes the following provider types: private center, family child care home, large child care home, public school, non-public school, after school program, and faith-based exempt providers offering services within Florida's 67 counties.**

iv. What databases are used in the survey? Are they from multiple sources, including licensing, resource and referral, and the subsidy program? **The division uses its Single Statewide Information System (SSIS) to complete the MRS.**

v. How does the survey use good data collection procedures, regardless of the method for collection (mail, telephone, or web-based survey)? **Annually, the DEL requires providers that participate in SR, Voluntary Prekindergarten (VPK) and CCR&R to update their profiles and provide their private pay rates in the SSIS. DEL gathers private pay rate data through the updated provider profiles in the SSIS to calculate the MRS.**

vi. What is the percent of licensed or regulated child care centers responding to the survey? **84.00**

vii. What is the percent of licensed or regulated family child care homes responding to the survey? **95.00**

viii. Describe if the survey conducted in any languages other than English: **The survey is completed in English.**

ix. Describe if data were analyzed in a manner to determine price of care per child: **Providers enter their private pay rates in the Provider Portal each year by May 31st. These rates are defined by age level and unit of care (full time or part time). The MRS consolidates this data by Full Time and Part Time, County, Provider Type, and Care Level. Based on these groupings, the following statistics are generated to analyze the price per child: Number of Providers with a rate in that category, Weighted Average Rate, Maximum Rate, Minimum Rate, Weighted Median Rate, Most Frequent Rate, and Weighted 75th Percentile. All weighting is done using the Licensed Capacity of each provider.**

x. Describe if data were analyzed from a sample of providers and if so, how the sample was weighted: **No, the MRS uses private pay rates from all providers in the SSIS. The private pay rates are weighted based on the total capacity of the provider.**

e. Price variations reflected.

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

i. Describe how the market rate survey or pre-approved alternative methodology reflected variation in geographic area (e.g., county, region, urban, rural). Include information on whether parts of the State or Territory were not represented by respondents and include information on how prices or costs could be linked to local geographic areas. **The market rate is based on the rates provided by providers per county. The market rate is based on age level and units of care (full time and part time rates) for providers from all 67 counties.**

ii. Describe how the market rate survey or pre-approved alternative methodology reflected variation in type of provider (e.g., licensed providers, license-exempt providers, center-based providers, family child care home providers, home based providers). **Rates are calculated based on the following provider types: private center, family day care home, large day child care home, public school, non-public school, after school program, and faith-based exempt center.**

iii. Describe how the market rate survey or pre-approved alternative methodology reflected age of child (e.g., infant, toddler, preschool, school-age): **Rates are displayed for the following care levels: infant, toddler, 2-year-old, preschool 3–5-year-olds, school age, and special needs.**

iv. Describe any other key variations examined by the market rate survey or ACF pre-approved alternative methodology, such as quality level: **Rates are calculated based on full-time and part-time weekly rates and if the provider is Gold Seal or a non-gold provider.**

4.2.2 Cost analysis

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

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

a. How did the Lead Agency conduct a narrow cost analysis (e.g., a cost model, a cost study, existing data or data from the Provider Cost of Quality Calculator)? **DEL collected full-time equivalents and corresponding base DEL-approved payment rates by county, care level, unit of care, and provider type for FY 2022-2023 from SSIS and private pay rates based on care level and unit of care from the FY 2022-23 MRS. These rates were adjusted by county using the corresponding Comparative Wage Factor (CWF).**
- DEL consolidated provider cost of care data from the FY 2022-2023 survey in Florida's SSIS. For the fiscal year, there were over 6,000 responses for annual expenditures in the following cost categories:
- Materials and curriculum,

- Food/food preparation,
- Maintenance,
- Regulatory costs,
- Operational costs, such as payroll/benefits, rent/mortgage and facility expenses, and
- Average number of children enrolled.

- Average enrollment numbers for centers and family child care homes were used as input to create a profile for a typical center and family child care home.
- The Provider Cost of Quality Calculator (PCQC) was used to estimate costs for a typical' center and family child care home at this link: https://pcqc.acf.hhs.gov.
- Input from SR program staff and data from the FY 2022-2023 survey in Florida's SSIS was used to create a base scenario for a center and a family child care home.
- The PCQC used the classroom and teacher/student ratios entered to create a model of the staff needed to support the business.
- The PCQC included a range of salaries for staff members based on wages in Florida for each position at a typical provider. Three scenarios were created using the ranges of salaries provided:
- Base basic licensure, lowest salary amount.
- Tier 1 Quality midpoint salaries.
-Tier 2 Quality highest salaries.
- DEL multiplied the full-time equivalents by the corresponding rates (base DEL-approved payment rates, statewide 75th percentile private pay rates, Base, Tier 1 Quality, and Tier 2 Quality). These rates were annualized by multiplying by 260 days of care. The CWF was applied to the estimates to account for cost differences between counties.
- The annualized differences between the current base DEL-approved payment rates and the statewide 75th percentile private pay rates, Base, Tier 1 Quality, and Tier 2 Quality rates were then compared to estimate the additional cost to the state of the various possible rates.

b. In the Lead Agency's analysis, were there any relevant variations by geographic location, category of provider, or age of child? **There were variations based on the age of the child (Infant, Toddler and 2-Year-Old, Preschool (Age 3,4,5), and School-Age. The analysis found that the cost of care was highest for the infant care level and steadily decreased through the school age care level. The analysis was done for the following provider categories: Centers and Family Child Care Homes. The analysis used statewide averages and did not include variations by geographic region. DEL collected full-time equivalents and corresponding base DEL-approved payment rates by county, care level, unit of care, and provider type for FY 2022-2023 from Florida's Single Statewide Information System (SSIS) and private pay rates based on care level and unit of care from the FY 2022-23 MRS. These rates were adjusted by county using the corresponding Comparative Wage Factor.**

c. What assumptions and data did the Lead Agency use to determine the cost of care at the base level of quality (e.g., ratios, group size, staff compensations, staff training, etc.)? **When determining whether the PCQC was a reasonably appropriate estimate of the cost of care, DEL considered the following:**
- Recommendations from Region IV CCDF staff to use the PCQC tool.
- Specific guidance from Quality Assurance consultants from federal contractor ICF when establishing center and family child care home models in the PCQC.
-The PCQC's detailed cost modeling, using Florida industry averages for costs including:

- Personnel Costs
- Director Salary
- Education Coordinator Salary
- Teacher Assistant Salary
- Substitute Hourly Wage
- Workers Compensation
- Unemployment Rate
- Unemployment (maximum basis for annual wages)
- Health Insurance
- Annual Paid Time Off (hours per staff)
- Additional Benefits
- Annual Teaching Staff Training
- Training Fees and Background Checks
- Percent Additional Teaching Staff Time
- Additional Per-Staff Cost
- Non-Personnel Costs
- Food & Food Prep
- Kitchen Supplies
- Classroom Supplies
- Education Supplies
- Office Supplies & Equipment
- Medical Supplies
- Insurance
- Square Feet (average per classroom)
- Rent, Lease, or Mortgage
- Utilities
- Building Insurance
- Maintenance, Repair, and Cleaning
- Additional Per Classroom Cost
- Transportation
- Telephone & Internet
- Audits & Legal Fees
- Licensing Fees and Permits
- Professional Services and Fees Accreditation Fees
- Professional Membership and Subscriptions
- Additional Per Site Cost

- Whether the cost drivers are pertinent to Florida, and to what extent each of the potential cost drivers are appropriate given different levels of care ranging from Base (basic licensing), Tier 1 Quality (SR contract eligible) and Tier 2 Quality (high quality care).

- The resulting decision was to use the cost of care estimator with the following cost drivers:
  - Emphasize modeling an average center and family child care home using the average monthly children served and overall costs from the FY 2022-2023 survey in Florida's SSIS.
  - Classify Base, Tier 1 and Tier 2 providers based on the lower, mid and higher salary ranges for all staff members for centers and family child care homes.
  - Use the PCQC tool's incorporated Florida-specific salary ranges.

d. How does the Lead Agency define higher quality and what assumptions and data did the Lead Agency use to determine cost at higher levels of quality (e.g., ratio, group size, staffing levels, staff compensation, professional development requirements)? A Lead Agency can use a quality improvement system or other system of quality indicators (e.g., accreditation, pre-Kindergarten standards, Head Start Program Performance Standards, or State-defined quality measures). **DEL's quality indicators are reflected in Rule 6M-4.740, F.A.C., which requires SR providers to have a program assessment that meets the Contract Minimum Threshold of 4.00 prior to executing a SR contract. Program assessment refers to the measurement of the quality of teacher-child interactions, including responsive caregiving, behavioral support, engaged support for learning, classroom organization, and instructional support for children using the assessment adopted by the DEL.**

Quality Performance Incentive:

SR providers are eligible to receive Quality Performance Incentive (QPI) differentials for each care level and unit of care based upon their program assessment composite scores. Providers with program assessment composite scores of: 4.50 to 4.99 receive a 4% differential. 5.00 to 5.99 receive a 7% differential. 6.00 to 7.00 receive a 10% differential. The SR reimbursement rates were weighted based on the number of days paid in the last month the provider received payments in Fiscal Year 2022-23. For most providers, this was June 2023. To avoid excluding SR rate information, the MRS process checked previous months and reported the days paid for each rate in the latest month. The days paid by provider, care level and unit of care were used to weight the SR rates.

Gold Seal:

The Gold Seal Quality Care program acknowledges child care facilities and family day care homes that are accredited by nationally recognized agencies based on the applicable accrediting standards of the National Association for the Education of Young Children, the National Association of Family Child Care, and the National Early Childhood Program Accreditation Commission. Head Start, Early Head Start and Migrant and Seasonal Head Start programs that receive subsidy rates and are accredited are also eligible for the Gold Seal program. In addition, s. 1002.945(6), F.S., provides that a child care facility which participates in the SR program and has achieved Gold Seal Quality status shall receive a minimum 20 percent rate differential for each enrolled SR child by care level and unit of care.

e. What is the gap between cost and price, and how did the Lead Agency consider this while setting payment rates? Did the Lead Agency target any rate increases where gaps were the largest or develop any long-term plans to increase rates based on this information? **The current DEL-approved payment rates were used as the starting point of the narrow cost analysis. The baseline annual cost was estimated using the current DEL-approved payment rates multiplied by the corresponding full-time equivalents and then multiplied by 260 days of care. This dollar amount was used as the starting point for comparing how much additional funds would be required for any identified gap.**

- **Next, the same process was done using the Tier 1 Quality level rates. The Tier 1 Quality level annual cost was estimated using the Tier 1 Quality rates multiplied by the corresponding full-time equivalents and then multiplied by 260 days of care.**
- **The same process was done using the Tier 2 Quality level rates. The Tier 2 Quality level annual cost was estimated using the Tier 2 Quality rates multiplied by the**

corresponding full-time equivalents and then multiplied by 260 days of care.

- Finally, the same process was done using the county-level 75th percentile private pay rate from the 2022-2023 MRS. The annual cost of the statewide 75th percentile private pay rate was estimated using the county-level 75th percentile level rates multiplied by the corresponding full-time equivalents and then multiplied by 260 days of care.

- DEL then compared the analysis' annualized cost of the different sets of rates compared to the current DEL-approved payment rates. The analysis showed the following:

- Increasing rates to the Base level would increase the state's annual costs by 24%.

- Increasing rates to the Tier 1 Quality level would increase the state's annual costs by 52%.

- Increasing rates to the Tier 2 Quality level would increase the state's annual costs by 81%.

- Increasing rates to the county-level 75th percentile level would increase the state's annual costs by 40%. During the 2024 Legislative Session, the legislature increased reimbursement rates to meet, at a minimum, 85% of the of 75th percentile of the current market rate survey. The new reimbursement rates will become effective July 1, 2024. DEL found that when making these comparisons that the base reimbursement rates are lower than the cost of care base level. DEL strives to bring all reimbursement rates up.

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

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

The Lead Agency must make this report widely available no later than 30 days after completion of the report, including posting the results on the Lead Agency website. The Lead Agency must describe in the detailed report how the Lead Agency took into consideration the views and comments of the public or stakeholders prior to conducting the MRS or ACF pre-approved alternative methodology.

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

i. Provide the date the report was completed: **2/23/2024**

ii. Provide the date the report containing results was made widely available (no later than 30 days after the completion of the report): **2/29/2024**

iii. Provide a link to the website where the report is posted and describe any other strategies the Lead Agency uses to make the detailed report widely available: **https://www.fldoe.org/schools/early-learning/rep-pol-guide/market-rate.stml**

iv. Describe how the Lead Agency considered partner views and comments in the detailed report. Responses should include which partners were engaged and how partner input influenced the market rate survey or alternative methodology: **The**

department provided a subset of ELCs, RCMA, providers, provider association groups and other interested stakeholders the draft 2022-23 MRS for their review and feedback. A webinar was held on December 19, 2023, to present the initial results of the MRS. The webinar participants were informed of the CCDF's requirement to analyze the cost of providing child care services by conducting a narrow cost analysis. The webinar participants' suggestion to make changes to the upper and lower limit of acceptable rates, meaning that the MRS excludes pay daily rates that are either too high or too low to be reasonable, was incorporated. The final MRS was completed, posted to the DEL website and shared with ELCs, RCMA, providers, provider organization groups and other stakeholders on February 29, 2024 at the following link: https://www.fldoe.org/schools/early-learning/rep-pol-guide/market-rate.stml.

4.3 Adequate Payment Rates

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

The ages and types of care listed in the base payment rate tables are meant to provide a snapshot of the categories of rates and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. If rates are not statewide, please provide all variations of payment rates when reporting base payment rates below.

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

4.3.1 Payment rates

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

[ ] Yes.

i. If yes, check if the Lead Agency:

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

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

[x] No.

ii. If no, identify how many jurisdictions set their own payment rates: **31**

b. Provide the date the current payment rates became effective (i.e., date of last payment rate update based on most recent MRS or ACF pre-approved alternative methodology as reported in 4.2.1). **7/1/2024**

c. If the Lead Agency does not publish weekly rates, then how were the rates reported in 4.3.2 or 4.3.3 calculated (e.g., were daily rates multiplied by 5 or monthly rates divided by 4.3)? **The market rate survey displays daily rates. The daily rates were multiplied by 5 to get the weekly rate.**

4.3.2 Base payment rates

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

The preamble to the 2016 final rule states that a benchmark for adequate payment rates is the 75th percentile of the most recent MRS. The 75th percentile benchmark applies to the base rates. The 75th percentile is the number separating the lowest 75 percent of rates from the highest 25 percent. Setting rates at the 75th percentile, while not a requirement, would ensure that eligible families can afford three out of four child care providers. In addition to reporting the 75th percentile in the tables below, the Lead Agency must also report the 50th percentile and 60th percentile for each identified category.

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

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

Provide the full-time weekly base payment rates in the table below. If weekly payment rates are not published, then the Lead Agency will need to calculate its equivalent.

i. Table 1: Complete if rates are set statewide. If rates are not set statewide, provide rates for most populous region. Percentiles are not required if the Lead Agency also conducted an ACF

pre-approved alternative methodology but must be reported if the Lead Agency conducted an MRS only.

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)	55.20 Per Day	100.00	276.00	76.50	220.00	240.00	275.00		
Family Child Care for Infants (6 months)	55.20 Per Day	100.00	276.00	92.10	170.00	200.00	215.00		
Center Care for Toddlers (18 months)	40.80 Per Day	100.00	204.00	57.70	195.00	207.50	230.00		
Family Child Care for Toddlers (18 months)	40.80 Per Day	100.00	204.00	78.80	160.00	170.00	200.00		
Center Care for Preschoolers (4 years)	28.00 Per Day	100.00	140.00	36.60	160.00	180.00	210.00		
Family Child Care for Preschoolers (4 years)	28.00 Per Day	100.00	140.00	42.70	150.00	150.00	175.00		
Center Care for School-Age (6 years)	22.07 Per Day	100.00	110.35	33.50	133.00	150.00	175.00		
Family Child Care for School-Age (6 years)	22.07 Per Day	100.00	110.35	28.60	130.00	145.00	160.00		

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

Care Type	Base payment rate (specify unit, e.g., per day, per week, per month)	% of providers receiving Base rate	Full-Time Weekly Base Payment Rate	What is the percentile of the rate? (MRS)	What is the 50th percentile of the rate? (MRS)	What is the 60th percentile of the rate? (MRS)	What is the 75th percentile of the rate? (MRS)	What is the estimated cost of care? (Alternative Methodology)	What percent of the estimated cost of care is the rate?
Center Care for Infants (6 months)									
Family Child Care for Infants (6 months)									
Center Care for Toddlers (18 months)									
Family Child Care for Toddlers (18 months)									
Center Care for Preschoolers (4 years)									
Family Child Care for Preschoolers (4 years)									
Center Care for School-Age (6 years)									
Family Child Care for School-Age (6 years)									

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

[x] Yes.

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

ACF pre-approved alternative methodology? Describe:

4.3.3 Tiered rates, differential rates, and add-ons

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

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

[x] Yes. If yes, describe the add-ons, including what they are, who is eligible to receive the add-ons, and how often are they paid: **Quality Performance Incentive: Providers who receive a program assessment composite score at or above the Contract Minimum Threshold score, as defined in Rule 6M-4.500, F.A.C., shall receive a tiered QPI differential rate above the established coalition reimbursement rate for each care level and unit of care. A child care provider's QPI differential shall be based on the most recent program assessment composite score.**
- Providers who receive a score of 4.50 to 4.99 shall receive a four percent differential.
- Providers who receive a score of 5.00 to 5.99 shall receive a seven percent differential.
- Providers who receive a score of 6.00 to 7.00 shall receive a ten percent differential.

Reimbursement for Child Assessments: An eligible child care provider shall receive a child assessment differential reimbursement rate of five percent higher than the established coalition reimbursement rate for each care level and unit of care. To be eligible to receive the child assessment differential rate, a provider shall complete child assessments with a DEL approved assessment tool conducted by teachers determined reliable as defined by the child assessment tool at least three times per year and submit valid and reliable data to the statewide information system. A child care provider that is currently on a Quality Improvement Plan, pursuant to Rule 6M-4.740, F.A.C., is not eligible for the child assessment differential reimbursement.

The reimbursement rate for the Gold Seal differential must be a minimum of 20 percent above the established coalition reimbursement rate for each care level and unit of care, to SR providers who have achieved a Florida Gold Seal Quality Care designation through accreditation.

A special needs rate may be negotiated up to 20 percent above the infant payment rate. This rate differential is locally determined and helps ensure that providers who accept children with special needs are able to make the appropriate modifications necessary to meet each child's unique circumstances. To justify this rate, a provider must show that they are providing care above and beyond Americans with Disabilities Act (ADA) requirements for child care facilities.

[ ] No.

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

[x] Yes.

[ ] No. Tiered or differential rates are not implemented.

If yes, identify below any tiered or differential rates, and, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS or an ACF pre-approved alternative methodology. Check and describe all that apply:

i. **[ ]** Differential rate for non-traditional hours. Describe:

ii. **[x]** Differential rate for children with special needs, as defined by the Lead Agency. Describe: **A special needs rate may be negotiated up to 20 percent above the infant payment rate. This rate differential is locally determined and helps ensure that providers who accept children with special needs are able to make the appropriate modifications necessary to meet each child's unique circumstances. To justify this rate, a provider must show that they are providing care above and beyond ADA requirements for child care facilities.**

iii. **[ ]** Differential rate for infants and toddlers. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on. Describe:

iv. **[ ]** Differential rate for school-age programs. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on. Describe:

v. **[x]** Differential rate for higher quality, as defined by the Lead Agency. Describe: **The reimbursement rate for the Gold Seal differential must be a minimum of 20 percent above the established coalition reimbursement rate for each care level and unit of care, to SR providers who have achieved a Florida Gold Seal Quality Care designation through accreditation.**

Quality Performance Incentive: Providers who receive a program assessment composite score at or above the Contract Minimum Threshold score, as defined in Rule 6M-4.500, F.A.C., shall receive a tiered QPI differential rate above the established coalition reimbursement rate for each care level and unit of care. A child care provider's QPI differential shall be based on the most recent program assessment composite score.
- Providers who receive a score of 4.50 to 4.99 shall receive a four percent differential.
- Providers who receive a score of 5.00 to 5.99 shall receive a seven percent differential.
- Providers who receive a score of 6.00 to 7.00 shall receive a ten percent differential.

vi. **[ ]** Other differential rates or tiered rates. For example, differential rates for geographic area or for type of provider. Describe:

vii. If applicable, describe any additional add-on rates that you have besides those identified above.

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

payment rate?

[ ] Yes. If yes, describe:

[x] No.

4.3.4 Establishing payment rates

Describe how the Lead Agency established payment rates:

a. What was the Lead Agency's methodology or process for setting the rates or how did the Lead Agency use their data to set rates? **DEL and the state legislature compared data from the Narrow Cost Analysis that established three levels of quality and compared this data to the Market Rate Survey. It was determined that the goal would be to increase rates to meet the base quality of care level from the Narrow Cost Analysis. To achieve this, reimbursement rates were increased to, at a minimum, 85% of the 75th percentile.**

b. How did the Lead Agency determine that the rates are adequate to meet health, safety, quality, and staffing requirements under CCDF? **By comparing the current rates to the 75th percentile of the market rate and the 3 tiers used in the narrow cost analysis. Using the narrow cost analysis, DEL determined that the current rates set in 2022 did not meet the base level of quality to ensure the minimum health, safety and staffing requirements are met. DEL will continue to work with the legislature to increase payment rates.**

c. How did the Lead Agency use the cost of care, either from the narrow cost analysis or the ACF pre-approved alternative methodology to inform rate setting, including how using the cost of care promotes the stabilization of child care providers? **Using the narrow cost analysis, DEL determined that the current rates set in 2022 did not meet the base level of quality. The legislature passed legislation during the 2024 legislative session to increase rates to, at a minimum, meet 85% of the 75th percentile of the current market rate survey.**

d. How did the Lead Agency account for the cost of higher quality while setting payment rates?
1002.945(6), F.S., provides that a child care facility which participates in the SR program and has achieved Gold Seal Quality status shall receive a minimum 20 percent rate differential for each enrolled SR child by care level and unit of care. Quality: SR providers are eligible to receive QPI differentials for each care level and unit of care based upon their program assessment composite scores. Providers with program assessment composite scores of: 4.50 to 4.99 receive a 4% differential. 5.00 to 5.99 receive a 7% differential. 6.00 to 7.00 receive a 10% differential. Using the narrow cost analysis, DEL determined that the current rates set in 2022 did not meet the base level of quality to ensure the minimum health, safety and staffing requirements are met. DEL will continue to work with the legislature to increase payment rates.

e. Identify and describe any additional facts (not covered in responses to 4.3.1 – 4.3.3) that the Lead Agency considered in determining its payment rates to ensure equal access.

4.4 Payment Practices to Providers

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

Lead Agencies must also (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents. These policies apply to all provider types unless the Lead Agency can demonstrate that in limited circumstances the policies would not be considered generally-accepted payment practices.

In addition, Lead Agencies must ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and have timely appeal and resolution processes for any payment inaccuracies and disputes.

4.4.1 Prospective and enrollment-based payment practices

Lead Agencies must use payment practices for all CCDF child care providers that reflect generally-accepted payment practices of providers serving private-pay families, including paying providers in advance or at the beginning of the delivery of child care services and paying based on a child's authorized enrollment or an alternative approach for which the Lead Agency must demonstrate paying for a child's authorized enrollment is not practicable and it will not undermine the stability of child care programs. Lead Agencies may only use alternate approaches for subsets of provider types if they can demonstrate that prospective payments and authorized enrollment-based payment are not generally-accepted for a type of child care setting. Describe the Lead Agency payment practices for all CCDF child care providers:

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

[ ] Yes. If yes, describe:

[x] No, it is not a generally-accepted payment practice for each provider type. If no, describe the provider type not paid prospectively and the data demonstrating it is not a generally-accepted payment practice for that provider type, and describe the Lead Agency's payment practice that ensures timely payment for that provider type: **DEL currently requires in the annual grant agreement all ELCs and RCMA to pay child care providers within no more than 21 calendars days for services rendered during the prior month. The DEL will work to amend Rule 6M-4.500, F.A.C. and other applicable policies to align with the new final rule and pay based on enrollment.**

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

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

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

payment policy accounts for fixed costs:

[x] It is impracticable. Describe provider type(s) for which it is impracticable, why it is impracticable, and the alternative approach the Lead Agency uses to delink provider payments from occasional absences, including evidence that the alternative approach will not undermine the stability of child care programs, and thereby accounts for fixed costs: **State supports fixed costs of providing child care services by requiring the ELCs to reimburse the provider based on the child's authorized hours of care needed, either part-time or full-time. For a child who is authorized only full-time care an ELC shall not recoup or adjust a provider's reimbursement for days a child attends part-time. The ELC shall not reduce authorized hours of care prior to redetermination unless the parent requests a reduction in the authorized hours of care based on hours of care needed (Rule 6M-4.500, F.A.C.).**

The State currently supports fixed costs of providing child care service' by delinking provider payments from a child's occasional absences and providing full payment if a child is absent for up to a certain number of days in a month. In accordance with Rule 6M-4.500(4), F.A.C., reimbursement shall be authorized for no more than three absences per calendar month per child except in the event of extraordinary circumstances, in which case the coalition or its designee shall document approval for payment based on written documentation provided by the parent justifying the excessive absence for up to an additional 10 days.

4.4.2 Other payment practices

Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time, and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents, unless the Lead Agency provides evidence that such practices are not generally-accepted for providers caring for children not participating in CCDF in its State or Territory.

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

[x] Yes.

[ ] No. If no, describe the policies or procedures that are different than paying on a part-time or full-time basis and the Lead Agency's rationale for not paying on a part-time or full-time basis:

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

[x] Yes. If yes, identify the fees the Lead Agency pays for: **A registration fee of up to $75 per child will be paid to SR providers. This payment will be limited to two times during a child's continuous time in the SR Program within a 5-year period. However, if the child is attending a provider and the provider closes or has its contract terminated, the ELC shall pay the registration fee at the new provider. This is a one-time exception and does not count towards the two-time limit. If there is a break in care of 12 consecutive months, the two-time limit refreshes.**
Hardship exceptions for the two-time limit include:

-Illness of the child or parent requiring the family to relocate;
-Loss of a parent that would result in the family having to move;
-Loss of employment that would result in the family having to move;
-Being evicted that would result in the family having to move;
-Natural or man- made disasters;
-The child is expelled; or
- Guardianship transfer.

Providers will be required to return the registration fee if they expel children or require families to transfer within three months of enrollment. The DEL has conducted a statewide survey and data analysis to support this policy.
[Rule 6M-4.500(6), F.A.C.]

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

c. Describe how the Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process: **All CCDF providers complete Form DEL-SR-20 � Statewide SR Provider Contract. This stipulates payment policies, including rates, schedules, and any fees charged to providers, and the dispute-resolution process.**

d. Describe how the Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur: **Through the ELCs, the State provides prompt notice to providers and families regarding any changes to the family's eligibility status that may impact payment. Rule 6M-4.200, F.A.C., requires ELCs to notify providers within two weeks if a child is determined ineligible or whose enrollment will be terminated.**

e. Describe the Lead Agency's timely appeal and resolution process for payment inaccuracies and disputes: **The State has a timely appeal and resolution process for payment inaccuracies and disputes, as provided in the Statewide SR Provider Contract (contract). If a provider disputes any action taken by the ELC pursuant to the terms of the contract, the provider may request a review hearing. The ELC and provider will decide upon a date and time for the review hearing within 45 days of the request for the review hearing. At that point, a Review Hearing Committee will assess the claims of the provider. The ELC will be provided a reasonable opportunity to submit rebuttal evidence. Following the completion of the presentations the Review Heading Committee will vote on each of the provider's claims.**

f. Other. Describe any other payment practices established by the Lead Agency:

4.4.3 Payment practices and parent choice

How do the Lead Agency's payment practices facilitate provider participation in all categories of care? **Florida uses the same process for all provider types. Payment practices are consistent with**

the child care industry and thus encourages a wide range of participation by providers in the program. Each ELC signs a grant agreement with the DEL to ensure that payments to providers will be made within 21 calendar days. The State supports fixed costs of providing child care services by requiring the ELC to reimburse the provider based on the child's authorized hours of care needed, either part-time or full- time. For a child who is authorized only full-time care, an ELC shall not recoup or adjust a provider's reimbursement for days a child attends part-time. The ELC shall not reduce authorized hours of care prior to redetermination unless the parent requests a reduction in the authorized hours of care based on hours of care needed (Rule 6M-4.500 F.A.C.). The State delinks provider payments from a child's occasional absences and provides full payment if a child is absent for up to a certain number of days in a month. Reimbursement for child care is full-time or part-time with additional units of care for extended hours (greater than full-time care), and one unit of care for less than part-time care. A registration fee of up to $75 per child will be paid to the provider, this payment will be limited to two times within a five year period during a child's continuous time in the SR Program. All CCDF providers complete Form DEL-SR-20 ⍰ Statewide SR Provider Contract. This stipulates payment policies, including rates, schedules, and any fees charged to providers, and the dispute-resolution process. The State provides notice to providers regarding any changes to the family's eligibility status that may impact payment through the ELCs. ELCs provide notification to providers and parents of any eligibility status changes. Rule 6M- 4.200, F.A.C., requires ELCs notify providers within two weeks if a child is determined ineligible or whose enrollment is terminated. The State has a timely appeal and resolution process for payment inaccuracies and disputes, as provided in the Statewide SR Provider Contract.

4.5 Supply Building

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

4.5.1 Child care services available through grants or contracts

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

[x] Yes, statewide. Describe how the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider: **The DEL makes contracted slots available to all ELCs. Contracted slots may be used to address capacity issues such as child care deserts, infant/toddler care availability, and care during nontraditional hours. To ensure contacted slots are used for each of the three targeted population groups, the DEL will submit a waiver for additional time to thoughtfully and strategically update legislative language in coordination and collaboration with elected members of the Florida Legislature, stakeholders and leadership to ensure the revised statute sufficiently addresses the changes while considering impacts, if any, to parents, providers, Early Learning Coalitions and other stakeholder**
Information on parental choice is made widely available to parents through the DEL website and consumer education materials provided by the ELCs and DEL. Further, when parents become eligible for SR, they must sign a Terms and Conditions agreement that

acknowledges their rights to choose from a variety of child care categories pursuant to 45 CFR 98.30. Parents are not limited to selecting providers that receive contracted slots; those that choose to utilize services with ELCs implementing contracted slots have access to the full range of child care services available.

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

[ ] No. If no, describe any Lead Agency plans to provide direct child care services through grants and contracts for child care slots:

If no, skip to question 4.5.2.

i. If yes, identify the populations of children served through grants or contracts for child care slots (check all that apply). For each population selected, identify the number of slots allocated through grants or contracts for direct service of children receiving CCDF.

[x] Children with disabilities. Number of slots allocated through grants or contracts: **Contracted Slots are made available to ELCs as needed. To ensure contacted slots are used for each of the three targeted population groups, the DEL will submit a waiver for additional time to thoughtfully and strategically update legislative language in coordination and collaboration with elected members of the Florida Legislature, stakeholders and leadership to ensure the revised statute sufficiently addresses the changes while considering impacts, if any, to parents, providers, Early Learning Coalitions and other stakeholders.**

[x] Infants and toddlers. Number of slots allocated through grants or contracts: **Contracted Slots are made available to ELCs as needed. To ensure contacted slots are used for each of the three targeted population groups, the DEL will submit a waiver for additional time to thoughtfully and strategically update legislative language in coordination and collaboration with elected members of the Florida Legislature, stakeholders and leadership to ensure the revised statute sufficiently addresses the changes while considering impacts, if any, to parents, providers, Early Learning Coalitions and other stakeholders.**

[x] Children in underserved geographic areas. Number of slots allocated through grants or contracts: **Contracted Slots are made available to ELCs as needed. To ensure contacted slots are used for each of the three targeted population groups, the DEL will submit a waiver for additional time to thoughtfully and strategically update legislative language in coordination and collaboration with elected members of the Florida Legislature, stakeholders and leadership to ensure the revised statute sufficiently addresses the changes while considering impacts, if any, to parents, providers, Early Learning Coalitions and other stakeholders.**

[x] Children needing non-traditional hour care. Number of slots allocated

through grants or contracts: **Contracted Slots are made available to ELCs as needed.**

[x] School-age children. Number of slots allocated through grants or contracts: **Contracted Slots are made available to ELCs as needed.**

[x] Children experiencing homelessness. Number of slots allocated through grants or contracts: **Contracted Slots are made available to ELCs as needed.**

[x] Children in urban areas. Percent of CCDF children served in an average month: **Contracted Slots are made available to ELCs as needed.**

[x] Children in rural areas. Percent of CCDF children served in an average month: **Contracted Slots are made available to ELCs as needed.**

[ ] Other populations. If checked, describe:

ii. If yes, how are rates for slots funded by grants and contracts determined by the Lead Agency? **If a coalition participates in the Contracted Slots Program and the coalition determines a provider is eligible for the program in accordance with Rule 6M-4.610, F.A.C., then the coalition may reimburse the provider a differential up to 10 percent above the coalition reimbursement rate for each care level.**

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

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

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

[x] Yes.

[ ] No.

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

i. **[ ]** Restricted based on the minimum number of children in the care of the in-home provider to meet the Fair Labor Standards Act (minimum wage) requirements. Describe:

ii. **[x]** Restricted based on the in-home provider meeting a minimum age requirement. Describe: **In-home care providers must meet the same requirements as family day care homes. Operators must be 18 years of age or older.**

iii. **[ ]** Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours). Describe:

iv. **[ ]** Restricted to care by relatives. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider.) Describe:

v. **[ ]** Restricted to care for children with special needs or a medical condition. Describe:

vi. **[ ]** Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF. Describe:

vii. **[x]** Other. Describe: **Informal child care providers are restricted to providing care**

to eligible children from only one family who are, by marriage, blood relationship, or court decree, the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece, or nephew of such provider, and complies with any applicable requirements that govern child care provided by the relative involved. ELCs ensure a Level 2 background screening is completed for these providers. Informal child care reimbursement rates are established at no more than one-half the legally operating family day care home rate per child. Informal providers must complete an annual health and safety checklist, which must be posted on premises in a conspicuous location and submitted to the ELC. Informal providers are also required to have either liability insurance or maintain a homeowner's insurance policy that provides a minimum of $100,000 of coverage per occurrence and a minimum of $300,000 general aggregate coverage.

4.5.3 Shortages in the supply of child care

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

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

a. In infant and toddler programs:

i. Data sources used to identify shortages: **The Sunshine Portal was created in partnership with the DEL and the University of Florida Anita Zucker Center for Excellence in Early Childhood Studies (UF AZCEECS). It can be found at Sunshine Portal | Anita Zucker Center (ufl.edu). The portal provides extensive data and analysis to track local and statewide levels of capacity, quality, and parent choice in infant and toddler programs. DEL's Sunshine Portal contains the Florida Index of Child Care Access (FLICCA, version 4.2), an interactive mapping tool that allows users to view levels of access to quality child care for families enrolled in the Florida SR Program. UF AZCEECS regularly meets with ELCs to identify shortages and discuss potential policy changes to address gaps in services. This tool is updated annually. ELCs use this information annually to complete their community needs assessment.**

ii. Method of tracking progress: **DEL meets with UF AZCEECS monthly and continues to use The Sunshine Portal to identify areas where there are child care deserts and work with the coalitions and other stakeholders to encourage high-quality child care programs open to serve the population. The portal is updated annually and aggregated by fiscal years to compare data, track progress and identify trends. DEL participates in joint meeting with ELCs and UF AZCEECS to identify shortages and discuss potential policy changes to address gaps in services.**

iii. What is the plan to address the child care shortages using family child care homes **The Sunshine Portal was created in partnership with the UF AZCEECS. The portal provides extensive data and analysis to track local and statewide levels of capacity, quality, and parent choice in family child care homes. DEL's Sunshine Portal contains the Florida Index of Child Care Access (FLICCA, version 4.2), an interactive mapping tool that allows users to view levels of access to quality child care for families enrolled in the Florida SR Program. UF AZCEECS regularly meets**

with ELCs to identify shortages and discuss potential policy changes to address gaps in services. This tool is updated annually. ELCs use this information annually to complete their community needs assessment. The DEL works closely with the UF AZCEECS and local ELCs to determine the best strategies to address identified shortages and recruit family child care homes.

iv. What is the plan to address the child care shortages using child care centers? **The Sunshine Portal was created in partnership with the UF AZCEECS. The portal provides extensive data and analysis to track local and statewide levels of capacity, quality, and parent choice in child care centers. DEL's Sunshine Portal contains the Florida Index of Child Care Access (FLICCA, version 4.2), an interactive mapping tool that allows users to view levels of access to quality child care for families enrolled in the Florida SR Program. UF AZCEECS regularly meets with ELCs to identify shortages and discuss potential policy changes to address gaps in services. This tool is updated annually. ELCs use this information annually to complete their community needs assessment. The DEL works closely with the UF AZCEECS and local ELCs to determine the best strategies to address identified shortages and recruit family child care homes.**

b. In different regions of the State or Territory:

i. Data sources used to identify shortages: **Sunshine Portal**

ii. Method of tracking progress: **DEL meets with UF AZCEECS monthly and continues to use The Sunshine Portal to identify areas where there are child care deserts and work with the coalitions and other stakeholders to encourage high-quality child care programs open to serve the population. The portal is updated annually and aggregated by fiscal years to compare data, track progress and identify trends. DEL participates in joint meeting with ELCs and UF AZCEECS to identify shortages and discuss potential policy changes to address gaps in services.**

iii. What is the plan to address the child care shortages using family child care homes? **Using information from the Sunshine Portal, DEL will provide ELCs with targeted technical assistance and identify various strategies to address shortages. ELCs are able to utilize various strategies to recruit providers, including the use of contracted slots, grants and leveraging community partnerships.**

iv. What is the plan to address the child care shortages using child care centers? **Using information from the Sunshine Portal, DEL will provide ELCs with targeted technical assistance and identify various strategies to address shortages. ELCs are able to utilize various strategies to recruit providers, including the use of contracted slots, grants and leveraging community partnerships.**

c. In care for special populations:

i. Data sources used to identify shortages: **Sunshine Portal**

ii. Method of tracking progress: **DEL meets with UF AZCEECS monthly and continues to use The Sunshine Portal to identify areas where there are child care deserts and work with the coalitions and other stakeholders to encourage high-quality child care programs open to serve the population. The portal is updated annually and aggregated by fiscal years to compare data, track progress and identify trends. DEL participates in joint meeting with ELCs and UF AZCEECS to identify shortages**

and discuss potential policy changes to address gaps in service.

iii. What is the plan to address the child care shortages using family child care homes? **Using information from the Sunshine Portal, DEL will provide ELCs with targeted technical assistance and identify various strategies to address shortages. ELCs have flexibility with local match funding and quality dollars to address shortages in services and utilize various strategies to recruit providers, including the use of contracted slots, grants and leveraging community partnerships.**

iv. What is the plan to address the child care shortages using child care centers? **Using information from the Sunshine Portal, DEL will provide ELCs with targeted technical assistance and identify various strategies to address shortages. ELCs have flexibility with local match funding and quality dollars to address shortages in services and utilize various strategies to recruit providers, including the use of contracted slots, grants and leveraging community partnerships. Using information from the Sunshine Portal, DEL will provide ELCs with targeted technical assistance and identify various strategies to address shortages. ELCs have flexibility with local match funding and quality dollars to address shortages in services and utilize various strategies to recruit providers, including the use of contracted slots, grants and leveraging community partnerships.**

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

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

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

a. Underserved geographic areas. Describe: **DEL will continue to use The Sunshine Portal to identify areas where there are gaps and work with the coalitions and other stakeholders to encourage high-quality child care programs open to serve the population.**
Based on s. 1002.82(m), F.S., to build supply to increase the availability of child care capacity, ELCs work with eligible local providers to establish contracted slots available for SR children based on the latest community needs assessment conducted and current census data identifying poverty area tracts. Local ELCs develop their own internal policies and procedures, which are approved by the DEL.
The DEL will continuously work with local ELCs to support providers' awareness of contracted slots and monitor data provided through the Enhanced Field System Modernization (EFS Mod), a portal for provider services and data. Using this data, DEL will analyze the use of this program and work directly with ELCs that have low participation to develop strategies to strengthen provider implementation.

b. Infants and toddlers. Describe: **DEL will continue to use The Sunshine Portal to identify areas where there are gaps and work with the coalitions and other stakeholders to encourage high-quality child care programs open to serve the population.**
Based on s. 1002.82(m), F.S., to build supply to increase the availability of child care capacity, ELCs work with eligible local providers to establish contracted slots available for

SR children based on the latest community needs assessment conducted and current census data identifying poverty area tracts. Local ELCs develop their own internal policies and procedures, which are approved by the DEL.
The DEL will continuously work with local ELCs to support providers' awareness of contracted slots and monitor data provided through the Enhanced Field System Modernization (EFS Mod), a portal for provider services and data. Using this data, DEL will analyze the use of this program and work directly with ELCs that have low participation to develop strategies to strengthen provider implementation.

c. Children with disabilities. Describe: **DEL will continue to use The Sunshine Portal to identify areas where there are gaps and work with the coalitions and other stakeholders to encourage high-quality child care programs open to serve the population.**
Based on s. 1002.82(m), F.S., to build supply to increase the availability of child care capacity, ELCs work with eligible local providers to establish contracted slots available for SR children based on the latest community needs assessment conducted and current census data identifying poverty area tracts. Local ELCs develop their own internal policies and procedures, which are approved by the DEL.

Additionally, a special needs rate may be negotiated up to 20 percent above the infant payment rate. This rate differential is locally determined and helps ensure that providers who accept children with special needs are able to make the appropriate modifications necessary to meet each child's unique circumstances. To justify this rate, a provider must show that they are providing care above and beyond ADA requirements for child care facilities.
The DEL will continuously work with local ELCs to support providers' awareness of contracted slots and monitor data provided through the Enhanced Field System Modernization (EFS Mod), a portal for provider services and data. Using this data, DEL will analyze the use of this program and work directly with ELCs that have low participation to develop strategies to strengthen provider implementation.

d. Children who receive care during non-traditional hours. Describe: **DEL will continue to use The Sunshine Portal to identify areas where there are gaps and work with the coalitions and other stakeholders to encourage high-quality child care programs open to serve the population.**

Based on s. 1002.82(m), F.S., to build supply to increase the availability of child care capacity, ELCs work with eligible local providers to establish contracted slots available for SR children based on the latest community needs assessment conducted and current census data identifying poverty area tracts. Local ELCs develop their own internal policies and procedures, which are approved by the DEL.

The DEL will continuously work with local ELCs to support providers' awareness of contracted slots and monitor data provided through the Enhanced Field System Modernization (EFS Mod), a portal for provider services and data. Using this data, DEL will

analyze the use of this program and work directly with ELCs that have low participation to develop strategies to strengthen provider implementation.

e. Other. Specify what population is being focused on to increase supply or improve quality. Describe:

4.5.5 Prioritization of investments in areas of concentrated poverty and unemployment

Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have access to high-quality programs. **The DEL works closely with Head Start, Early Head Start, Migrant and Seasonal Head Start, and early Head Start - Child Care Partnerships grantees to coordinate services and to assure families in targeted low-income areas have more access to quality child care settings. For example, families are referred by CCR&R to other programs. DEL's Sunshine Portal provides a comprehensive and up-to-date view of the early childhood mixed delivery system, where information is updated monthly and linked at the child-level. Data and visualizations are presented at the community level and include information on child and household risk factors, child and household resilience factors, service access, and child and family outcomes. Using geospatial analyses, the research results are presented as interactive maps that show trends across space and time. A major component in the Sunshine Portal is the FLICCA, which utilizes available quality indicators, parental choice (selection), capacity, and infrastructure to provide information used by policymakers to identify the types of interventions necessary for increasing access to high-quality care in a zip code for families.**

5 Health and Safety of Child Care Settings

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

CCDF health and safety standards help set clear expectations for CCDF providers, form the foundation for health and safety training for child care workers, and establish the baseline for monitoring to ensure compliance with health and safety requirements. These health and safety requirements apply to all providers serving children receiving CCDF services – whether the providers are licensed or license-exempt, must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures by the Lead Agency. CCDF-required annual monitoring

and enforcement actions help ensure that CCDF providers are adopting and implementing health and safety requirements.

Through child care licensing, Lead Agencies set minimum requirements, including health and safety requirements, that child care providers must meet to legally operate in that State or Territory. In some cases, CCDF health and safety requirements may be integrated within the licensing system for licensed providers and may be separate for CCDF providers who are license-exempt.

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

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

5.1 Licensing Requirements

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

5.1.1 Providers subject to licensing

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

a. Identify the center-based provider types subject to child care licensing: **Child Care Facilities serving children 6 weeks through preschool, School-Age Child Care Facilities and Mildly Ill Child Care Facilities.**

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

[ ] Yes. If yes, describe:

[x] No.

b. Identify the family child care providers subject to licensing: **Family Day Care Homes and Large Family Day Care Homes**

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

[ ] Yes. If yes, describe:

[x] No.

c. Identify the in-home providers subject to licensing: **Family Day Care Homes and Large Family Day Care Homes**

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

[ ] Yes. If yes, describe:

[x] No.

5.1.2 CCDF-eligible providers exempt from licensing

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

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

i. Identify the categories of CCDF-eligible center-based child care providers who are exempt from licensing requirements. **Religious exempt child care facilities (s. 402.316, F.S.) exempt from licensure are an allowable provider type; however, these providers must meet personnel screening requirements pursuant to ss. 402.305 and 402.3055, F.S., must be accredited by or a member of an organization which publishes and requires compliance with standards for health, safety and, sanitation, and must also meet minimum requirements of any applicable local governing body as to health, sanitation, and safety.**

- School age child care facilities (65C-22.008, F.A.C.) may be exempt from licensure as long as the program complies with the minimum background screening requirements provided in ss. 402.305 and 402.3055, F.S., and if the program demonstrates that conditions of one of the following criteria have been met:
(a) Programs on School Sites.
(b) Instruction/Tutorial Programs.
(c) Open Access Programs.
(d) National Membership Programs.
(e) Sixth Grade and above Programs.

- Public school programs (s. 402.3025(1), F.S.) for children in 5-year old kindergarten and grades one or above and programs for children who are at least 3 years of age, but under 5 years of age, provided the programs are operated and staffed directly by the schools and provided they meet age-appropriate standards as adopted by the State Board of Education, are not deemed child care and are exempt from licensure. Nonpublic school programs (s. 402.3025(2), F.S.) for children in 5-year-old kindergarten and grades one or above and programs for children who are at least 3 years of age, but under 5 years of age, provided the programs are operated and staffed directly by the schools and provided that a majority of the children enrolled in the schools are 5 years of age or older and provided the programs meet background screening requirements for personnel, are not deemed child care and are exempt from licensure. However, nonpublic school programs for children who are at least 3 years of age, but under 5 years of age, which are not licensed, must substantially comply with child care standards.

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. **Child care is defined as the care, protection, and supervision of a child,**

for a period of less than 24 hours a day on a regular basis, which supplements parental care, enrichment, and health supervision for the child, in accordance with his or her individual needs, and for which a payment, fee, or grant is made for care, pursuant to s. 402. 302(1), F.S. License-exempt child care providers contracted for SR must meet the definition of child care and ratio and group size requirements. School-Age Child Care exemptions are applicable to programs that care for children who are at least 5 years of age by September 1st of the beginning of the school year and who attend grades kindergarten or above. Public and non-public school programs during the school day must adhere to the requirements outlined in s. 402.3025, F.S.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Child care facilities under the above listed exemptions that provide CCDF services must meet minimum standards for health, safety, and sanitation in Chapter 6M-4.620, F.A.C., and must complete an annual inspection by DCF to verify compliance with these minimum standards. Additionally, DCF addresses complaint allegations relevant to the minimum requirements as needed throughout the year.**

b. License-exempt family child care. Describe by answering the questions below.

i. Identify the categories of CCDF-eligible family child care providers who are exempt from licensing requirements. **Registered Family Day Care Homes (s. 402.313, F.S.), exempt from licensure, must register annually with DCF. Currently 15 of the 67 counties in Florida do not allow registered homes and require family day care home providers to be licensed due to a licensing ordinance or if the board of county commissioners passed a resolution stating licensure is required. Registered family day care homes must adhere to the ratio and group size requirements in s. 402.302(8), F.S.**

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. **Registered Family Day Care Homes must adhere to the ratio and group size requirements in s. 402.302(8), F.S.**

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Registered family day care homes are required to complete an annual health and safety checklist which includes background screening and training requirements as part of their annual registration renewal. Registered family day care homes that provide CCDF services must meet minimum standards for health, safety, and sanitation in Chapter 6M-4.620, F.A.C., which includes preservice training, and must complete an annual inspection by DCF to verify compliance with these minimum standards. Child care personnel must successfully complete the preservice training coursework described in section 3.2 of the School Readiness Program Health and Safety Standards Handbook. All child care personnel must complete these preservice training requirements within 90 days of initial employment with any School Readiness provider. Personnel who have not completed all preservice training requirements are not allowed any unsupervised contact with or care of children in a School Readiness program. and must complete an annual inspection by DCF to**

verify compliance with these minimum standards. Additionally, DCF addresses complaint allegations relevant to the minimum requirements as needed throughout the year.

c. In-home care (care in the child's own home by a non-relative). Describe by answering the questions below.

i. Identify the categories of CCDF-eligible in-home care (care in the child's own home by a non- relative) providers who are exempt from licensing requirements. **In-home care, or Informal providers as identified in Rule 6M-4.610, F.A.C., may only care for up to five children from the same family and therefore, are not required to be licensed as they do not meet the definition of a child care facility in s. 402.302 (2), F.S. or a family day care home in s. 402.302(8), F.S.**

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. **In-home care, or Informal providers as identified in Rule 6M-4.610, F.A.C., may only care for up to five children from the same family. Informal providers must meet the ratio and group size requirements outlined in the family day care home definition in s. 402.302(8), F.S., which states �A family day care home shall be allowed to provide care for one of the following groups of children, which shall include household children under 13 years of age:**
(a) A maximum of four children from birth to 12 months of age.
(b) A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children.
(c) A maximum of six preschool children if all are older than 12 months of age.
(d) A maximum of 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are under 12 months of age.�
Additionally, Section 402.302(1), F.S., provides the definition of child care that states �…for a period of less than 24 hours on a regular basis…,� identifying hours of care that can be provided to children in care.

iii. Describe how the exemptions for these CCDF-eligible providers do not endanger the health, safety, and development of children. **Informal providers who receive CCDF funding must meet the same minimum standards as family day care home providers for health, safety, and sanitation, and they must complete an annual inspection to verify compliance.**

5.2 Ratios, Group Size, and Qualifications for CCDF Providers

Lead Agencies must have child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate staff:child ratios, group size limits for specific age populations, and the required qualifications for providers. Lead Agencies should map their categories of care to the CCDF categories. Exemptions for relative providers will be addressed in subsection 5.8.

5.2.1 Age classifications

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

a. Infant. Describe: **Children from birth to 12 months of age**

b. Toddler. Describe: **Children from 1 year up to 3 years of age**

c. Preschool. Describe: **Children from 3 years up to 5 years of age**

d. School-Age. Describe: **Children who are at least 5 years of age by September 1 of the beginning of school year and who attends grades kindergarten or above, as defined in the DCF School-age Child Care Facility Handbook, Rule 65C-22.008(5), F.A.C.**

5.2.2 Ratio and group size limits

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

a. Licensed CCDF center-based care:

i. Infant.

Ratio: **1:4**

Group size: **Maximum of 12**

ii. Toddler.

Ratio: **1:6 for children age 1 year to 2 years of age; 1:11 for children age 2 years to 3 years of age**

Group size: **Maximum of 12 for children age 1 year to 2 years of age; maximum of 22 for children age 2 years to 3 years of age**

iii. Preschool.

Ratio: **1:15 for children age 3 years to 4 years old; 1:20 for children age 4 years to 5 years old**

Group size: **Maximum of 30 for children age 3 years to 4 years old; maximum of 40 for children age 4 years to 5 years old**

iv. School-Age.

Ratio: **1:25**

Group size: **Maximum of 50**

v. Mixed-Age Groups (if applicable).

Ratio: **When children 2 years of age and older are in care, the staff-to-children ratio is based on the age group with the largest number of children within the group (s. 402.305(4)(a)7., F.S.). Where children under one year of age are included, one staff member shall be responsible for no more than four children of any age group, at all times. Where children one year of age but under two years of age are included, one staff member shall be responsible for no more than six children of any age group, at all times (DCF Rule 65C-22.001(6), F.A.C.).**

Group size: **In groups of mixed age ranges, where children under two years of age are included, the group size may not exceed 12 children. In groups of mixed age ranges, where children two years of age or older are included, the group size for the majority population present within the**

group applies. (Rule 6M-4.620, F.A.C., SR Program Health and Safety Standards Handbook, Section 2.2.

b. If different, provide the ratios and group size requirements for the license-exempt center-based providers who receive CCDF funds under the following age groups:

  i. **[x]** Not applicable. There are no differences in ratios and group size requirements.

  ii. Infant:

  iii. Toddler:

  iv. Preschool:

  v. School-Age:

  vi. Mixed-Age Groups:

c. Licensed CCDF family child care home providers:

  i. Infant (if applicable)

    Ratio: **Family day care homes - 1:4; Large family day care homes - 2:8**

    Group size: **Family day care homes - A maximum of four children birth through 12 months of age; Large family day care homes - A maximum of eight children from birth to 24 months of age**

  ii. Toddler (if applicable)

    Ratio: **Family day care homes - 1:6; Large family day care homes - 2:8**

    Group size: **Family day care homes - A maximum of six children, with no more than three children birth to 12 months of age; Large family day care homes - A maximum of eight children from birth to 24 months of age.**

  iii. Preschool (if applicable)

    Ratio: **Family day care homes - 1:6; Large family day care homes - 2:12**

    Group size: **Family day care homes - A maximum of 6 preschool children if they are all older than 12 months of age; Large family day care homes - A maximum of 12 children, with no more than four children under 24 months of age.**

  iv. School-Age (if applicable)

    Ratio: **Family day care homes - 1:10; Large family day care homes - 2:12**

    Group size: **Family day care homes - A maximum of 10 children if no more than five are preschool age and of those five, no more than two are under 12 months of age; Large family day care homes - A maximum of 12 children, with no more than four children under 24 months of age**

  v. Mixed-Age Groups

    Ratio: **Family day care home ratio is based on one caregiver (operator or substitute) and allows a maximum of 10 children (1:10) if no more than five are preschool age, and of those five, no more than two are under 12**

months of age. Large family day care home ratio is based on two caregivers (operator and an employee) and allows a maximum of 12 children (2:12) with no more than 4 children under 24 months of age. (s. 402.302(8), F.S.).

Group size: **Family day care home ratio is based on one caregiver (operator or substitute) and allows a maximum of 10 children if no more than five are preschool age, and of those five, no more than two are under 12 months of age. Large family day care home ratio is based on two caregivers (operator and an employee) and allows a maximum of 12 children with no more than 4 children under 24 months of age. (Rule 6M-4.620, F.A.C., SR Program Health and Safety Standards Handbook, Section 2.2).**

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

[x] No.

[ ] Yes. If yes, describe how the ratio and group size requirements for license-exempt providers vary by age of children served.

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

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

i. Infant (if applicable)

Ratio: **N/A**

Group size: **N/A**

ii. Toddler (if applicable)

Ratio: **N/A**

Group size: **N/A**

iii. Preschool (if applicable)

Ratio: **N/A**

Group size: **N/A**

iv. School-Age (if applicable)

Ratio: **N/A**

Group size: **N/A**

v. Mixed-Age Groups (if applicable)

Ratio: **N/A**

Group size: **N/A**

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

[ ] No.

[x] Yes. If yes, describe how the ratio and group size requirements for license-

exempt in-home care vary by age of children served. **In-home (informal) providers do not require licensure, but if these providers choose to contract for CCDF they may only care for up to five children from the same family.**

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

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

a. Licensed center-based care

i. Describe the teacher qualifications for licensed CCDF center-based care (e.g., degrees, credentials, etc.), including any variations based on the ages of children in care: **Minimum child care personnel requirements are established in s. 402.305(2)I, F.S., for licensed programs, and in Rule 6M-4.620, F.A.C., for all CCDF providers.**

A person under the age of 21 is prohibited from being the operator of a child care facility and a person under the age of 16 from being employed at such facility unless such person is under direct supervision and is not counted for the purposes of computing the personnel-to-child ratio for licensed and CCDF providers.

There are no minimum education requirements for personnel. However, pursuant to Chapter 65C-22, F.A.C., all child care personnel in licensed facilities must successfully complete 'CF's 40-hour Introductory Child Care Training, which is divided into two parts and must be completed within 15 months from the individual's industry start date.

Part I is comprised of 30 hours of training and covers:
- Child care facility rules and regulations;
- Health, safety, and nutrition;
- Identifying and reporting child abuse and neglect;
- Child growth and development; and
- Behavioral observation and screening.

Part II is comprised of 10 hours of training:
- Understanding Developmentally Appropriate Practices
AND one (1) of the following:
- Infant and Toddler Appropriate Practices
- Preschool Appropriate Practices
- School-Age Appropriate Practices
OR
- Special Needs Appropriate Practices.

All child care personnel working in a licensed program must also complete a single course of training in early literacy and language development of children age birth through 5 years of age that is a minimum of five-clock-hours. School-age child care personnel are exempt from the training requirement of five clock hours of early literacy and language development of children from birth to 5 years of age.

All licensed and CCDF child care personnel must complete fire extinguisher training within their first 30 days of employment.

Additional training requirements for licensed and CCDF providers based on the services provided by the facility:
- All child care personnel must take safe sleep training within 30 days of employment if the program provides infant care services.
- Personnel that participate in transportation activities must complete transportation training prior to participating in the transport of children.
- Personnel that administer medication must be educated on proper administration procedures prior to administering medication.

First Aid/cardiopulmonary resuscitation (CPR) certification is required for licensed and CCDF providers for a minimum of 3 staff on site at the facility and may increase based on the number of child care personnel in direct supervision of children to meet staff to child ratios pursuant to the DCF Child Care Facility Handbook, Chapter 65C-22.001(6),F.A.C. All child care personnel working a CCDF funded program must take the Safety in the SR Program course to be compliant with pediatric first aid and CPR training requirements within 90 days of employment.

Annual in-service training requirements for all licensed and CCDF child care personnel include a minimum of 10-clock-hours of training concentrating on one of 22 designated training topic areas set in s. 402.305(2)(d)(4), F.S., and Chapter 65C-22.001(6), F.A.C.

All CCDF providers must complete preservice training requirements established in Rule 6M-4.620, F.A.C., within 90 days of employment and may not be unsupervised with children in care until preservice training requirements are complete.

The following are active credential requirements for CCDF providers:
- In infant classrooms where there are five to eight children present, one of the two teachers needed to meet ratio requirements must have an active credential (Child Development Associate (CDA) or its equivalent), as recognized by DCF. In infant classrooms where there are nine to 12 children present, two of the three teachers needed to meet ratio requirements must have active credentials.
- In classrooms where seven to 12 toddler children aged 1 year old are present, one of the two teachers needed to meet ratio requirements must have an active credential, as recognized by DCF.
- In classrooms where 12 to 22 toddler children aged 2 years old are present, one of the two teachers needed to meet ratio requirements must have an active credential, as recognized by DCF.
- In classrooms where 16 to 30 preschool children aged 3 years old are present, one of the two teachers needed to meet ratio requirements must have an active credential, as recognized by DCF.
- In classrooms where 21-40 preschool children aged 4 years old are present, one of the two teachers needed to meet ratio requirements must have an active

credential, as recognized by DCF.
- In classrooms where 26 to 50 school-age children ages 5 and older are present, one of the two teachers needed to meet ratio requirements must have an active credential, as recognized by DCF.

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: **Pursuant to s. 402.305(2), F.S., every licensed child care facility must have a credentialed director. The director credential core requirements include the following: active staff credential; accredited high school diploma or GED; 30 clock-hour introductory course in child care, which covers state and local rules and regulations governing child care, health, safety and nutrition, identifying and reporting child abuse and neglect; child development; developmental behaviors; early literacy and language development of children from birth to 5 years of age; and eight hours of in-service training regarding children with developmental disabilities. To obtain a level I Director's Credential, the core requirements must be fulfilled along with the completion of an approved �Overview of Child Care Management� course or a Director Credential issued by another state. To obtain a level II Director's Credential, all of level I requirements must be fulfilled as well as a minimum of one year experience as an on-site child care director in a licensed child care facility or a child care facility that is legally exempt from licensure. To obtain an advanced level Director's Credential, all of level II requirements must be fulfilled along with an Associates Degree or higher or at least two three college credit courses in one of the following curriculum areas:**
- Child Care Education Organizational Leadership
- Child Care Educational Financial and Legal Issues
- Child Care Education Programming

b. Licensed family child care

Describe the provider qualifications for licensed family child care homes, including any variations based on the ages of children in care: **All CCDF providers must complete preservice training requirements established in Rule 6M-4.620, F.A.C., within 90 days of employment and may not be unsupervised with children in care until preservice training requirements are complete. Pursuant to DCF Rules Chapter 65C-20, F.A.C., for licensed child care homes, and Rule 6M-4.620, F.A.C., for all CCDF child care homes, the operator of a large family day care home must be at least 21 years of age and both the additional full-time employee and designated substitute must be at least 18 years of age. There are no minimum education requirements for family day care home personnel. However, a large family day care home must first have operated as a licensed family day care home for two years, with an operator who has had a CDA credential or its equivalent for one year. Prior to licensure and prior to caring for children, the operator of a family day care home must show evidence of completion of DCF's 30 clock-hour Family Day Care Home training, covering state and local rules and regulations governing child care; health, safety, and nutrition; identifying and reporting child abuse and neglect; child growth and development; developmental behaviors. In addition, operators must complete a minimum of five clock-hours of training in early literacy and language development of children ages**

birth through 5 years. Annual in-service training requirements include a minimum of 10 clock-hours of training concentrating on children ages birth through 12 and in one of 22 designated training topic areas set in ss. 402.313, 402.3131, F.S., and DCF Rule 65C-20.008(6), F.A.C. Additionally, within six months of licensure the operator of a large family day care home must complete 10 clock-hours of specialized training. All child care home operators, substitutes, and employees of large family day care homes must complete fire extinguisher training within 30 days of the date of hire. Additional training requirements based on the services provided by the home include safe sleep training if the home provides infant care services within 30 days of the date of hire and medication administration/ storage if the home administers medication to children in care. First Aid/CPR certification is required for the home operator, substitute, and employees of large family day care homes.

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

Describe the provider qualifications for licensed, regulated, or registered in-home care providers (care in the child's own home) including any variations based on the ages of children in care: **Informal providers are not licensed, regulated or registered in the State of Florida. There are only license-exempt informal providers that contract for the SR program. License-exempt in-home (informal) CCDF providers must comply with the same provider qualification requirements as a licensed home, established in Rule 6M-4.620, F.A.C., and complete preservice training requirements within 90 days of employment and may not be unsupervised with children in care until preservice training requirements are complete.**

5.2.4 Teacher/caregiver qualifications for license-exempt providers

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

a. License-exempt center-based child care. **All CCDF providers, including license exempt providers, must complete preservice training requirements established in Rule 6M-4.620, F.A.C., within 90 days of employment and may not be unsupervised with children in care until preservice training requirements are complete. Additional active credential requirements are as follows: in infant classrooms where there are five to eight children present, one of the two teachers needed to meet ratio requirements must have an active credential (Child Development Associate/CDA or its equivalent), as recognized by DCF. In infant classrooms where there are nine to 12 children present, two of the three teachers needed to meet ratio requirements must have an active credential. In classrooms where seven to 12 toddler children aged 1 year old are present, one of the two teachers needed to meet ratio requirements must have an active credential, as recognized by DCF. In classrooms where 12 to 22 toddler children aged 2 years old are present, one of the two teachers needed to meet ratio requirements must have an active credential. In classrooms where 16 to 30 preschool children aged 3 years old are present, one of the two teachers needed to meet ratio requirements must have an active credential, as recognized by DCF. In classrooms where 21-40 preschool children aged 4 years old are present, one of the two teachers needed to meet ratio requirements must have an active credential. In classrooms where 26 to 50 school-age children ages 5 and older are present, one of the two teachers needed to meet ratio requirements must have an active credential, as**

recognized by DCF.

b. License-exempt home-based child care. **License-exempt family day care home CCDF providers must comply with the same provider qualification requirements as a licensed home, established in Rule 6M-4.620, F.A.C., and complete preservice training requirements within 90 days of employment and may not be unsupervised with children in care until preservice training requirements are complete.**

c. License-exempt in-home care (care in the child's own home). **License-exempt in-home (informal) CCDF providers must comply with the same provider qualification requirements as a licensed home, established in Rule 6M-4.620, F.A.C., and complete preservice training requirements within 90 days of employment and may not be unsupervised with children in care until preservice training requirements are complete.**

5.3 Health and Safety Standards for CCDF Providers

Lead Agencies must have health and safety standards for providers serving children receiving CCDF assistance relating to the required health and safety topics as appropriate to the provider setting and age of the children served. This requirement is applicable to all child care programs receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for relative providers, as defined by CCDF. Lead Agencies have the option of exempting certain relatives from any or all CCDF health and safety requirements.

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

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

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention and control of infectious diseases for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Child care facilities shall develop a written exposure plan regarding universal safety precautions, recommended by the Centers for Disease Control and Prevention (CDC), to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the facility's exposure plan regarding standard precautions before beginning to work and annually thereafter. Children in care must be observed on a daily basis for signs of communicable disease. Any child, child care personnel, or other person in the child care facility suspected of having a communicable disease must be removed from the program or placed in an isolation area until removed. Such person may not return without medical authorization, or until the signs and symptoms of the disease are no longer present. If the local health department official or primary health care provider suspects that a child or child care personnel are contributing to the transmission of the illness, are not adequately immunized when there is an outbreak of a vaccine-preventable disease, or the circulating pathogen poses an increased risk to the individual, the child or child care personnel must not return until the health**

department or primary health care provider determines the risk of transmission is no longer present. Each facility must have a designated isolation area for a child who becomes ill while in care. Such space must be adequately ventilated, cooled, heated, and equipped with a bed, mat, or cot, and materials that can be cleaned and sanitized or disinfected easily. Linens are to be changed after each use and used linens must be kept in a closed container in the isolation area until cleaned. Disposable items must be kept in a closed container in the isolation area until thrown away. The isolated child must be within sight and hearing of child care personnel at all times. The child must be carefully observed at all times for worsening conditions. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease and must follow the health department's direction.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child care providers shall develop a written exposure plan regarding universal safety precautions, recommended by the CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the home's exposure plan regarding standard precautions before beginning to work and annually thereafter. The operator shall have a designated isolation area for a child who becomes ill. The child's condition shall be closely observed. Any child who is suspected of having a communicable disease or who has a fever of 101 degrees Fahrenheit or higher, in conjunction with any of the signs and symptoms listed above shall be placed in the isolation area. Linens and disposable items shall be changed after each use. The condition shall be reported to the custodial parent or legal guardian and the child shall be removed from the home. Such children shall not return to the home without medical authorization, or until the signs and symptoms of the disease are no longer present. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease and follow the health department's direction. A child who has been placed in an isolation area due to illness must be within sight and hearing of child care personnel. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease and follow the health department's direction.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care facilities shall develop a written exposure plan regarding universal safety precautions, recommended by CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the facility's exposure plan regarding standard precautions before beginning to work and annually thereafter. Children in care must be observed on a daily basis for signs of communicable disease. Any child, child care personnel, or other person in the child care facility suspected of having a communicable disease must be removed from the program or placed in an isolation area until removed. Such person may not return without medical authorization, or until the signs and symptoms of the disease are no longer present. If the local health department official or primary health care provider suspects that a child or child care**

personnel are contributing to the transmission of the illness, are not adequately immunized when there is an outbreak of a vaccine-preventable disease, or the circulating pathogen poses an increased risk to the individual, the child or child care personnel must not return until the health department or primary health care provider determines the risk of transmission is no longer present. Each facility must have a designated isolation area for a child who becomes ill while in care. Such space must be adequately ventilated, cooled, heated, and equipped with a bed, mat, or cot, and materials that can be cleaned and sanitized or disinfected easily. Linens are to be changed after each use and used linens must be kept in a closed container in the isolation area until cleaned. Disposable items must be kept in a closed container in the isolation area until thrown away. The isolated child must be within sight and hearing of child care personnel at all times. The child must be carefully observed at all times for worsening conditions. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease and must follow the health department's direction.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child care providers shall develop a written exposure plan regarding universal safety precautions, recommended by CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the home's exposure plan regarding standard precautions before beginning to work and annually thereafter. The operator shall have a designated isolation area for a child who becomes ill. The child's condition shall be closely observed. Any child who is suspected of having a communicable disease or who has a fever of 101 degrees Fahrenheit or higher, in conjunction with any of the signs and symptoms listed above shall be placed in the isolation area. Linens and disposable items shall be changed after each use. The condition shall be reported to the custodial parent or legal guardian and the child shall be removed from the home. Such children shall not return to the home without medical authorization, or until the signs and symptoms of the disease are no longer present. A child who has been placed in an isolation area due to illness must be within sight and hearing of child care personnel. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease and follow the health department's direction.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Child care providers shall develop a written exposure plan regarding universal safety precautions, recommended by the CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the home's exposure plan regarding standard precautions before beginning to work and annually thereafter. The operator shall have a designated isolation area for a child who becomes ill. The child's condition shall be closely observed. Any child who is suspected of having a communicable disease or who has a fever of 101 degrees Fahrenheit or higher, in conjunction with any of the signs and symptoms listed above shall be placed in the isolation area. Linens and disposable items shall be changed after each use. The condition shall be reported to the custodial parent or legal guardian and the child shall be removed from the home. Such children shall not return to the home without medical authorization, or until**

the signs and symptoms of the disease are no longer present. A child who has been placed in an isolation area due to illness must be within sight and hearing of child care personnel. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease and follow the health department's direction.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Children in care must be observed on a daily basis for signs of communicable disease. Any child, child care personnel or other person in the school-age child care program suspected of having a communicable disease must be removed from the program or placed in an isolation area until removed. Such person may not return without medical authorization, or until the signs and symptoms of the disease are no longer present. Each school-age child care program must have a designated isolation area for a child who becomes ill while in care. Such space must be adequately ventilated, cooled, heated, and equipped with a bed, mat, or cot, and materials that can be cleaned and sanitized or disinfected easily. Linens are to be changed after each use, and used linens must be kept in a closed container in the isolation area until cleaned. Disposable items must be kept in a closed container in the isolation area until thrown away. The isolated child must be within sight and hearing of child care personnel at all times. The child must be carefully observed at all times for worsening conditions. Operators are required to notify the local county health department immediately upon any suspected outbreak of communicable disease in accordance with Chapter 64D-3, F.A.C., Communicable Disease Control, and must follow the health department's direction.**

b. Provide the standards, appropriate to the provider setting and age of children, that address that children attending child care programs under CCDF are age-appropriately immunized, according to the latest recommendation for childhood immunizations of the respective State public health agency, for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The child care facility is responsible for obtaining for each child in care a current, complete and properly executed Florida Certification of Immunization form Part A-1, B, or C, DH 680, or the Religious Exemption from Immunization form, DH681.ck or tap here to enter text.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The operator is responsible for obtaining for each child in care a current, complete and properly executed Florida Certification of Immunization form Part A-1, B, or C, DH 680, or the Religious Exemption form Immunization form, DH681.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The child care facility is responsible for obtaining for each child in care a current, complete and properly executed Florida Certification of Immunization form Part A-1, B, or C, DH 680, or the Religious Exemption from Immunization form, DH681.**

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

The operator is responsible for obtaining for each child in care a current, complete and properly executed Florida Certification of Immunization form Part A-1, B, or C, DH 680, or the Religious Exemption from Immunization form, DH681.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The operator is responsible for obtaining for each child in care a current, complete and properly executed Florida Certification of Immunization form Part A-1, B, or C, DH 680, or the Religious Exemption from Immunization form, DH681.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **School-aged children attending public or non-public schools are not required to have immunization records on file at the school-age child care program since these records are on file at the school where the child is enrolled.**

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **All personnel that care for infants must follow safe sleep practices as recommended by the American Academy of Pediatrics (AAP) as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by reference in 65C-22.001(7)(v), F.A.C. Cribs or playpens/play yards used for infants must have tight fitted sheets and no excess bedding, which includes but is not limited to: bumper pads, hanging mobiles, quilts, comforters, receiving blankets, pillows, stuffed animals and cushions. When napping or sleeping, young infants who are not able to roll over must be positioned on their backs and on a firm surface to reduce the risk of Sudden Infant Death Syndrome, unless an alternate position is authorized by a physician. Sleep sacks that fit according to manufacturer's recommendations, do not restrict the infant's arms, and will not slide up around the infant's face may be used for the comfort of the sleeping infant; however, swaddling shall not be used unless authorized in writing by the child's physician. Children must not be placed in the cribs, playpens, play yards or other sleeping and napping bedding with items that could pose a strangulation or suffocation risk. Cribs, playpens, play yards, other napping and sleeping bedding being used by a child must be placed a minimum of 18 inches away from window blinds, draperies or any window treatment/cover that pose a strangulation hazard. All child care personnel who work in a facility that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the facility.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All personnel that care for infants must follow safe sleep practices as recommended**

by the AAP as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by reference in 65C-22.001(7)(v), F.A.C. Cribs, play yards, and playpens used for infants must have tight fitting sheets and no excess bedding, which includes but is not limited to: bumper pads, hanging mobiles, quilts, comforters, receiving blankets, pillows, stuffed animals and cushions. Children must not be placed in the cribs, playpens, play yards or other sleeping and napping bedding with items that could pose a strangulation or suffocation risk. Cribs, playpens, play yards other napping and sleeping bedding being used by a child must be placed a minimum of 18 inches away from window blinds, draperies or any window treatment/cover that pose a strangulation hazard. When napping or sleeping, young infants who are not capable of rolling over on their own shall be positioned on their back and on a firm surface to reduce the risk of Sudden Infant Death Syndrome (SIDS), unless an alternative position is authorized in writing by a physician. Sleep sacks that fit according to manufacturer's recommendations, do not restrict the infant's arms, and will not slide up around the infant's face may be used for the comfort of the sleeping infant; however, swaddling shall not be used unless authorized in writing by the child's physician. All child care personnel who work in a home that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abuse head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the home.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All personnel that care for infants must follow safe sleep practices as recommended by the AAP as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by reference in 65C-22.001(7)(v), F.A.C. Cribs or playpens/play yards used for infants must have tight fitted sheets and no excess bedding, which includes but is not limited to: bumper pads, hanging mobiles, quilts, comforters, receiving blankets, pillows, stuffed animals and cushions. When napping or sleeping, young infants who are not able to roll over must be positioned on their backs and on a firm surface to reduce the risk of Sudden Infant Death Syndrome, unless an alternate position is authorized by a physician. Sleep sacks that fit according to manufacturer's recommendations, do not restrict the infant's arms, and will not slide up around the infant's face may be used for the comfort of the sleeping infant; however, swaddling shall not be used unless authorized in writing by the child's physician. Children must not be placed in the cribs, playpens, play yards or other sleeping and napping bedding with items that could pose a strangulation or suffocation risk. Cribs, playpens, play yards, other napping and sleeping bedding being used by a child must be placed a minimum of 18 inches away from window blinds, draperies or any window treatment/cover that pose a strangulation hazard. All child care personnel who work in a facility that offers care to infants must have training regarding guidance**

on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the facility.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All personnel that care for infants must follow safe sleep practices as recommended by the AAP as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by reference in 65C-22.001(7)(v), F.A.C. Cribs, play yards, and playpens used for infants must have tight fitting sheets and no excess bedding, which includes but is not limited to: bumper pads, hanging mobiles, quilts, comforters, receiving blankets, pillows, stuffed animals and cushions. Children must not be placed in the cribs, playpens, play yards or other sleeping and napping bedding with items that could pose a strangulation or suffocation risk. Cribs, playpens, play yards other napping and sleeping bedding being used by a child must be placed a minimum of 18 inches away from window blinds, draperies or any window treatment/cover that pose a strangulation hazard. When napping or sleeping, young infants who are not capable of rolling over on their own shall be positioned on their back and on a firm surface to reduce the risk of SIDS, unless an alternative position is authorized in writing by a physician. Sleep sacks that fit according to manufacturer's recommendations, do not restrict the infant's arms, and will not slide up around the infant's face may be used for the comfort of the sleeping infant; however, swaddling shall not be used unless authorized in writing by the child's physician. All child care personnel who work in a home that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abuse head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the home.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All personnel that care for infants must follow safe sleep practices as recommended by the AAP as referenced in Caring for Our Children Basics Health and Safety Foundations for Early Care and Education, which is incorporated by reference in 65C-22.001(7)(v), F.A.C. Cribs, play yards, and playpens used for infants must have tight fitting sheets and no excess bedding, which includes but is not limited to: bumper pads, hanging mobiles, quilts, comforters, receiving blankets, pillows, stuffed animals and cushions. Children must not be placed in the cribs, playpens, play yards or other sleeping and napping bedding with items that could pose a strangulation or suffocation risk. Cribs, playpens, play yards other napping and sleeping bedding being used by a child must be placed a minimum of 18 inches away from window blinds, draperies or any window treatment/cover that pose a strangulation hazard. When napping or sleeping, young infants who are not capable of rolling over on their own shall be positioned on their back and on a firm surface to reduce the risk of SIDS, unless an alternative position is authorized in writing by a physician. Sleep sacks that fit according to manufacturer's recommendations, do not restrict the infant's arms, and will not slide up around the infant's face may be**

used for the comfort of the sleeping infant; however, swaddling shall not be used unless authorized in writing by the child's physician. All child care personnel who work in a home that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abuse head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the home.

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

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the administration of medication for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The child care provider must never administer a medication that is prescribed for one child to another child. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with child care personnel and posted with the child's stored medication. Prescription and non-prescription medication brought to the child care facility by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name and contact information of the physician and/or pharmacy, child's name, name of the medication, and medication directions. All prescription and non-prescription medication must be dispensed according to written directions on the prescription label or printed manufacturer's label and maintained at the appropriate temperature. All medication must have child resistant caps, if applicable, and must either be stored in a locked area or must be out of any child's reach. If medication is stored in the food preparation area, it must be stored in a manner to prevent contamination of food, food contact surfaces, or medication. Medication that has expired or that is no longer being dispensed must be returned to the custodial parent or legal guardian or discarded. Prior to administering medication to children, child care personnel responsible for administering medication must be educated on proper administration procedures.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The child care personnel must never administer a medication that is prescribed for one child to another child. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, and posted with stored medication. Prescription and non-prescription medication brought to the home by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name of the physician and/or pharmacy and contact information, child's name, name of the medication, and medication directions. All prescription and non-prescription medication shall be dispensed according to written directions on the prescription label or printed manufacturer's label and maintained at the appropriate temperature. All**

medicine must have child resistant caps, if applicable, and shall either be stored in a locked area or must be inaccessible and out of a child's reach. Medication which has expired or is no longer being administered shall be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled in care at the home. Prior to administering medication to children, child care personnel responsible for administering medication must be educated on proper administration procedures. Written documentation must be maintained in the personnel file that child care personnel administering medication have been educated on proper administration procedures.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The child care provider must never administer a medication that is prescribed for one child to another child. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with child care personnel and posted with the child's stored medication. Prescription and non-prescription medication brought to the child care facility by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name and contact information of the physician and/or pharmacy, child's name, name of the medication, and medication directions. All prescription and non-prescription medication must be dispensed according to written directions on the prescription label or printed manufacturer's label and maintained at the appropriate temperature. All medication must have child resistant caps, if applicable, and must either be stored in a locked area or must be out of any child's reach. If medication is stored in the food preparation area, it must be stored in a manner to prevent contamination of food, food contact surfaces, or medication. Medication that has expired or that is no longer being dispensed must be returned to the custodial parent or legal guardian or discarded. Prior to administering medication to children, child care personnel responsible for administering medication must be educated on proper administration procedures.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The child care personnel must never administer a medication that is prescribed for one child to another child. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, and posted with stored medication. Prescription and non-prescription medication brought to the home by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name of the physician and/or pharmacy and contact information, child's name, name of the medication, and medication directions. All prescription and non-prescription medication shall be dispensed according to written directions on the prescription label or printed manufacturer's label and maintained at the appropriate temperature. All medicine must have child resistant caps, if applicable, and shall either be stored in a locked area or must be inaccessible and out of a child's reach. Medication which has expired or is no longer being administered shall be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled in care at the home. Prior to administering medication to children, child**

care personnel responsible for administering medication must be educated on proper administration procedures. Written documentation must be maintained in the personnel file that child care personnel administering medication have been educated on proper administration procedures.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The child care personnel must never administer a medication that is prescribed for one child to another child. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, and posted with stored medication. Prescription and non-prescription medication brought to the home by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name of the physician and/or pharmacy and contact information, child's name, name of the medication, and medication directions. All prescription and non-prescription medication shall be dispensed according to written directions on the prescription label or printed manufacturer's label and maintained at the appropriate temperature. All medicine must have child resistant caps, if applicable, and shall either be stored in a locked area or must be inaccessible and out of a child's reach. Medication which has expired or is no longer being administered shall be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled in care at the home. Prior to administering medication to children, child care personnel responsible for administering medication must be educated on proper administration procedures. Written documentation must be maintained in the personnel file that child care personnel administering medication have been educated on proper administration procedures.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The child care provider must never administer a medication that is prescribed for one child to another child. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with child care personnel and posted with the child's stored medication. Prescription and non-prescription medication brought to the school-age child care program by the custodial parent or legal guardian must be in the original container. Prescription medication must have a label stating the name and contact information of the physician and/or pharmacy, child's name, name of the medication, and medication directions. All prescription and non-prescription medication must be dispensed according to written directions on the prescription label or printed manufacturer's label and maintained at the appropriate temperature. The facility must maintain a record for each child receiving medications that documents the full name of the child, the name of the medication, the date and time the medication was given, the amount and dosage, and the name of the person who gave the medication. This record must be initialed or signed by the program personnel who gave the medication. The record must be maintained for a minimum of 12 months after the last day the child received the medicine. All medicine must have child resistant caps, if applicable, and must either be stored in a locked area or must be out of any child's reach. If medication is stored in the food preparation area, it must be stored in a manner to prevent contamination of food, food contact surfaces, or medication. Medication that has expired or that is no longer being dispensed must**

be returned to the custodial parent or legal guardian or discarded if the child is no longer enrolled in the program. Prior to administering medication to children, child care personnel responsible for administering medication must be educated on proper administration procedures. Written documentation must be maintained in the personnel file that child care personnel administering medication have been educated on proper administration procedures.

b. Provide the standards, appropriate to the provider setting and age of children, that address obtaining permission from parents to administer medications to children for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The child care program must have written authorization from the custodial parent or legal guardian to give prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and contain the child's name; the name of the medication to be given; and date, time and amount of the correct dosage to be given. Prescription and non-prescription medications that are used on an �as needed� basis require the parent/ legal guardian to provide additional documentation on the authorization form to describe symptoms that would require the medication to be given. In the event of an emergency, non-prescription medication that is not brought in by the parent or legal guardian can be dispensed only if the program has written permission from the parent or legal guardian to do so. The facility must maintain a record for each child receiving any medications that documents the full name of the child, the name of the medication, the date and time the medication was given, the amount and dosage, and the name and signature of the person who gave the medication. This record must be initialed or signed by the program personnel who gave the medication. The record must be maintained for a minimum of 12 months after the last day the child received the dosage.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The operator must have written authorization from the custodial parent or legal guardian to dispense prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and must contain the child's name; the name of the medication to be dispensed; and the date, time and amount of dosage to be given. This record shall be initialed or signed by the child care personnel who gave the medication. Prescription and non-prescription medications that are used on an �as needed� basis require the parent/ legal guardian to provide additional documentation on the authorization form to describe symptoms that would require the medication to be given. In the event of an emergency, non-prescription medication that is not brought in by the custodial parent or legal guardian can be dispensed only if the operator has written authorization from the custodial parent or legal guardian to do so. Any medication dispensed under these conditions must be documented in the child's file and the custodial parent or legal guardian must be notified on the day of occurrence. The operator must maintain a record for each child receiving medications that documents the full name of the child, the name of medication, the date and time the medication was dispensed, the amount and dosage, and the name of the person who dispensed the medication. The record shall be**

maintained for a minimum of 12 months after the last day the child received the dosage.

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

[x]Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The child care program must have written authorization from the custodial parent or legal guardian to give prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and contain the child's name; the name of the medication to be given; and date, time and amount of the correct dosage to be given. Prescription and non-prescription medications that are used on an �as needed� basis require the parent/ legal guardian to provide additional documentation on the authorization form to describe symptoms that would require the medication to be given. In the event of an emergency, non-prescription medication that is not brought in by the parent or legal guardian can be dispensed only if the program has written permission from the parent or legal guardian to do so. The facility must maintain a record for each child receiving any medications that documents the full name of the child, the name of the medication, the date and time the medication was given, the amount and dosage, and the name and signature of the person who gave the medication. This record must be initialed or signed by the program personnel who gave the medication. The record must be maintained for a minimum of 12 months after the last day the child received the dosage.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The operator must have written authorization from the custodial parent or legal guardian to dispense prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and must contain the child's name; the name of the medication to be dispensed; and the date, time and amount of dosage to be given. This record shall be initialed or signed by the child care personnel who gave the medication. Prescription and non-prescription medications that are used on an �as needed� basis require the parent/ legal guardian to provide additional documentation on the authorization form to describe symptoms that would require the medication to be given. In the event of an emergency, non-prescription medication that is not brought in by the custodial parent or legal guardian can be dispensed only if the operator has written authorization from the custodial parent or legal guardian to do so. Any medication dispensed under these conditions must be documented in the child's file and the custodial parent or legal guardian must be notified on the day of occurrence. The operator must maintain a record for each child receiving medications that documents the full name of the child, the name of medication, the date and time the medication was dispensed, the amount and dosage, and the name of the person who dispensed the medication. The record shall be maintained for a minimum of 12 months after the last day the child received the dosage.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The operator must have written authorization from the custodial parent or legal guardian to**

dispense prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and must contain the child's name; the name of the medication to be dispensed; and the date, time and amount of dosage to be given. This record shall be initialed or signed by the child care personnel who gave the medication. Prescription and non-prescription medications that are used on an �as needed� basis require the parent/ legal guardian to provide additional documentation on the authorization form to describe symptoms that would require the medication to be given. In the event of an emergency, non-prescription medication that is not brought in by the custodial parent or legal guardian can be dispensed only if the operator has written authorization from the custodial parent or legal guardian to do so. Any medication dispensed under these conditions must be documented in the child's file and the custodial parent or legal guardian must be notified on the day of occurrence. The operator must maintain a record for each child receiving medications that documents the full name of the child, the name of medication, the date and time the medication was dispensed, the amount and dosage, and the name of the person who dispensed the medication. The record shall be maintained for a minimum of 12 months after the last day the child received the dosage.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The school-age child care program must have written authorization from the custodial parent or legal guardian to give prescription and non-prescription medications. This authorization must be dated and signed by the custodial parent or legal guardian and contain the child's name; the name of the medication to be given; and date, time and amount of the correct dosage to be given. Prescription and non-prescription medications that are used on an �as needed� basis require the parent/ legal guardian to provide additional documentation on the authorization form to describe symptoms that would require the medication to be given. In the event of an emergency, non-prescription medication that is not brought in by the parent or legal guardian can be dispensed only if the program has written permission from the parent or legal guardian to do so.**

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the *prevention* of emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Any child who has or is at an increased risk for a chronic physical, developmental or behavioral or condition and requires additional services must have a current Emergency Care Plan, prepared by the parent/guardian or physician, included in the child's file and readily accessible for those caring for the child. Each child with an allergy should have a written emergency care plan that includes: 1. Instructions regarding the allergen to which the child is allergic and steps to be taken to avoid that allergen; 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. 3. Specific symptoms that would indicate the need to administer**

one or more medications. Based on the child's emergency care plan, provided by the parent/legal guardian or physician, and prior to caring for the child, child care personnel should implement measures for preventing exposure to specific allergen(s) to which the child is allergic and recognizing the symptoms of an allergic reaction. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with child care personnel and must be posted in an easily seen location that is not readily visible by parents or non-child care personnel. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with child care personnel and posted with the child's stored medication.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Any child who has or is at an increased risk for a chronic physical, developmental or behavioral condition and requires additional services must have a current Emergency Care Plan, prepared by the parent/guardian or physician, included in the child's file and readily accessible for those caring for the child. Each child with an allergy should have a written emergency care plan that includes: 1. Instructions regarding the allergen to which the child is allergic and steps to be taken to avoid that allergen; 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. 3. Specific symptoms that would indicate the need to administer one or more medications. Based on the child's emergency care plan, provided by the parent/legal guardian or physician, and prior to caring for the child, child care personnel should implement measures for preventing exposure to specific allergen(s) to which the child is allergic and recognizing the symptoms of an allergic reaction. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with child care personnel and must be posted in an easily seen location that is not readily visible by parents or non-child care personnel. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with child care personnel and posted with the child's stored medication.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Any child who has or is at an increased risk for a chronic physical, developmental or behavioral condition and requires additional services must have a current Emergency Care Plan, prepared by the parent/guardian or physician, included in the child's file and readily accessible for those caring for the child. Each child with an allergy should have a written emergency care plan that includes: 1. Instructions regarding the**

allergen to which the child is allergic and steps to be taken to avoid that allergen; 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. 3. Specific symptoms that would indicate the need to administer one or more medications. Based on the child's emergency care plan, provided by the parent/legal guardian or physician, and prior to caring for the child, child care personnel should implement measures for preventing exposure to specific allergen(s) to which the child is allergic and recognizing the symptoms of an allergic reaction. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with child care personnel and must be posted in an easily seen location that is not readily visible by parents or non-child care personnel. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with child care personnel and posted with the child's stored medication.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Any child who has or is at an increased risk for a chronic physical, developmental or behavioral condition and requires additional services must have a current Emergency Care Plan, prepared by the parent/guardian or physician, included in the child's file and readily accessible for those caring for the child. Each child with an allergy should have a written emergency care plan that includes: 1. Instructions regarding the allergen to which the child is allergic and steps to be taken to avoid that allergen; 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. 3. Specific symptoms that would indicate the need to administer one or more medications. Based on the child's emergency care plan, provided by the parent/legal guardian or physician, and prior to caring for the child, child care personnel should implement measures for preventing exposure to specific allergen(s) to which the child is allergic and recognizing the symptoms of an allergic reaction. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with child care personnel and must be posted in an easily seen location that is not readily visible by parents or non-child care personnel. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with child care personnel and posted with the child's stored medication.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Any child who has or is at an increased risk for a chronic physical, developmental or behavioral condition and requires additional services must have a current Emergency Care Plan, prepared by the parent/guardian or physician, included in the child's file and readily accessible for those caring for the child. Each child with**

an allergy should have a written emergency care plan that includes: 1. Instructions regarding the allergen to which the child is allergic and steps to be taken to avoid that allergen; 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. 3. Specific symptoms that would indicate the need to administer one or more medications. Based on the child's emergency care plan, provided by the parent/legal guardian or physician, and prior to caring for the child, child care personnel should implement measures for preventing exposure to specific allergen(s) to which the child is allergic and recognizing the symptoms of an allergic reaction. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with child care personnel and must be posted in an easily seen location that is not readily visible by parents or non-child care personnel. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with child care personnel and posted with the child's stored medication.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Any child who has or is at an increased risk for a chronic physical, developmental or behavioral condition and requires additional services must have a current Emergency Care Plan, prepared by the parent/guardian or physician, included in the child's file and readily accessible for those caring for the child. Each child with an allergy should have a written emergency care plan that includes: 1. Instructions regarding the allergen to which the child is allergic and steps to be taken to avoid that allergen; 2. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. 3. Specific symptoms that would indicate the need to administer one or more medications. Based on the child's emergency care plan, provided by the parent/legal guardian or physician, and prior to caring for the child, child care personnel should implement measures for preventing exposure to specific allergen(s) to which the child is allergic and recognizing the symptoms of an allergic reaction. If a special diet is required for a child by a physician, a copy of the physician's order, a copy of the diet, and a sample meal plan for the special diet must be maintained in the child's file and followed. If the custodial parent or legal guardian notifies the program of any known food allergies, written documentation must be maintained in the child's file for as long as the child is in care. Special food restrictions must be shared with child care personnel and must be posted in an easily seen location that is not readily visible by parents or non-child care personnel. Any known allergies to medication or special restrictions must also be documented, maintained in the child's file, shared with child care personnel and posted with the child's stored medication.**

b. Provide the standards, appropriate to the provider setting and age of children, that address the *response* to emergencies due to food and allergic reactions for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Child care personnel caring for a child with an Emergency Care Plan must be trained to recognize and respond appropriately to a medical emergency. Child care personnel shall notify parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem allergen even if a reaction did not occur. Child care personnel shall contact 911 immediately whenever epinephrine has been administered.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child care personnel caring for a child with an Emergency Care Plan must be trained to recognize and respond appropriately to a medical emergency. Child care personnel shall notify parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem allergen even if a reaction did not occur. Child care personnel shall contact 911 immediately whenever epinephrine has been administered.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care personnel caring for a child with an Emergency Care Plan must be trained to recognize and respond appropriately to a medical emergency. Child care personnel shall notify parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem allergen even if a reaction did not occur. Child care personnel shall contact 911 immediately whenever epinephrine has been administered.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child care personnel caring for a child with an Emergency Care Plan must be trained to recognize and respond appropriately to a medical emergency. Child care personnel shall notify parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem allergen even if a reaction did not occur. Child care personnel shall contact 911 immediately whenever epinephrine has been administered.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Child care personnel caring for a child with an Emergency Care Plan must be trained to recognize and respond appropriately to a medical emergency. Child care personnel shall notify parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem allergen even if a reaction did not occur. Child care personnel shall contact 911 immediately whenever epinephrine has been administered.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child care personnel caring for a child with an Emergency Care Plan must be trained to recognize and respond appropriately to a medical emergency. Child care personnel shall notify parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem allergen even if a reaction did not occur. Child care personnel shall contact 911 immediately whenever epinephrine has been**

administered.

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from building and physical premises hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **All child care facilities must be clean, in good repair, free from health and safety hazards and from evidence of, or presence of, vermin infestation. Indoor play areas must be inspected daily for basic health and safety and documented on a daily inspection log. Outdoor play areas must be inspected daily for basic health and safety. Any problems must be corrected before the play area is used by children. It is the responsibility of the director/operator to ensure all areas and equipment of the facility are free from fire hazards, such as lint build up in heating and air vents, filters, exhaust fans, ceiling fans, and dryer vents. This includes grease build-up in ovens, stoves and food equipment. The facility must provide current written approval from the local governing body to verify compliance with building requirements, which include construction of a new building; renovation of an older building; or after a natural disaster to properly evaluate and where necessary, remediate or avoid sites where's children's health could be compromised. The written approval must include assessments of: 1. Potential air, soil, and water contamination on facility site and outdoor play areas; 2. Potential toxic or hazardous materials in building construction, such as lead and asbestos; and 3. Potential safety hazards in the community surrounding the site. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to maintain a sanitary environment but that does not pose a hazard to children, such as wiping the table after lunch, soaking toys in a tub on the countertop, or sweeping. This does not include cleaning with hazardous materials or any cleaning which poses a risk of slipping or falling. Pest control must not take place while rooms are occupied by children. Child care providers must adopt an integrated pest management program to ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations. All accessible electrical outlets must be �tamper-resistant electrical outlets� that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have �tamper-resistant electrical outlets,� outlets shall have safety covers. Guardrails or protective barriers, such as baby gates, must be provided at open sides of stairs, ramps, and other walking surfaces from which there is more than a 30-inch vertical distance to fall. All areas and surfaces accessible to children must be free from toxic substances, bio contaminants, and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. All potentially harmful items, including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials, must be labeled and used**

according to manufacturer’s recommendation. These items, as well as knives, sharp tools, and other potentially dangerous hazards, must be stored in a locked area or must be inaccessible and out of a child’s reach at all times. Firearms and weapons, as defined in section 790.001, F.S., are prohibited within any building or upon any person located on the premises, excluding federal, state or local law enforcement officers. Narcotics, alcohol, or other impairing drugs/paraphernalia must not be present on the premises or in vehicles used by child care facility. The outdoor play area must be clean and free from litter, nails, glass and other hazards. The outdoor area must be designed to allow child care personnel to clearly see children while playing on all equipment. The outdoor play area must provide shade. Shade may be provided by trees, buildings, or structures. Children must not come into contact with any surface or equipment which poses a burn risk. All playground equipment must be securely anchored, unless portable or stationary by design, in good repair, maintained in safe and sanitary condition, and placed to ensure safe use by the children. Maintenance must include inspections conducted every month of all supports above and below the ground and of all connectors and moving parts. Each child care facility must provide and maintain bathroom facilities that are easily accessible, and at a height usable by the children. Platforms may be used if they are safely constructed and have an impervious surface that can be easily cleaned and sanitized. Toys, equipment, and furnishings must be safe and maintained in a sanitary condition following a routine schedule of cleaning, sanitizing and disinfecting. These items must be cleaned and sanitized or disinfected immediately or prior to another child’s use if exposed to bodily fluids, such as saliva. Facilities must have a written routine schedule for cleaning, sanitizing and disinfecting equipment, materials, furnishings and play areas.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All areas of the home including the indoor and outdoor play areas shall be in good repair, clean and free from litter, nails, glass, and other hazards. Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces from which there is more than a 30 -inch vertical distance to fall. All accessible electrical outlets must be �tamper-resistant electrical outlets� that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have �tamper-resistant electrical outlets,� outlets shall have safety covers. Animals, pets or fowl must be properly vaccinated, if vaccinations are available for the type of animal, pet or fowl; and be free from disease. Animals that are poisonous, aggressive, venomous, or pose a potential threat of harm to children in care are prohibited. Custodial parents or legal guardian must be informed in writing of all animals on the premises of the home. All areas and surfaces accessible to children shall be free from toxic substances and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. These items, as well as knives, sharp tools, BB guns, pellet guns and other potentially dangerous hazards, shall either be stored and in a locked area or must be inaccessible and out of a child’s reach. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials must be labeled and used according to manufacturer’s recommendation. Narcotics, alcohol, or other**

impairing drugs/paraphernalia must be kept inaccessible to children at all times. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to maintain a sanitary environment but that does not pose a hazard to children, such as wiping the table after lunch, soaking toys in a tub on the countertop, sweeping. This does not include cleaning with hazardous materials or any cleaning which poses a risk of slipping or falling. All operators shall inform custodial parents or legal guardians in writing, if someone living in the home smokes, including e-cigarettes and vaping. Pursuant to Chapter 386.204, F.S., while children are in care, smoking is prohibited, within the home and in vehicles when transporting children. Tobacco and other smoking equipment/materials must be kept inaccessible to children at all times. Smoking is prohibited in all outdoor areas used by the children in care, including on field trips, while children are in care. All parts of the home, both indoors and outdoors; including the furnishings, equipment, toys and plumbing shall be kept clean, and sanitary, free from hazards, in an orderly condition and in good repair at all times. Provider should monitor the Consumer Product Safety Commission (CPSC) recommendations for use of equipment. Toys, equipment, and furnishings must be safe and maintained in a sanitary condition. The program must follow a routine schedule of cleaning, sanitizing and disinfecting toys, equipment, and furnishings. These items must be cleaned and sanitized or disinfected immediately or prior to another child's use if exposed to bodily fluids, such as saliva. Homes must have a written routine schedule for cleaning, sanitizing and disinfecting equipment, materials, furnishings, and play areas. The home must have proper ventilation, and the temperature must be maintained between 65 and 82 degrees Fahrenheit. The operator shall provide and maintain toilet and bath facilities that are easily accessible and at a height usable by the children. Platforms or stools are acceptable when they are safely constructed, with impervious surfaces, and can be easily cleaned and sanitized or disinfected.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All child care facilities must be clean, in good repair, free from health and safety hazards and from evidence of, or presence of, vermin infestation. Indoor play areas must be inspected daily for basic health and safety and documented on a daily inspection log. Outdoor play areas must be inspected daily for basic health and safety. Any problems must be corrected before the play area is used by children. It is the responsibility of the director/operator to ensure all areas and equipment of the facility are free from fire hazards, such as lint build up in heating and air vents, filters, exhaust fans, ceiling fans, and dryer vents. This includes grease build-up in ovens, stoves and food equipment. The facility must provide current written approval from the local governing body to verify compliance with building requirements, which include construction of a new building; renovation of an older building; or after a natural disaster to properly evaluate and where necessary, remediate or avoid sites where's children's health could be compromised. The written approval must include assessments of: 1. Potential air,**

soil, and water contamination on facility site and outdoor play areas; 2. Potential toxic or hazardous materials in building construction, such as lead and asbestos; and 3. Potential safety hazards in the community surrounding the site. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to maintain a sanitary environment but that does not pose a hazard to children, such as wiping the table after lunch, soaking toys in a tub on the countertop, or sweeping. This does not include cleaning with hazardous materials or any cleaning which poses a risk of slipping or falling. Pest control must not take place while rooms are occupied by children. Child care providers must adopt an integrated pest management program to ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations. All accessible electrical outlets must be �tamper-resistant electrical outlets� that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have �tamper-resistant electrical outlets,� outlets shall have safety covers. Guardrails or protective barriers, such as baby gates, must be provided at open sides of stairs, ramps, and other walking surfaces from which there is more than a 30-inch vertical distance to fall. All areas and surfaces accessible to children must be free from toxic substances, bio contaminants, and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. All potentially harmful items, including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials, must be labeled and used according to manufacturer's recommendation. These items, as well as knives, sharp tools, and other potentially dangerous hazards, must be stored in a locked area or must be inaccessible and out of a child's reach at all times. Firearms and weapons, as defined in section 790.001, F.S., are prohibited within any building or upon any person located on the premises, excluding federal, state or local law enforcement officers. Narcotics, alcohol, or other impairing drugs/paraphernalia must not be present on the premises or in vehicles used by child care facility. The outdoor play area must be clean and free from litter, nails, glass and other hazards. The outdoor area must be designed to allow child care personnel to clearly see children while playing on all equipment. The outdoor play area must provide shade. Shade may be provided by trees, buildings, or structures. Children must not come into contact with any surface or equipment which poses a burn risk. All playground equipment must be securely anchored, unless portable or stationary by design, in good repair, maintained in safe and sanitary condition, and placed to ensure safe use by the children. Maintenance must include inspections conducted every month of all supports above and below the ground and of all connectors and moving parts. Each child care facility must provide and maintain bathroom facilities that are easily accessible, and at a height usable by the children. Platforms may be used if they are safely constructed and have an impervious surface that can be easily cleaned and sanitized. Toys, equipment, and furnishings must be safe and maintained in a sanitary condition following a routine schedule of cleaning, sanitizing and disinfecting. These items must be cleaned and sanitized or disinfected immediately or prior to another child's use if exposed to bodily fluids, such as saliva. Facilities must have a written routine

schedule for cleaning, sanitizing and disinfecting equipment, materials, furnishings and play areas.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All areas of the home including the indoor and outdoor play areas shall be in good repair, clean and free from litter, nails, glass, and other hazards. Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces from which there is more than a 30 -inch vertical distance to fall. All accessible electrical outlets must be �tamper-resistant electrical outlets� that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have �tamper-resistant electrical outlets,� outlets shall have safety covers. Animals, pets or fowl must be properly vaccinated, if vaccinations are available for the type of animal, pet or fowl; and be free from disease. Animals that are poisonous, aggressive, venomous, or pose a potential threat of harm to children in care are prohibited. Custodial parents or legal guardian must be informed in writing of all animals on the premises of the home. All areas and surfaces accessible to children shall be free from toxic substances and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. These items, as well as knives, sharp tools, BB guns, pellet guns and other potentially dangerous hazards, shall either be stored and in a locked area or must be inaccessible and out of a child's reach. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials must be labeled and used according to manufacturer's recommendation. Narcotics, alcohol, or other impairing drugs/paraphernalia must be kept inaccessible to children at all times. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to maintain a sanitary environment but that does not pose a hazard to children, such as wiping the table after lunch, soaking toys in a tub on the countertop, sweeping. This does not include cleaning with hazardous materials or any cleaning which poses a risk of slipping or falling. All operators shall inform custodial parents or legal guardians in writing, if someone living in the home smokes, including e-cigarettes and vaping. Pursuant to Chapter 386.204, F.S., while children are in care, smoking is prohibited, within the home and in vehicles when transporting children. Tobacco and other smoking equipment/materials must be kept inaccessible to children at all times. Smoking is prohibited in all outdoor areas used by the children in care, including on field trips, while children are in care. All parts of the home, both indoors and outdoors; including the furnishings, equipment, toys and plumbing shall be kept clean, and sanitary, free from hazards, in an orderly condition and in good repair at all times. Provider should monitor the CPSC recommendations for use of equipment. Toys, equipment, and furnishings must be safe and maintained in a sanitary condition. The program must follow a routine schedule of cleaning, sanitizing and disinfecting toys, equipment, and furnishings. These items must be cleaned and sanitized or disinfected immediately or prior to another child's use if exposed to bodily fluids, such as saliva. Homes must have a written routine schedule for cleaning, sanitizing and disinfecting equipment, materials, furnishings, and play areas. The home must have proper ventilation, and the temperature must be**

maintained between 65 and 82 degrees Fahrenheit. The operator shall provide and maintain toilet and bath facilities that are easily accessible and at a height usable by the children. Platforms or stools are acceptable when they are safely constructed, with impervious surfaces, and can be easily cleaned and sanitized or disinfected.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All areas of the home including the indoor and outdoor play areas shall be in good repair, clean and free from litter, nails, glass, and other hazards. Guardrails or protective barriers, such as baby gates, should be provided at open sides of stairs, ramps, and other walking surfaces from which there is more than a 30 -inch vertical distance to fall. All accessible electrical outlets must be ⍰tamper-resistant electrical outlets⍰ that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have ⍰tamper-resistant electrical outlets,⍰ outlets shall have safety covers. Animals, pets or fowl must be properly vaccinated, if vaccinations are available for the type of animal, pet or fowl; and be free from disease. Animals that are poisonous, aggressive, venomous, or pose a potential threat of harm to children in care are prohibited. Custodial parents or legal guardian must be informed in writing of all animals on the premises of the home. All areas and surfaces accessible to children shall be free from toxic substances and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. These items, as well as knives, sharp tools, BB guns, pellet guns and other potentially dangerous hazards, shall either be stored and in a locked area or must be inaccessible and out of a child's reach. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials must be labeled and used according to manufacturer's recommendation. Narcotics, alcohol, or other impairing drugs/paraphernalia must be kept inaccessible to children at all times. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to maintain a sanitary environment but that does not pose a hazard to children, such as wiping the table after lunch, soaking toys in a tub on the countertop, sweeping. This does not include cleaning with hazardous materials or any cleaning which poses a risk of slipping or falling. All operators shall inform custodial parents or legal guardians in writing, if someone living in the home smokes, including e-cigarettes and vaping. Pursuant to Chapter 386.204, F.S., while children are in care, smoking is prohibited, within the home and in vehicles when transporting children. Tobacco and other smoking equipment/materials must be kept inaccessible to children at all times. Smoking is prohibited in all outdoor areas used by the children in care, including on field trips, while children are in care. All parts of the home, both indoors and outdoors; including the furnishings, equipment, toys and plumbing shall be kept clean, and sanitary, free from hazards, in an orderly condition and in good repair at all times. Provider should monitor the CPSC recommendations for use of equipment. Toys, equipment, and furnishings must be safe and maintained in a sanitary condition. The program must follow a routine schedule of cleaning, sanitizing and disinfecting toys, equipment, and furnishings. These items must be cleaned and sanitized or disinfected immediately or prior to another child's use if exposed to**

bodily fluids, such as saliva. Homes must have a written routine schedule for cleaning, sanitizing and disinfecting equipment, materials, furnishings, and play areas. The home must have proper ventilation, and the temperature must be maintained between 65 and 82 degrees Fahrenheit. The operator shall provide and maintain toilet and bath facilities that are easily accessible and at a height usable by the children. Platforms or stools are acceptable when they are safely constructed, with impervious surfaces, and can be easily cleaned and sanitized or disinfected.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All school-age program facilities must be clean, in good repair, free from health and safety hazards and from evidence of, or presence of, vermin infestation. Indoor play areas must be inspected daily for basic health and safety and documented on a daily inspection log. Outdoor play areas must be inspected daily for basic health and safety. Any problems must be corrected before the play area is used by children. It is the responsibility of the director/operator to ensure all areas and equipment of the facility are free from fire hazards, such as lint build up in heating and air vents, filters, exhaust fans, ceiling fans, and dryer vents. This includes grease build-up in ovens, stoves and food equipment. The facility must provide current written approval from the local governing body to verify compliance with building requirements, which include construction of a new building; renovation of an older building; or after a natural disaster to properly evaluate and where necessary, remediate or avoid sites where's children's health could be compromised. The written approval must include assessments of: 1. Potential air, soil, and water contamination on facility site and outdoor play areas; 2. Potential toxic or hazardous materials in building construction, such as lead and asbestos; and 3. Potential safety hazards in the community surrounding the site. Cleaning must not take place while rooms are occupied by children except for general clean-up activities that are part of the daily routine. General cleaning refers to cleaning necessary to maintain a sanitary environment but that does not pose a hazard to children, such as wiping the table after lunch, soaking toys in a tub on the countertop, or sweeping. This does not include cleaning with hazardous materials or any cleaning which poses a risk of slipping or falling. Pest control must not take place while rooms are occupied by children. Child care providers must adopt an integrated pest management program to ensure long-term, environmentally sound pest suppression through a range of practices including pest exclusion, sanitation and clutter control, and elimination of conditions that are conducive to pest infestations. All accessible electrical outlets must be �tamper-resistant electrical outlets� that contain internal shutter mechanisms to prevent children from sticking objects into receptacles. In settings that do not have �tamper-resistant electrical outlets,� outlets shall have safety covers. All areas and surfaces accessible to children must be free from toxic substances, bio contaminants, and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. All potentially harmful items, including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials, must be labeled and used according to manufacturer's recommendation. These items, as well as knives, sharp tools, and other potentially dangerous hazards, must be stored in a locked**

area or must be inaccessible and out of a child's reach at all times. Firearms and weapons, as defined in section 790.001, F.S., are prohibited within any building or upon any person located on the premises, excluding federal, state or local law enforcement officers. Narcotics, alcohol, or other impairing drugs/paraphernalia must not be present on the premises or in vehicles used by school-age child care facility. The outdoor play area must be clean and free from litter, nails, glass and other hazards. The outdoor area must be designed to allow child care personnel to clearly see children while playing on all equipment. The outdoor play area must provide shade. Shade may be provided by trees, buildings, or structures. Children must not come into contact with any surface or equipment which poses a burn risk. All playground equipment must be securely anchored, unless portable or stationary by design, in good repair, maintained in safe and sanitary condition, and placed to ensure safe use by the children. Maintenance must include inspections conducted every month of all supports above and below the ground and of all connectors and moving parts. Each school-age child care facility must provide and maintain bathroom facilities that are easily accessible, and at a height usable by the children. Platforms may be used if they are safely constructed and have an impervious surface that can be easily cleaned and sanitized. Toys, equipment, and furnishings must be safe and maintained in a sanitary condition following a routine schedule of cleaning, sanitizing and disinfecting. These items must be cleaned and sanitized or disinfected immediately or prior to another child's use if exposed to bodily fluids, such as saliva. Facilities must have a written routine schedule for cleaning, sanitizing and disinfecting equipment, materials, furnishings and play areas.

b. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from bodies of water for the following CCDF-eligible providers:

   i. All CCDF-eligible licensed center care. Provide the standard: **If a facility uses a swimming pool on site or during a field trip that is more than three feet deep or uses beach or lake areas for water activities, the following requirements must be met: There must be at least one certified lifeguard present and on duty. If the lifeguard is hired by the facility, this person is considered child care personnel and can also serve as the additional adult to meet the additional adult required for supervision on a field trip. If the certified lifeguard is hired by the pool/beach/lake area this person is not considered child care personnel and does not count toward the staff-to-child ratio. The following minimum staff-to-child ratios must apply while children are swimming or wading: Infant (Birth up to 1 year) 1:1,Toddler (1 year up to 3 years) 1:1, Preschooler (3 years up to 5 years) 1:4, School-Age Children (5 years and up) 1:10, Mixed Age Groups Ratio shall be based on age of the youngest child present. Constant and active supervision must be maintained when any child is in or around water. An adult should remain in direct physical contact with an infant at all times during swimming or water activities. During water activities, children ages 1 year up to five years must be within an arm's reach and in the sight of the supervising adult at all times. Providers must ensure that all pools have drain covers that are in compliance with the Virginia Graeme Baker Pool and Spa Safety Act. Each swimming pool more than six feet in width, length, or diameter must be provided with a ring buoy and rope, a rescue tube, or**

a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool, kept in good repair, and stored safely and conveniently for immediate access. Child care personnel must be instructed on the proper use of this equipment and documentation of instruction must be maintained in the child care personnel file. The facility's outdoor play area must be fenced as required by local ordinances to prevent access by children to all water hazards within or adjacent to outdoor play areas, such as pools, ditches, retention ponds, and fish ponds.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Constant and active supervision is required when any child is in or around water, including bathing and swimming activities. An adult should remain in direct physical contact with an infant at all times during swimming or water play. During wading and/or water play activities at a swimming pool on site or during a field trip that is more than three feet deep, or at beach or lake areas, children ages 1 year up to 5 years must be within an arm's reach and in the sight of the supervising adult at all times. The following minimum staff-to-child ratios must apply while children are swimming or wading: Infant (Birth up to 1 year) 1:1,Toddler (1 year up to 3 years) 1:1, Preschooler (3 years up to 5 years) 1:4, School-Age Children (5 years and up) 1:10, Mixed Age Groups Ratio shall be based on age of the youngest child present. Outdoor play areas must be free from unsecured bodies of water. All water hazards must be inaccessible to children and enclosed with a fence that is 4 to 6 feet high or higher and the bottom or base of the fence must remain at ground level. All in-ground swimming pools and above-ground swimming pools more than one-foot deep shall have either a fence or barrier on all four sides, at a minimum of four feet in height, separating the home from the swimming pool, or a pool alarm that is operable at all times when children are in care. The fence or barrier shall not have any gaps or openings that would allow a young child to crawl under, squeeze through, or climb up the barrier. All spas and hot tubs must meet the same barrier requirements for in-ground and above-ground swimming pools, or spas and hot tubs may be covered with a safety cover that meet the requirements of Section 515.25(1), F.S. at all times when children are in care. The exterior wall of the home with an ingress and egress does not constitute a fence or barrier. All doors or gates in the fence or barrier shall be locked at all times when children are in care and when the pool is not being used by the children in care. In addition to the fence, barrier or pool alarm, child care personnel shall ensure that all exterior doors leading to the pool, spa, or hot tub area remain locked at all times while children are in care. Barriers may be temporary in nature but must be sturdy and meet all the above requirements and be in place during all times when children are in care. The wall of an above-ground swimming pool may be used as its barrier; however, such structure must be at least four feet in height. Any ladder or steps that are the means of access to an above-ground pool must be removed at all times while children are in care and when the pool is not being used by the children in care. If a home has a swimming pool and/or spa, it shall be maintained by using chlorine or other suitable chemicals. Water in swimming pools or spas must be maintained at all times to ensure visibility to the bottom. Wading pools, including inflatable water slides with landing area where water collects, are prohibited. If the home uses a swimming pool that exceeds three feet in depth at**

the family day care home site, one person who has completed and maintains a current certification from a basic water safety course offered by the American Red Cross, YMCA, or other organization, must be present when children have access to the swimming area. If the home uses swimming pools not at the family day care home site or takes the children to water areas such as a beach or lake for swimming activities: The operator must provide one person with a certified lifeguard certificate or equivalent who must be present when children are in the swimming area, unless a certified lifeguard is on duty. Providers must ensure that all pools and spas have drain covers that are in compliance with the Virginia Graeme Baker Pool and Spa Safety Act. Each swimming pool more than six feet in width, length, or diameter must be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool, kept in good repair, and stored safely and conveniently for immediate access. Child care personnel must be instructed on the proper use of this equipment and documentation of instruction must be maintained in the child care personnel file.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **If a facility uses a swimming pool on site or during a field trip that is more than three feet deep or uses beach or lake areas for water activities, the following requirements must be met: There must be at least one certified lifeguard present and on duty. If the lifeguard is hired by the facility, this person is considered child care personnel and can also serve as the additional adult to meet the additional adult required for supervision on a field trip. If the certified lifeguard is hired by the pool/beach/lake area this person is not considered child care personnel and does not count toward the staff-to-child ratio. The following minimum staff-to-child ratios must apply while children are swimming or wading: Infant (Birth up to 1 year) 1:1,Toddler (1 year up to 3 years) 1:1, Preschooler (3 years up to 5 years) 1:4, School-Age Children (5 years and up) 1:10, Mixed Age Groups Ratio shall be based on age of the youngest child present. Constant and active supervision must be maintained when any child is in or around water. An adult should remain in direct physical contact with an infant at all times during swimming or water activities. During water activities, children ages 1 year up to five years must be within an arm's reach and in the sight of the supervising adult at all times. Providers must ensure that all pools have drain covers that are in compliance with the Virginia Graeme Baker Pool and Spa Safety Act. Each swimming pool more than six feet in width, length, or diameter must be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool, kept in good repair, and stored safely and conveniently for immediate access. Child care personnel must be instructed on the proper use of this equipment and documentation of instruction must be maintained in the child care personnel file. The facility's outdoor play area must be fenced as required by local ordinances to prevent access by children to all water hazards within or adjacent to outdoor play areas, such as pools, ditches, retention ponds, and fish ponds.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Constant and active supervision is required when any child is in or around water, including bathing and swimming activities. An adult should remain in direct physical contact with an infant at all times during swimming or water play. During wading and/or water play activities at a swimming pool on site or during a field trip that is more than three feet deep, or at beach or lake areas, children ages 1 year up to 5 years must be within an arm's reach and in the sight of the supervising adult at all times. The following minimum staff-to-child ratios must apply while children are swimming or wading: Infant (Birth up to 1 year) 1:1,Toddler (1 year up to 3 years) 1:1, Preschooler (3 years up to 5 years) 1:4, School-Age Children (5 years and up) 1:10, Mixed Age Groups Ratio shall be based on age of the youngest child present. Outdoor play areas must be free from unsecured bodies of water. All water hazards must be inaccessible to children and enclosed with a fence that is 4 to 6 feet high or higher and the bottom or base of the fence must remain at ground level. All in-ground swimming pools and above-ground swimming pools more than one-foot deep shall have either a fence or barrier on all four sides, at a minimum of four feet in height, separating the home from the swimming pool, or a pool alarm that is operable at all times when children are in care. The fence or barrier shall not have any gaps or openings that would allow a young child to crawl under, squeeze through, or climb up the barrier. All spas and hot tubs must meet the same barrier requirements for in-ground and above-ground swimming pools, or spas and hot tubs may be covered with a safety cover that meet the requirements of Section 515.25(1), F.S. at all times when children are in care. The exterior wall of the home with an ingress and egress does not constitute a fence or barrier. All doors or gates in the fence or barrier shall be locked at all times when children are in care and when the pool is not being used by the children in care. In addition to the fence, barrier or pool alarm, child care personnel shall ensure that all exterior doors leading to the pool, spa, or hot tub area remain locked at all times while children are in care. Barriers may be temporary in nature but must be sturdy and meet all the above requirements and be in place during all times when children are in care. The wall of an above-ground swimming pool may be used as its barrier; however, such structure must be at least four feet in height. Any ladder or steps that are the means of access to an above-ground pool must be removed at all times while children are in care and when the pool is not being used by the children in care. If a home has a swimming pool and/or spa, it shall be maintained by using chlorine or other suitable chemicals. Water in swimming pools or spas must be maintained at all times to ensure visibility to the bottom. Wading pools, including inflatable water slides with landing area where water collects, are prohibited. If the home uses a swimming pool that exceeds three feet in depth at the family day care home site, one person who has completed and maintains a current certification from a basic water safety course offered by the American Red Cross, YMCA, or other organization, must be present when children have access to the swimming area. If the home uses swimming pools not at the family day care home site or takes the children to water areas such as a beach or lake for swimming activities: The operator must provide one person with a certified lifeguard certificate or equivalent who must be present when children are in the swimming area, unless a certified lifeguard is on duty. Providers must ensure that all pools and spas have**

drain covers that are in compliance with the Virginia Graeme Baker Pool and Spa Safety Act. Each swimming pool more than six feet in width, length, or diameter must be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool, kept in good repair, and stored safely and conveniently for immediate access. Child care personnel must be instructed on the proper use of this equipment and documentation of instruction must be maintained in the child care personnel file.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Constant and active supervision is required when any child is in or around water, including bathing and swimming activities. An adult should remain in direct physical contact with an infant at all times during swimming or water play. During wading and/or water play activities at a swimming pool on site or during a field trip that is more than three feet deep, or at beach or lake areas, children ages 1 year up to 5 years must be within an arm's reach and in the sight of the supervising adult at all times. The following minimum staff-to-child ratios must apply while children are swimming or wading: Infant (Birth up to 1 year) 1:1,Toddler (1 year up to 3 years) 1:1, Preschooler (3 years up to 5 years) 1:4, School-Age Children (5 years and up) 1:10, Mixed Age Groups Ratio shall be based on age of the youngest child present. Outdoor play areas must be free from unsecured bodies of water. All water hazards must be inaccessible to children and enclosed with a fence that is 4 to 6 feet high or higher and the bottom or base of the fence must remain at ground level. All in-ground swimming pools and above-ground swimming pools more than one-foot deep shall have either a fence or barrier on all four sides, at a minimum of four feet in height, separating the home from the swimming pool, or a pool alarm that is operable at all times when children are in care. The fence or barrier shall not have any gaps or openings that would allow a young child to crawl under, squeeze through, or climb up the barrier. All spas and hot tubs must meet the same barrier requirements for in-ground and above-ground swimming pools, or spas and hot tubs may be covered with a safety cover that meet the requirements of Section 515.25(1), F.S. at all times when children are in care. The exterior wall of the home with an ingress and egress does not constitute a fence or barrier. All doors or gates in the fence or barrier shall be locked at all times when children are in care and when the pool is not being used by the children in care. In addition to the fence, barrier or pool alarm, child care personnel shall ensure that all exterior doors leading to the pool, spa, or hot tub area remain locked at all times while children are in care. Barriers may be temporary in nature but must be sturdy and meet all the above requirements and be in place during all times when children are in care. The wall of an above-ground swimming pool may be used as its barrier; however, such structure must be at least four feet in height. Any ladder or steps that are the means of access to an above-ground pool must be removed at all times while children are in care and when the pool is not being used by the children in care. If a home has a swimming pool and/or spa, it shall be maintained by using chlorine or other suitable chemicals. Water in swimming pools or spas must be maintained at all times to ensure visibility to the bottom. Wading pools, including inflatable water slides with landing area where water collects, are prohibited. If the home uses a swimming pool that exceeds three feet in depth at**

the family day care home site, one person who has completed and maintains a current certification from a basic water safety course offered by the American Red Cross, YMCA, or other organization, must be present when children have access to the swimming area. If the home uses swimming pools not at the family day care home site or takes the children to water areas such as a beach or lake for swimming activities: The operator must provide one person with a certified lifeguard certificate or equivalent who must be present when children are in the swimming area, unless a certified lifeguard is on duty. Providers must ensure that all pools and spas have drain covers that are in compliance with the Virginia Graeme Baker Pool and Spa Safety Act. Each swimming pool more than six feet in width, length, or diameter must be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool, kept in good repair, and stored safely and conveniently for immediate access. Child care personnel must be instructed on the proper use of this equipment and documentation of instruction must be maintained in the child care personnel file.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **If a school-age child care program uses a swimming pool that exceeds 3 feet in depth or uses beach or lake areas for water activities, the following requirement must be met: 1. A certified lifeguard must be on duty and present when any children are in the swimming area. 2. Providers must ensure that all pools used have a current permit with the local health department that confirms compliance with the Virginia Graeme Baker Pool and Spa Safety Act. 3. Each swimming pool more than six feet in width, length, or diameter must be provided with a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity. This equipment must be long enough to reach the center of the pool, kept in good repair, and stored safely and conveniently for immediate access. Child care personnel must be instructed on the proper use of this equipment and documentation of instruction must be maintained in the child care personnel file. 4. A staff-to-child ratio of 1:10 must be maintained while school-age children are in the water. The facility's outdoor play area must be fenced as required by local ordinances to prevent access by children to all water hazards within or adjacent to outdoor play areas, such as pools, ditches, retention ponds and fish ponds.**

c. Provide the standards, appropriate to the provider setting and age of children, that address the identification of and protection from vehicular traffic hazards for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The outdoor play area must have adequate fencing or walls a minimum of 4 feet in height. Fencing, including gates, must be continuous and must not have gaps or opening larger than 3 ½ inches that would allow children to exit the outdoor play area. The base of the fence must remain at ground level and be free from erosion or buildup to prevent inside and outside access by children or animals. All equipment, fences, and objects on the facility's premises shall be free from sharp, broken and jagged edges, and properly placed to prevent overcrowding or safety hazards in any one area.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All homes in which the property borders a public road/street or laned road/street with public access with a speed limit of 25 miles per hour or greater, including those providing evening care, must maintain safe and adequate fencing or walls a minimum of four feet in height around the outdoor play area. Fencing, including gates, must be continuous, and shall not have opening or gaps larger than 3 1/2 inches that would allow children to exit the outdoor play area. The bottom or base of the fence must remain at ground level and free from erosion or buildup to prevent inside or outside access by children or animals.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The outdoor play area must have adequate fencing or walls a minimum of 4 feet in height. Fencing, including gates, must be continuous and must not have gaps or opening larger than 3 ½ inches that would allow children to exit the outdoor play area. The base of the fence must remain at ground level and be free from erosion or buildup to prevent inside and outside access by children or animals. All equipment, fences, and objects on the facility's premises shall be free from sharp, broken and jagged edges, and properly placed to prevent overcrowding or safety hazards in any one area.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All homes in which the property borders a public road/street or laned road/street with public access with a speed limit of 25 miles per hour or greater, including those providing evening care, must maintain safe and adequate fencing or walls a minimum of four feet in height around the outdoor play area. Fencing, including gates, must be continuous, and shall not have opening or gaps larger than 3 1/2 inches that would allow children to exit the outdoor play area. The bottom or base of the fence must remain at ground level and free from erosion or buildup to prevent inside or outside access by children or animals.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All homes in which the property borders a public road/street or laned road/street with public access with a speed limit of 25 miles per hour or greater, including those providing evening care, must maintain safe and adequate fencing or walls a minimum of four feet in height around the outdoor play area. Fencing, including gates, must be continuous, and shall not have opening or gaps larger than 3 1/2 inches that would allow children to exit the outdoor play area. The bottom or base of the fence must remain at ground level and free from erosion or buildup to prevent inside or outside access by children or animals.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The school-age child care program may operate without a fence if all of the following provisions are met: 1. In addition to the established staff-to-child ratios, for the purpose of safety, an additional child care personnel is present at all times during outdoor activities, to assist in providing direct supervision; 2. The outdoor play area if bordered by a road or street open to travel by the public shall have a posted or unposted speed limit of**

no more than 25 miles per hour, or where the posted or unposted speed limit is no greater than 35 miles per hour and the playground is a minimum of 30 feet from the edge of the road; and 3. The licensing authority has provided written authorization to the program to operate without a fence.

5.3.6 Prevention of shaken baby syndrome, abusive head trauma, and maltreatment health and safety standard

a. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of shaken baby syndrome and abusive head trauma and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **All child care personnel who work in a facility that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the facility. All programs that care for infants must have a written policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma. The policy and procedures must require completion of the safe sleep training by child care personnel.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All child care personnel who work in a home that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the home. All programs that care for infants must have a written policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma. The policy and procedures must require completion of the safe sleep training by child care personnel.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All child care personnel who work in a facility that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the facility. All programs that care for infants must have a written policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma. The policy and procedures must require completion of the safe sleep training by child care personnel.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All child care personnel who work in a home that offers care to infants must have**

training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the home. All programs that care for infants must have a written policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma. The policy and procedures must require completion of the safe sleep training by child care personnel.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All child care personnel who work in a home that offers care to infants must have training regarding guidance on safe sleep practices, preventing shaken baby syndrome and abusive head trauma; recognition of signs and symptoms of shaken baby syndrome and abusive head trauma; strategies for coping with crying, fussing, or distraught child and the development and vulnerabilities of the brain in infancy in early childhood within 30 days of hire at the home. All programs that care for infants must have a written policy and procedure to identify and prevent shaken baby syndrome and abusive head trauma. The policy and procedures must require completion of the safe sleep training by child care personnel.**

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

b. Provide the standards, appropriate to the provider setting and age of children, that address the prevention of child maltreatment and indicate the age of children it applies to for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **The child care facility shall adopt a discipline policy consistent with Section 402.305(12), F.S., including standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited. The child care facility operators, employees, and volunteers must comply with written disciplinary and expulsion policies. The following discipline techniques shall be prohibited in the child care facility: 1. The use of corporal punishment, including but not limited to: Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting; Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures; Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances; Exposing a child to extreme temperatures; Rough or harsh handling of children, including but not limited to: lifting or jerking by one or both arms; pushing; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head. 2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised. 3. Binding, tying or restricting movement, or taping the mouth; 4. Using or withholding food or beverages as a punishment; 5. Toilet learning/training methods that punish, demean, or humiliate a child; 6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child; 7. Any abuse or maltreatment of a child; 8. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child or child's family; 9. Placing a child in a crib/portable**

crib for a time-out or for disciplinary reasons. A copy of the current disciplinary and expulsion policies must be available for review by the parents or legal guardian and the licensing authority. Providers must have a comprehensive discipline policy that includes developmentally appropriate social and behavioral health promotion practices, as well as discipline and intervention procedures that provide specific guidance on what child care personnel should do to prevent and respond to challenging behaviors. Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development. Child care personnel must appropriately interact with children to foster a healthy, safe environment that will encourage the child's physical, intellectual, motor, and social development. Interactions with children that are aggressive, demeaning or intimidating in nature are strictly prohibited.

ii. All CCDF-eligible licensed family child care homes. Provide the standard:
Operators shall adopt a discipline policy consistent with Section 402.305(12), F.S., including standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited. All home operators, employees, substitutes, and volunteers must comply with the home's written disciplinary and expulsion policies. The following discipline techniques shall be prohibited in the home: 1. The use of corporal punishment, including but not limited to: Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting; Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures; Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances; Exposing a child to extreme temperatures; Rough or harsh handling of children, including but not limited to: lifting or jerking by one or both arms; pushing; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head. 2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised. 3. Binding, tying or restricting movement, or taping the mouth; 4. Using or withholding food or beverages as a punishment; 5. Toilet learning/training methods that punish, demean, or humiliate a child; 6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child; 7. Any abuse or maltreatment of a child; 8. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child or child's family; 9. Placing a child in a crib/portable crib for a time-out or for disciplinary reasons. A copy of the written disciplinary and expulsion policies must be available for review by the parents or legal guardian and the licensing authority. Providers must have a comprehensive discipline policy that includes developmentally appropriate social and behavioral health promotion practices, as well as discipline and intervention procedures that provide specific guidance on what child care personnel should do to prevent and respond to challenging behaviors. Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development. Child care personnel must appropriately interact with children to foster a healthy, safe environment that will encourage the child's physical, intellectual, motor, and social development. Interactions with children that are aggressive, demeaning or intimidating in nature are strictly prohibited.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The child care facility shall adopt a discipline policy consistent with Section 402.305(12), F.S., including standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited. The child care facility operators, employees, and volunteers must comply with written disciplinary and expulsion policies. The following discipline techniques shall be prohibited in the child care facility: 1. The use of corporal punishment, including but not limited to: Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting; Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures; Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances; Exposing a child to extreme temperatures; Rough or harsh handling of children, including but not limited to: lifting or jerking by one or both arms; pushing; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head. 2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised. 3. Binding, tying or restricting movement, or taping the mouth; 4. Using or withholding food or beverages as a punishment; 5. Toilet learning/training methods that punish, demean, or humiliate a child; 6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child; 7. Any abuse or maltreatment of a child; 8. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child or child's family; 9. Placing a child in a crib/portable crib for a time-out or for disciplinary reasons. A copy of the current disciplinary and expulsion policies must be available for review by the parents or legal guardian and the licensing authority. Providers must have a comprehensive discipline policy that includes developmentally appropriate social and behavioral health promotion practices, as well as discipline and intervention procedures that provide specific guidance on what child care personnel should do to prevent and respond to challenging behaviors. Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development. Child care personnel must appropriately interact with children to foster a healthy, safe environment that will encourage the child's physical, intellectual, motor, and social development. Interactions with children that are aggressive, demeaning or intimidating in nature are strictly prohibited.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Operators shall adopt a discipline policy consistent with Section 402.305(12), F.S., including standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited. All home operators, employees, substitutes, and volunteers must comply with the home's written disciplinary and expulsion policies. The following discipline techniques shall be prohibited in the home: 1. The use of corporal punishment, including but not limited to: Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or**

biting; Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures; Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances; Exposing a child to extreme temperatures; Rough or harsh handling of children, including but not limited to: lifting or jerking by one or both arms; pushing; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head. 2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised. 3. Binding, tying or restricting movement, or taping the mouth; 4. Using or withholding food or beverages as a punishment; 5. Toilet learning/training methods that punish, demean, or humiliate a child; 6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child; 7. Any abuse or maltreatment of a child; 8. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child or child's family; 9. Placing a child in a crib/portable crib for a time-out or for disciplinary reasons. A copy of the written disciplinary and expulsion policies must be available for review by the parents or legal guardian and the licensing authority. Providers must have a comprehensive discipline policy that includes developmentally appropriate social and behavioral health promotion practices, as well as discipline and intervention procedures that provide specific guidance on what child care personnel should do to prevent and respond to challenging behaviors. Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development. Child care personnel must appropriately interact with children to foster a healthy, safe environment that will encourage the child's physical, intellectual, motor, and social development. Interactions with children that are aggressive, demeaning or intimidating in nature are strictly prohibited.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Operators shall adopt a discipline policy consistent with Section 402.305(12), F.S., including standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited. All home operators, employees, substitutes, and volunteers must comply with the home's written disciplinary and expulsion policies. The following discipline techniques shall be prohibited in the home: 1. The use of corporal punishment, including but not limited to: Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting; Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures; Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances; Exposing a child to extreme temperatures; Rough or harsh handling of children, including but not limited to: lifting or jerking by one or both arms; pushing; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head. 2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised. 3. Binding, tying or restricting movement, or taping the mouth; 4. Using or withholding food or beverages as a punishment; 5. Toilet learning/training methods that punish, demean, or humiliate a child; 6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child; 7. Any abuse or maltreatment of a child; 8. Abusive, profane,**

or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child or child's family; 9. Placing a child in a crib/portable crib for a time-out or for disciplinary reasons. A copy of the written disciplinary and expulsion policies must be available for review by the parents or legal guardian and the licensing authority. Providers must have a comprehensive discipline policy that includes developmentally appropriate social and behavioral health promotion practices, as well as discipline and intervention procedures that provide specific guidance on what child care personnel should do to prevent and respond to challenging behaviors. Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development. Child care personnel must appropriately interact with children to foster a healthy, safe environment that will encourage the child's physical, intellectual, motor, and social development. Interactions with children that are aggressive, demeaning or intimidating in nature are strictly prohibited.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Each school-age child care program must have a written discipline policy in accordance with Section 402.305(12), F.S. Such policies must include standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited. The child care personnel must comply with the school-age child care program's written disciplinary and expulsion policies. The following discipline techniques shall be prohibited in the facility: 1. The use of corporal punishment, including but not limited to: Hitting, spanking, shaking, slapping, twisting, pulling, squeezing, or biting; Demanding excessive physical exercise, excessive rest, or strenuous or bizarre postures; Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances; Exposing a child to extreme temperatures; Rough or harsh handling of children, including but not limited to: lifting or jerking by one or both arms; pushing; forcing or restricting movement; lifting or moving by grasping clothing; covering a child's head. 2. Isolating a child in an adjacent room, hallway, closet, darkened area, play area, or any other area where the child cannot be seen or supervised. 3. Binding, tying or restricting movement, or taping the mouth; 4. Using or withholding food or beverages as a punishment; 5. Toilet learning/training methods that punish, demean, or humiliate a child; 6. Any form of emotional abuse, including rejecting, terrorizing, extended ignoring, isolating, or corrupting a child; 7. Any abuse or maltreatment of a child; 8. Abusive, profane, or sarcastic language or verbal abuse, threats, or derogatory remarks in front of the child or about the child or child's family. A copy of the current disciplinary and expulsion policies must be available to parents/guardian and the licensing authority to review. Providers must have a comprehensive discipline policy that includes developmentally appropriate social and behavioral health promotion practices, as well as discipline and intervention procedures that provide specific guidance on what child care personnel should do to prevent and respond to challenging behaviors. Preventive and discipline practices should be used as learning opportunities to guide children's appropriate behavioral development. Child care personnel must appropriately interact with children to foster a healthy, safe environment that will encourage the child's physical, intellectual, motor, and**

social development. Interactions with children that are aggressive, demeaning or intimidating in nature are strictly prohibited.

5.3.7 Emergency preparedness and response planning standard

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

i. **[x]** Evacuation

ii. **[x]** Relocation

iii. **[x]** Shelter-in-place

iv. **[x]** Lock down

v. Staff emergency preparedness

[x] Training

[x] Practice drills

vi. Volunteer emergency preparedness

[x] Training

[x] Practice drills

vii. **[x]** Communication with families

viii. **[x]** Reunification with families

ix. **[x]** Continuity of operations

x. Accommodation of

[x] Infants

[x] Toddlers

[x] Children with disabilities

[x] Children with chronic medical conditions

xi. If any of the above are not checked, describe:

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

a. Provide the standards, appropriate to the provider setting and age of children, that address the handling and storage of hazardous materials for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **All areas and surfaces accessible to children must be free from toxic substances, bio contaminants, and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. All potentially harmful items, including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials, must be labeled and used according to manufacturer's recommendation. These items, as**

well as knives, sharp tools, and other potentially dangerous hazards, must be stored in a locked area or must be inaccessible and out of a child's reach at all times.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All areas and surfaces accessible to children shall be free from toxic substances and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. These items, as well as knives, sharp tools, BB guns, pellet guns and other potentially dangerous hazards, shall either be stored and in a locked area or must be inaccessible and out of a child's reach. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials must be labeled and used according to manufacturer's recommendation.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All areas and surfaces accessible to children must be free from toxic substances, bio contaminants, and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. All potentially harmful items, including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials, must be labeled and used according to manufacturer's recommendation. These items, as well as knives, sharp tools, and other potentially dangerous hazards, must be stored in a locked area or must be inaccessible and out of a child's reach at all times.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All areas and surfaces accessible to children shall be free from toxic substances and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. These items, as well as knives, sharp tools, BB guns, pellet guns and other potentially dangerous hazards, shall either be stored and in a locked area or must be inaccessible and out of a child's reach. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials must be labeled and used according to manufacturer's recommendation.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All areas and surfaces accessible to children shall be free from toxic substances and hazardous materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. These items, as well as knives, sharp tools, BB guns, pellet guns and other potentially dangerous hazards, shall either be stored and in a locked area or must be inaccessible and out of a child's reach. All potentially harmful items including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials must be labeled and used according to manufacturer's recommendation.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All areas and surfaces accessible to children must be free from toxic substances, bio contaminants, and hazardous**

materials/equipment/tools, including power tools, plastic bags, matches, candles, lighters, etc. All potentially harmful items, including cleaning supplies, flammable products, poisonous, toxic, and hazardous materials, must be labeled and used according to manufacturer's recommendation. These items, as well as knives, sharp tools, and other potentially dangerous hazards, must be stored in a locked area or must be inaccessible and out of a child's reach at all times.

b. Provide the standards, appropriate to the provider setting and age of children, that address the disposal of bio contaminants for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **Child care facilities shall develop a written exposure plan regarding universal safety precautions, recommended by the CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the facility's exposure plan regarding standard precautions before beginning to work and annually thereafter. Written documentation that child care personnel have participated in the facility's annual refresher education for the exposure plan and understand the proper procedures in the event there is exposure to blood and potentially infectious fluids must be retained for 12 months and be available for licensing to review. Soiled or wet disposable diapers must be disposed of in a plastic lined, securely covered container that is not accessible to the children. Soiled cloth diapers must be emptied of feces in the toilet and soiled or wet cloth diapers shall be placed in a securely covered container that is not accessible to the children. The containers must be emptied, cleaned, and sanitized or disinfected, at least, daily.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **Child care providers shall develop a written exposure plan regarding universal safety precautions, recommended by the CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the home's exposure plan regarding standard precautions before beginning to work and annually thereafter. Written documentation that child care personnel have participated in the home's annual refresher education for the exposure plan, and understand the proper procedures in the event there is exposure to blood and potentially infectious fluids must be retained for 12 months and be available for licensing to review. Soiled items shall immediately be placed in plastic lined, securely covered containers that are not accessible to children. The container shall be emptied, cleaned and sanitized or disinfected daily. Children's wet or soiled clothing and crib sheets shall be changed.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **Child care facilities shall develop a written exposure plan regarding universal safety precautions, recommended by the CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the facility's exposure plan regarding standard precautions before beginning to work and annually thereafter. Written documentation that child care personnel have participated in the facility's annual refresher education for the exposure plan**

and understand the proper procedures in the event there is exposure to blood and potentially infectious fluids must be retained for 12 months and be available for licensing to review. Soiled or wet disposable diapers must be disposed of in a plastic lined, securely covered container that is not accessible to the children. Soiled cloth diapers must be emptied of feces in the toilet and soiled or wet cloth diapers shall be placed in a securely covered container that is not accessible to the children. The containers must be emptied, cleaned, and sanitized or disinfected, at least, daily.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **Child care providers shall develop a written exposure plan regarding universal safety precautions, recommended by the CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the home's exposure plan regarding standard precautions before beginning to work and annually thereafter. Written documentation that child care personnel have participated in the home's annual refresher education for the exposure plan, and understand the proper procedures in the event there is exposure to blood and potentially infectious fluids must be retained for 12 months and be available for licensing to review. Soiled items shall immediately be placed in plastic lined, securely covered containers that are not accessible to children. The container shall be emptied, cleaned and sanitized or disinfected daily. Children's wet or soiled clothing and crib sheets shall be changed.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **Child care providers shall develop a written exposure plan regarding universal safety precautions, recommended by the CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the home's exposure plan regarding standard precautions before beginning to work and annually thereafter. Written documentation that child care personnel have participated in the home's annual refresher education for the exposure plan, and understand the proper procedures in the event there is exposure to blood and potentially infectious fluids must be retained for 12 months and be available for licensing to review. Soiled items shall immediately be placed in plastic lined, securely covered containers that are not accessible to children. The container shall be emptied, cleaned and sanitized or disinfected daily. Children's wet or soiled clothing and crib sheets shall be changed.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **Child care facilities shall develop a written exposure plan regarding universal safety precautions, recommended by the CDC, to follow in the event there is exposure to blood and potentially infectious fluids. Personnel are required to be educated on the facility's exposure plan regarding standard precautions before beginning to work and annually thereafter. Written documentation that child care personnel have participated in the facility's annual refresher education for the exposure plan and understand the proper procedures in the event there is exposure to blood and potentially infectious fluids must be retained for 12 months and be available for licensing to review.**

5.3.9 Precautions in transporting children health and safety standard

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

i. All CCDF-eligible licensed center care. Provide the standard: **The driver of any vehicle used by a child care program to provide transportation must have the following: A valid Florida driver's license; An annual physical examination which grants medical approval to drive, and valid certificate(s) of course completion for first aid training and pediatric CPR procedures. A log must be maintained for all children being transported in the vehicle or on foot away from and/or to the premises of the child care facility. The log must be retained on file at the facility for a minimum of 12 months and available for review by the licensing authority. The log must include: Each child's name, date and time of departure, time of arrival at the destination, the signature of the driver (or in the case of traveling on foot, the signature of the child care personnel), and the signature of a second child care personnel or person(s) authorized by the parent to verify the transportation log and that all children have left the vehicle (if applicable). Prior to transporting children by vehicle, the transportation log must be recorded with each child's name, the date and time of departure, and initialed by the child care personnel verifying that all children were accounted for and that the log is complete. Upon arrival at the destination, the driver of the vehicle must: 1. Mark each child off the log as the child departs the vehicle; 2. Conduct a physical inspection and visual sweep of the vehicle interior to ensure that no child is left in the vehicle; and 3. Record, sign, and date the transportation log immediately, verifying that all children were accounted for, and that the visual sweep was conducted. 4. Ensure that a second child care personnel conducts a second visual sweep, signs and dates the transportation log verifying that all children were accounted for, and that the log is complete. If the provider contracts with an outside entity to provide transportation, then the provider must assign a child care personnel to perform the duties of the driver outlined above in numbers 1-3. Upon arrival at the destination by vehicle, a second and different child care personnel must: 1. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and 2. Sign, date and record the transportation log immediately, verifying that all children were accounted for, and that the log is complete. Child care personnel must have possession of emergency medical consent and contact information for the parent or legal guardian of each child being transported by vehicle or on foot while away from the child care facility. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures), their emergency care plans and supplies or medication must be in the possession of child care personnel and inaccessible to the children. A designated child care personnel in the vehicle or on the field trip must be trained to recognize and respond appropriately to a medical emergency. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory installed seat belts. All child care facilities must comply with the insurance requirements found in Section 316.615(4), F.S. The interior of vehicles, when being used to transport children, must be maintained at a temperature comfortable to children (between 65- and**

82-degrees Fahrenheit). All vehicles used by child care facilities to transport children must be equipped with a reliable alarm system approved by the Department which prompts the driver to inspect the vehicle for children before exiting the vehicle. 1. Approved alarm systems must meet the following criteria: a. The alarm system must be armed or activated automatically when the vehicle's ignition is turned on. b. The alarm system must be designed and installed so that the vehicle horn, siren or other type of audio alarm will sound if the driver/staff member does not walk to the rear or, in the case of a passenger van, the side entry point of the vehicle, to manually shut off or deactivate the alarm. c. The time delay from the time the ignition is turned off after activation of the alarm system until the alarm sounds shall be no longer than one minute. d. The alarm must be audible from the distance of 500 feet from the vehicle. e. The alarm system must be installed so that the driver must walk to the back of the vehicle to reach the deactivation mechanism. Deactivation mechanisms installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable. Each child, when transported, must be seated in a back seat in an individual factory installed seat belt or federally approved child safety restraint. The child safety restraint must be installed, secured and used in accordance with the manufacturer's instructions and a copy of such instructions must be maintained in the vehicle and/or on file with the program. Child safety restraint must be replaced if they have been recalled, are past the manufacturer's �date of use� expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of restraints after a crash. Children aged birth to one year old must be secured in a rear-facing car safety seat. Children aged one through 3 years, such restraint device must be a separate carrier or a vehicle built-in child seat. Children aged 4 years, a separate carrier, a vehicle built-in child seat, or a child booster seat must be used with appropriate seat belt. Children aged 5 years and older must be in seat belts. When applicable, any vehicle used for transporting children must accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction and the wheelchair occupant must be secured by a three-point tie restraint during transport; or the child must be placed in a federally approved child safety restraint or factory installed seatbelt when transported, in accordance to the child's needs. Manufacturers' specifications must be followed to assure that safety requirements are met.

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **The driver of any vehicle used by a child care program to provide transportation must have the following: A valid Florida driver's license including the proper endorsement; and an annual physical examination which grants medical approval to drive, and a valid certificate(s) of course completion for first aid training and pediatric CPR procedures. A log must be maintained for all children being transported in the vehicle or on foot away from and/or to the premises of the home. The log must be retained for a minimum of 12 months. The log must include each child's name, date, time of departure, time of arrival and the signature of the driver verifying all children were accounted for during the visual sweep. Prior to transporting children, the transportation log must be recorded,**

and dated immediately, verifying that all children were accounted for and that the log is complete. Upon arrival at the destination, the driver of the vehicle must: 1. Mark each child off the log as the child departs the vehicle; 2. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and 3. Record, sign, and date the transportation log immediately, verifying that all children were accounted for, and that the visual sweep was conducted. 4. If the provider contracts/agrees with an outside entity/person to provide transportation, then the provider must perform the duties of the driver outlined above in numbers 1-3. For a Large family Child Care Home, in addition to the transportation log requirements above, the home employee or person(s) authorized by the large family child care home operator must: Conduct a second physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and sign, date and record the transportation log immediately, verifying that all children were accounted for, and that the log is complete. Child care personnel must have possession of emergency medical consent and contact information for the parent or legal guardian of each child being transported by vehicle or on foot while away from the home. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures), their emergency care plans and supplies or medication must be in the possession of child care personnel and inaccessible to the children. A designated child care personnel in the vehicle or on the field trip must be trained to recognize and respond appropriately to a medical emergency. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory- installed seat belts that are operational. All home operators must maintain documentation of current insurance coverage on all vehicles used to transport children in care. Smoking, including e-cigarettes and vaping, is prohibited in all vehicles while being used to transport children. Emergency medical consent forms or copies of the consent forms signed by the custodial parent or legal guardian and emergency contact numbers must be in the vehicle during transport of children, including field trips. The interior of vehicles, when being used to transport children, should be maintained at a temperature comfortable to children (between 65- and 82- degrees Fahrenheit). When applicable, any vehicle used for transporting children must accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction and the wheelchair occupant must be secured by a three-point tie restraint during transport; or the child must be placed in a federally approved child safety restraint or factory installed seatbelt when transported, in accordance to the child's needs. Manufacturers' specifications must be followed to assure that safety requirements are met. All vehicles used by large family child care homes to transport children must be equipped with a reliable alarm system approved by the Department which prompts the driver to inspect the vehicle for children before exiting the vehicle. 1. Approved alarm systems must meet the following criteria: a. The alarm system must be armed or activated automatically when the vehicle's ignition is turned on. b. The alarm system must be designed and installed so that the vehicle horn, siren or other type of audio alarm will sound if the driver/staff

member does not walk to the rear or, in the case of a passenger van, the side entry point of the vehicle, to manually shut off or deactivate the alarm. c. The time delay from the time the ignition is turned off after activation of the alarm system until the alarm sounds shall be no longer than one minute. d. The alarm must be audible from the distance of 500 feet from the vehicle. e. The alarm system must be installed so that the driver must walk to the back of the vehicle to reach the deactivation mechanism. Deactivation mechanisms installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable. Each child, when transported, must be seated in a back seat in an individual factory installed seat belt or federally approved child safety restraint. The child safety restraint must be installed, secured and used in accordance with the manufacturer's instructions and a copy of such instructions must be maintained (in the vehicle and/or on file). Car safety seats must be replaced if they have been recalled, are past the manufacturer's �date of use� expiration date or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash. Children aged birth to one year old must be secured in a rear-facing car safety seat. Children aged one through 3 years, such restraint device must be a separate carrier or a vehicle built-in child seat. Children aged 4 years, a separate carrier, a vehicle built-in child seat, or a child booster seat must be used with appropriate seat belt. Children aged 5 years and older must be in seat belts.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **The driver of any vehicle used by a child care program to provide transportation must have the following: A valid Florida driver's license; An annual physical examination which grants medical approval to drive, and valid certificate(s) of course completion for first aid training and pediatric CPR procedures. A log must be maintained for all children being transported in the vehicle or on foot away from and/or to the premises of the child care facility. The log must be retained on file at the facility for a minimum of 12 months and available for review by the licensing authority. The log must include: Each child's name, date and time of departure, time of arrival at the destination, the signature of the driver (or in the case of traveling on foot, the signature of the child care personnel), and the signature of a second child care personnel or person(s) authorized by the parent to verify the transportation log and that all children have left the vehicle (if applicable). Prior to transporting children by vehicle, the transportation log must be recorded with each child's name, the date and time of departure, and initialed by the child care personnel verifying that all children were accounted for and that the log is complete. Upon arrival at the destination, the driver of the vehicle must: 1. Mark each child off the log as the child departs the vehicle; 2. Conduct a physical inspection and visual sweep of the vehicle interior to ensure that no child is left in the vehicle; and 3. Record, sign, and date the transportation log immediately, verifying that all children were accounted for, and that the visual sweep was conducted. 4. Ensure that a second child care personnel conducts a second visual**

sweep, signs and dates the transportation log verifying that all children were accounted for, and that the log is complete. If the provider contracts with an outside entity to provide transportation, then the provider must assign a child care personnel to perform the duties of the driver outlined above in numbers 1-3. Upon arrival at the destination by vehicle, a second and different child care personnel must: 1. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and 2. Sign, date and record the transportation log immediately, verifying that all children were accounted for, and that the log is complete. Child care personnel must have possession of emergency medical consent and contact information for the parent or legal guardian of each child being transported by vehicle or on foot while away from the child care facility. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures), their emergency care plans and supplies or medication must be in the possession of child care personnel and inaccessible to the children. A designated child care personnel in the vehicle or on the field trip must be trained to recognize and respond appropriately to a medical emergency. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory installed seat belts. All child care facilities must comply with the insurance requirements found in Section 316.615(4), F.S. The interior of vehicles, when being used to transport children, must be maintained at a temperature comfortable to children (between 65- and 82-degrees Fahrenheit). all vehicles used by child care facilities to transport children must be equipped with a reliable alarm system approved by the Department which prompts the driver to inspect the vehicle for children before exiting the vehicle. 1. Approved alarm systems must meet the following criteria: a. The alarm system must be armed or activated automatically when the vehicle's ignition is turned on. b. The alarm system must be designed and installed so that the vehicle horn, siren or other type of audio alarm will sound if the driver/staff member does not walk to the rear or, in the case of a passenger van, the side entry point of the vehicle, to manually shut off or deactivate the alarm. c. The time delay from the time the ignition is turned off after activation of the alarm system until the alarm sounds shall be no longer than one minute. d. The alarm must be audible from the distance of 500 feet from the vehicle. e. The alarm system must be installed so that the driver must walk to the back of the vehicle to reach the deactivation mechanism. Deactivation mechanisms installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable. Each child, when transported, must be seated in a back seat in an individual factory installed seat belt or federally approved child safety restraint. The child safety restraint must be installed, secured and used in accordance with the manufacturer's instructions and a copy of such instructions must be maintained in the vehicle and/or on file with the program. Child safety restraint must be replaced if they have been recalled, are past the manufacturer's �date of use� expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of restraints after a crash. Children aged birth to one year old must be secured in a rear-facing car safety seat.

Children aged one through 3 years, such restraint device must be a separate carrier or a vehicle built-in child seat. Children aged 4 years, a separate carrier, a vehicle built-in child seat, or a child booster seat must be used with appropriate seat belt. Children aged 5 years and older must be in seat belts. When applicable, any vehicle used for transporting children must accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction and the wheelchair occupant must be secured by a three-point tie restraint during transport; or the child must be placed in a federally approved child safety restraint or factory installed seatbelt when transported, in accordance to the child's needs. Manufacturers' specifications must be followed to assure that safety requirements are met.

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **The driver of any vehicle used by a child care program to provide transportation must have the following: A valid Florida driver's license including the proper endorsement; and an annual physical examination which grants medical approval to drive, and a valid certificate(s) of course completion for first aid training and pediatric CPR procedures. A log must be maintained for all children being transported in the vehicle or on foot away from and/or to the premises of the home. The log must be retained for a minimum of 12 months. The log must include each child's name, date, time of departure, time of arrival and the signature of the driver verifying all children were accounted for during the visual sweep. Prior to transporting children, the transportation log must be recorded, and dated immediately, verifying that all children were accounted for and that the log is complete. Upon arrival at the destination, the driver of the vehicle must: 1. Mark each child off the log as the child departs the vehicle; 2. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and 3. Record, sign, and date the transportation log immediately, verifying that all children were accounted for, and that the visual sweep was conducted. 4. If the provider contracts/agrees with an outside entity/person to provide transportation, then the provider must perform the duties of the driver outlined above in numbers 1-3. Child care personnel must have possession of emergency medical consent and contact information for the parent or legal guardian of each child being transported by vehicle or on foot while away from the home. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures), their emergency care plans and supplies or medication must be in the possession of child care personnel and inaccessible to the children. A designated child care personnel in the vehicle or on the field trip must be trained to recognize and respond appropriately to a medical emergency. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory- installed seat belts that are operational. All home operators must maintain documentation of current insurance coverage on all vehicles used to transport children in care. Smoking, including e-cigarettes and vaping, is prohibited in all vehicles while being used to transport children. Emergency medical consent forms or copies of the consent forms signed by the custodial parent or legal guardian and emergency contact**

numbers must be in the vehicle during transport of children, including field trips. The interior of vehicles, when being used to transport children, should be maintained at a temperature comfortable to children (between 65- and 82-degrees Fahrenheit). When applicable, any vehicle used for transporting children must accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction and the wheelchair occupant must be secured by a three-point tie restraint during transport; or the child must be placed in a federally approved child safety restraint or factory installed seatbelt when transported, in accordance to the child's needs. Manufacturers' specifications must be followed to assure that safety requirements are met. Each child, when transported, must be seated in a back seat in an individual factory installed seat belt or federally approved child safety restraint. The child safety restraint must be installed, secured and used in accordance with the manufacturer's instructions and a copy of such instructions must be maintained (in the vehicle and/or on file). Car safety seats must be replaced if they have been recalled, are past the manufacturer's "date of use" expiration date or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash. Children aged birth to one year old must be secured in a rear-facing car safety seat. Children aged one through 3 years, such restraint device must be a separate carrier or a vehicle built-in child seat. Children aged 4 years, a separate carrier, a vehicle built-in child seat, or a child booster seat must be used with appropriate seat belt. Children aged 5 years and older must be in seat belts.

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **The driver of any vehicle used by a child care program to provide transportation must have the following: A valid Florida driver's license including the proper endorsement; and an annual physical examination which grants medical approval to drive, and a valid certificate(s) of course completion for first aid training and pediatric CPR procedures. A log must be maintained for all children being transported in the vehicle or on foot away from and/or to the premises of the home. The log must be retained for a minimum of 12 months. The log must include each child's name, date, time of departure, time of arrival and the signature of the driver verifying all children were accounted for during the visual sweep. Prior to transporting children, the transportation log must be recorded, and dated immediately, verifying that all children were accounted for and that the log is complete. Upon arrival at the destination, the driver of the vehicle must: 1. Mark each child off the log as the child departs the vehicle; 2. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and 3. Record, sign, and date the transportation log immediately, verifying that all children were accounted for, and that the visual sweep was conducted. 4. If the provider contracts/agrees with an outside entity/person to provide transportation, then the provider must perform the duties of the driver outlined above in numbers 1-3. Child care personnel must have possession of emergency medical consent and contact information for the parent or legal guardian of each child being transported by vehicle or on foot while away from the home. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures),**

their emergency care plans and supplies or medication must be in the possession of child care personnel and inaccessible to the children. A designated child care personnel in the vehicle or on the field trip must be trained to recognize and respond appropriately to a medical emergency. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory- installed seat belts that are operational. All home operators must maintain documentation of current insurance coverage on all vehicles used to transport children in care. Smoking, including e-cigarettes and vaping, is prohibited in all vehicles while being used to transport children. Emergency medical consent forms or copies of the consent forms signed by the custodial parent or legal guardian and emergency contact numbers must be in the vehicle during transport of children, including field trips. The interior of vehicles, when being used to transport children, should be maintained at a temperature comfortable to children (between 65- and 82- degrees Fahrenheit). When applicable, any vehicle used for transporting children must accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction and the wheelchair occupant must be secured by a three-point tie restraint during transport; or the child must be placed in a federally approved child safety restraint or factory installed seatbelt when transported, in accordance to the child's needs. Manufacturers' specifications must be followed to assure that safety requirements are met. Each child, when transported, must be seated in a back seat in an individual factory installed seat belt or federally approved child safety restraint. The child safety restraint must be installed, secured and used in accordance with the manufacturer's instructions and a copy of such instructions must be maintained (in the vehicle and/or on file). Car safety seats must be replaced if they have been recalled, are past the manufacturer's �date of use� expiration date or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of seats after a crash. Children aged birth to one year old must be secured in a rear-facing car safety seat. Children aged one through 3 years, such restraint device must be a separate carrier or a vehicle built-in child seat. Children aged 4 years, a separate carrier, a vehicle built-in child seat, or a child booster seat must be used with appropriate seat belt. Children aged 5 years and older must be in seat belts.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **The driver of any vehicle used by a school-age child care program to provide transportation must have the following: A valid Florida driver's license; An annual physical examination which grants medical approval to drive, and valid certificate(s) of course completion for first aid training and pediatric CPR procedures. A log must be maintained for all children being transported in the vehicle or on foot away from and/or to the premises of the child care facility. The log must be retained on file at the facility for a minimum of 12 months and available for review by the licensing authority. The log must include: Each child's name, date and time of departure, time of arrival at the**

destination, the signature of the driver (or in the case of traveling on foot, the signature of the child care personnel), and the signature of a second child care personnel or person(s) authorized by the parent to verify the transportation log and that all children have left the vehicle (if applicable). Prior to transporting children by vehicle, the transportation log must be recorded with each child's name, the date and time of departure, and initialed by the child care personnel verifying that all children were accounted for and that the log is complete. Upon arrival at the destination, the driver of the vehicle must: 1. Mark each child off the log as the child departs the vehicle; 2. Conduct a physical inspection and visual sweep of the vehicle interior to ensure that no child is left in the vehicle; and 3. Record, sign, and date the transportation log immediately, verifying that all children were accounted for, and that the visual sweep was conducted. 4. Ensure that a second child care personnel conducts a second visual sweep, signs and dates the transportation log verifying that all children were accounted for, and that the log is complete. If the provider contracts with an outside entity to provide transportation, then the provider must assign a child care personnel to perform the duties of the driver outlined above in numbers 1-3. Upon arrival at the destination by vehicle, a second and different child care personnel must: 1. Conduct a physical inspection and visual sweep of the vehicle to ensure that no child is left in the vehicle; and 2. Sign, date and record the transportation log immediately, verifying that all children were accounted for, and that the log is complete. Child care personnel must have possession of emergency medical consent and contact information for the parent or legal guardian of each child being transported by vehicle or on foot while away from the child care facility. When transporting children with chronic medical conditions (such as asthma, diabetes or seizures), their emergency care plans and supplies or medication must be in the possession of child care personnel and inaccessible to the children. A designated child care personnel in the vehicle or on the field trip must be trained to recognize and respond appropriately to a medical emergency. All vehicles regularly used to transport children must be inspected annually by a mechanic to ensure that they are in proper working order. The maximum number of individuals transported in a vehicle may not exceed the manufacturer's designated seating capacity or the number of factory installed seat belts. All child care facilities must comply with the insurance requirements found in Section 316.615(4), F.S. The interior of vehicles, when being used to transport children, must be maintained at a temperature comfortable to children (between 65- and 82-degrees Fahrenheit). all vehicles used by child care facilities to transport children must be equipped with a reliable alarm system approved by the Department which prompts the driver to inspect the vehicle for children before exiting the vehicle. 1. Approved alarm systems must meet the following criteria: a. The alarm system must be armed or activated automatically when the vehicle's ignition is turned on. b. The alarm system must be designed and installed so that the vehicle horn, siren or other type of audio alarm will sound if the driver/staff member does not walk to the rear or, in the case of a passenger van, the side entry point of the vehicle, to manually shut off or deactivate the alarm. c. The time delay from the time the ignition is turned off after activation of the alarm system until the alarm sounds shall be no longer than one minute. d. The alarm must be audible from the distance of 500 feet from the vehicle. e. The alarm

system must be installed so that the driver must walk to the back of the vehicle to reach the deactivation mechanism. Deactivation mechanisms installed in locations that do not require the driver to walk to the back of the vehicle and view all seating areas will not be acceptable. Each child, when transported, must be seated in a back seat in an individual factory installed seat belt or federally approved child safety restraint. The child safety restraint must be installed, secured and used in accordance with the manufacturer's instructions and a copy of such instructions must be maintained in the vehicle and/or on file with the program. Child safety restraint must be replaced if they have been recalled, are past the manufacturer's �date of use� expiration date, or have been involved in a crash that meets the U.S. Department of Transportation crash severity criteria or the manufacturer's criteria for replacement of restraints after a crash. All children under age 5 must be in a car seat or booster seat. All children age 5 and older must be in seat belts. When applicable, any vehicle used for transporting children must accommodate the placement of wheelchairs with four tie-downs affixed according to the manufactures' instructions in a forward-facing direction and the wheelchair occupant must be secured by a three-point tie restraint during transport; or the child must be placed in a federally approved child safety restraint or factory installed seatbelt when transported, in accordance to the child's needs. Manufacturers' specifications must be followed to assure that safety requirements are met.

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

a. Provide the standards, appropriate to the provider setting and age of children, that address pediatric first aid for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All SR child**

care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement.

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement.**

b. Provide the standards, appropriate to the provider setting and age of children, that address pediatric cardiopulmonary resuscitation for all staff for the following CCDF-eligible providers:

i. All CCDF-eligible licensed center care. Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is between 0-25, 3 of the minimum number of personnel must have pediatric CPR certification. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is between 26-50, 4 of the minimum number of personnel must have pediatric CPR certification. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is between 51-75, 5 of the minimum number of personnel must have pediatric CPR certification. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is between 76-100, 6 of the minimum number of personnel must have pediatric CPR certification. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is 101 or more, 7 of the minimum number of personnel must have pediatric CPR certification. CPR courses must include on-site, instructor- based skill assessments by a certified CPR instructor. Documentation of completion of the online course and on-site assessment must be maintained at the facility and available for review by the licensing authority.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **: All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement. Large family child care home employees hired on or after March 14, 2021 must have current first aid training and pediatric CPR certification within 90 days of hire date at the home. Prior to licensure and caring for children, operators and substitutes must have certificate(s) of course completion for pediatric CPR procedures and first aid training, which must be current and valid at all times. Certificates of course completion are valid based on the time frames established by each first aid and CPR training program, not to exceed three years. CPR courses must include an on-site instructor-based skills assessment that shall be documented by the certified CPR instructor.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is between 0-25, 3 of the minimum number of personnel must have pediatric CPR certification. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is between 26-50, 4 of the minimum number of personnel must have pediatric CPR certification. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is between 51-75, 5 of the minimum number of personnel must have pediatric CPR certification. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is between 76-100, 6 of the minimum number of personnel must have pediatric CPR certification. When the total number of child care personnel in direct supervision of children to meet staff to child operating ratios is 101 or more, 7 of the minimum number of personnel must have pediatric CPR certification. CPR courses must include on-site, instructor- based skill assessments by a certified CPR instructor. Documentation of completion of the online course and on-site assessment must be maintained at the facility and available for review by the licensing authority.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement. Prior to licensure and caring for children, operators and substitutes must have certificate(s) of course completion for pediatric CPR procedures and first aid training, which must be current and valid at all times. Certificates of course completion are valid based on the time frames established by each first aid and CPR training program, not to exceed three years. CPR courses must include an on-site instructor-based skills assessment that shall be documented by the certified CPR instructor.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement. Prior to licensure and caring for children, operators and substitutes must have certificate(s) of course completion for pediatric CPR procedures and first aid training, which must be current and valid at all times. Certificates of course completion are valid based on the time frames established by each first aid and CPR training program, not to exceed three years. CPR courses must include an on-site instructor-based skills assessment that shall be documented by the certified CPR instructor.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All SR child care personnel must complete training in pediatric First Aid and CPR within 90 days of initial employment. The Safety Practices in the SR Program course meets this requirement. At all times in each classroom/room/designated space, or outdoor area occupied by children, at least one of the child care personnel assigned to provide direct supervision to that**

specific group must have current first aid training and pediatric PR) certification. Documentation of first aid training and pediatric CPR certification must be kept on file and available for licensing to review. CPR courses must include on-site, instructor-based skill assessments by a certified CPR instructor. Documentation of completion of the online course and on-site assessment must be maintained at the facility and available for review by the licensing authority.

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

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

i. All CCDF-eligible licensed center care. Provide the standard: **All personnel must complete preservice training within 90 days of initial employment in a SR Program that includes identifying and reporting child abuse and neglect.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All personnel must complete preservice training within 90 days of initial employment in a SR Program that includes identifying and reporting child abuse and neglect.**

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All personnel must complete preservice training within 90 days of initial employment in a SR Program that includes identifying and reporting child abuse and neglect.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All personnel must complete preservice training within 90 days of initial employment in a SR Program that includes identifying and reporting child abuse and neglect.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All personnel must complete preservice training within 90 days of initial employment in a SR Program that includes identifying and reporting child abuse and neglect.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All personnel must complete preservice training within 90 days of initial employment in a SR Program that includes identifying and reporting child abuse and neglect.**

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

i. All CCDF-eligible licensed center care. Provide the standard: **All personnel must annually sign a statement of compliance with child abuse and neglect reporting requirements set in s. 39.201, F.S., regarding the duties of mandatory reporters for child abuse and neglect. The requirements in s.39.201(a) through (d), F.S., covers who is a reporter, and the rest of that section covers provisions/procedures that comply with the Child Abuse Prevention and Treatment Act.**

ii. All CCDF-eligible licensed family child care homes. Provide the standard: **All**

personnel must annually sign a statement of compliance with child abuse and neglect reporting requirements set in s. 39.201, F.S., regarding the duties of mandatory reporters for child abuse and neglect. The requirements in s.39.201(a) through (d), F.S., covers who is a reporter, and the rest of that section covers provisions/procedures that comply with the Child Abuse Prevention and Treatment Act.

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

[x] Not applicable.

iv. All CCDF-eligible license-exempt center care. Provide the standard: **All personnel must annually sign a statement of compliance with child abuse and neglect reporting requirements set in s. 39.201, F.S., regarding the duties of mandatory reporters for child abuse and neglect. The requirements in s.39.201(a) through (d), F.S., covers who is a reporter, and the rest of that section covers provisions/procedures that comply with the Child Abuse Prevention and Treatment Act.**

v. All CCDF-eligible license-exempt family child care homes. Provide the standard: **All personnel must annually sign a statement of compliance with child abuse and neglect reporting requirements set in s. 39.201, F.S., regarding the duties of mandatory reporters for child abuse and neglect. The requirements in s.39.201(a) through (d), F.S., covers who is a reporter, and the rest of that section covers provisions/procedures that comply with the Child Abuse Prevention and Treatment Act.**

vi. All CCDF-eligible license-exempt in-home care. Provide the standard: **All personnel must annually sign a statement of compliance with child abuse and neglect reporting requirements set in s. 39.201, F.S., regarding the duties of mandatory reporters for child abuse and neglect. The requirements in s.39.201(a) through (d), F.S., covers who is a reporter, and the rest of that section covers provisions/procedures that comply with the Child Abuse Prevention and Treatment Act.**

vii. All CCDF-eligible out-of-school programs (afterschool programs, summer camps, day camps, etc.). Provide the standard: **All personnel must annually sign a statement of compliance with child abuse and neglect reporting requirements set in s. 39.201, F.S., regarding the duties of mandatory reporters for child abuse and neglect. The requirements in s.39.201(a) through (d), F.S., covers who is a reporter, and the rest of that section covers provisions/procedures that comply with the Child Abuse Prevention and Treatment Act.**

c. Confirm if child care providers must comply with the Lead Agency's procedures for reporting child abuse and neglect as required by the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i):

[x] Yes, confirmed.

[ ] No. If no, describe:

5.3.12 Additional optional standards

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

[x] Yes.

[ ] No. If no, skip to Section 5.4

If yes, describe the standard(s).

i. Nutrition. Describe: **Licensed and license-exempt programs serving children that receive CCDF funds that choose not to prepare and provide food to children in care must arrange with parents/guardians to provide nutritious food for their children. In the event the parent does not provide nutritious meals/snacks for the child, the program must provide nutritious food items to complete the child's meal. The programs who choose to prepare and provide must adhere to specific minimum standards set for food preparation, food storage, food hygiene, food handling and nutrition. This standard section also sets program requirements and procedures for the preparation, storage, and use of breastmilk, infant formula, and infant food and proper dishwashing and sanitization of all food equipment and surfaces. The standards for family day care homes and in-home care related to food and nutrition vary from those set for child care centers to address and accommodate the unique setting and environment of home care.**

ii. Access to physical activity. Describe: **Licensed and license-exempt programs serving children that receive CCDF funds must have a written, comprehensive, and coordinated plan of daily activities that meets the needs of and is appropriate to the age and development of children in care. The plan must include activities that promote the social skills and intellectual development of children; limit/prohibit electronic media time according to the age of children in care; include quiet and active play, both indoors and outdoors; and include meals, snack, and nap times (as appropriate for the age and times children are in care). In addition, programs must ensure infants in care are provided opportunities for active play outside of cribs, as well as outdoor time each day that weather permits. Programs are not permitted to withhold active play as a form of discipline or consequence for**

misbehavior. The plan of activities must be developmentally appropriate to the ages and needs of children in care.

iii. Caring for children with special needs. Describe: **CCDF providers must make reasonable accommodations to the environment, planned activities, and schedule so that children with special needs may participate. They must also include in their emergency preparedness plans how they will care for children with special needs during times of emergencies.**

iv. Any other areas determined necessary to promote child development or to protect children's health and safety. Describe:

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

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

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

5.4.1 Health and safety pre-service/orientation training requirements

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

	Is this standard addressed in the pre-service or orientation training?	**Is the pre-service or orientation training on this standard appropriate to different settings and age groups?**	**Does the Lead Agency require staff to complete the training before caring for children unsupervised?**
a. Prevention and control of infectious diseases (including immunizations)	**[x]**	**[x]**	**[x]**
b. SIDS prevention and use of safe sleep practices	**[x]**	**[x]**	**[x]**

c. Administration of medication	**[x]**	**[x]**	**[x]**
d. Prevention and response to food and allergic reactions	**[x]**	**[x]**	**[x]**
e. Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic	**[x]**	**[x]**	**[x]**
f. Prevention of shaken baby syndrome, abusive head trauma and child maltreatment	**[x]**	**[x]**	**[x]**
g. Emergency preparedness and response planning and procedures	**[x]**	**[x]**	**[x]**
h. Handling and storage of hazardous materials and disposal of biocontaminants	**[x]**	**[x]**	**[x]**
i. Appropriate Precautions in transporting children, if applicable	**[x]**	**[x]**	**[x]**
j. Pediatric first aid and pediatric CPR (age-appropriate)	**[x]**	**[x]**	**[x]**
k. Child abuse and neglect recognition and reporting	**[x]**	**[x]**	**[x]**
l. Child development including major domains of cognitive, social, emotional, physical development and approaches to learning.	**[x]**	**[x]**	**[x]**

m. If the Lead Agency does not certify implementation of all the health and safety pre-service/orientation training requirements for staff in programs serving children receiving CCDF assistance, please describe:

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

[x] No

[ ] Yes. If yes, describe:

5.5 Monitoring and Enforcement of Licensing and Health and Safety Requirements

5.5.1 Inspections for licensed CCDF providers

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

a. Licensed CCDF center-based providers

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

[x] Yes.

[ ] No. If no, describe:

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

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **Licensed child care center facilities receive a minimum of three unannounced inspections each year.**

[ ] Other. If other, describe:

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

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **In July 2022, the DCF implemented differential monitoring known as abbreviated inspections. This differential monitoring is for any child care provider who has been licensed or licensed-exempt Gold Seal designated for two years and had no Class 1 or Class 2 violations within a two year period. The Gold Seal Quality Care Program was established to acknowledge child care facilities and family day care homes that have gone above the required minimum licensing standards to become accredited by recognized agencies whose standards reflect quality in the level of care and supervision provided to children. Providers who qualify are afforded abbreviated inspections in lieu of the routine inspections. The standards monitored during abbreviated inspections have been identified as key indicators of whether the child care provider continues to provide quality care and programming. Statistically, the standards and abbreviated inspection process are highly predictive of full compliance with all child care rules. Standards that pose the greatest risk of harm to children, if violated, are also measured. In addition, five**

additional randomly selected standards are measured. If at any time during an abbreviated inspection, a standard that is not a key indicator is observed to be noncompliant, the provider is cited for that standard. Key Indicator Inspections are based on a statistical methodology that reduces the number of standards measured by 90 percent, focusing inspections of programs that have consistently met higher standards on those standards most likely to protect children.

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed center-based providers. **DCF conducts inspections of licensed providers in 63 of 67 counties in the state. Broward County, Child Care Licensing and Enforcement, conducts inspections of licensed providers in Broward County. Sarasota County Health Department, Child Care Licensing, conducts inspections of licensed providers in Sarasota County. Palm Beach County Health Department, Child Care Licensing, conducts inspections of licensed providers in Palm Beach County. Pinellas County Health Department, Child Care Licensing Program, conducts inspections of licensed providers in Pinellas County**

b. Licensed CCDF family child care providers

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

[x] Yes.

[ ] No. If no, describe:

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

[ ] Annually.

[x] More than once a year. If more than once a year, describe: **Licensed family day care homes and large family day care homes receive a minimum of two unannounced inspections each year.**

[ ] Other. If other, describe:

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

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **In July 2022, DCF implemented differential monitoring known as abbreviated inspections. This differential monitoring is for any child care provider who has been licensed or licensed-exempt Gold Seal designated for two years and had no Class 1 or Class 2 violations within a two year period. Providers who qualify are afforded abbreviated inspections in lieu of the routine inspections. The standards monitored during abbreviated inspections have been identified as key indicators of whether the child care provider continues to provide quality care and programming. Statistically, the standards and abbreviated inspection process are highly predictive of full compliance with all child care rules. Standards that pose the greatest risk of harm to children, if violated, are also measured. In addition,**

five additional randomly selected standards are measured. If at any time during an abbreviated inspection, a standard that is not a key indicator is observed to be noncompliant, the provider is cited for that standard. Key Indicator Inspections are based on a statistical methodology that reduces the number of standards measured by 90 percent; however, the standards measured are more likely to protect children. Children are safer, quality is improved, and government is more efficient.

[ ] No. If no, describe:

iv. Identify which department or agency is responsible for completing the inspections for licensed family child care providers. **DCF conducts inspections of licensed providers in 63 of 67 counties in the state. Broward County, Child Care Licensing and Enforcement, conducts inspections of licensed providers in Broward County. Sarasota County Health Department, Child Care Licensing, conducts inspections of licensed providers in Sarasota County. Palm Beach County Health Department, Child Care Licensing, conducts inspections of licensed providers in Palm Beach County. Pinellas County Health Department, Child Care Licensing Program, conducts inspections of licensed providers in Pinellas County.**

c. Licensed in-home CCDF child care providers

i. Does your Lead Agency license CCDF in-home child care (care in the child's own home) providers?

[x] No.

[ ] Yes. If yes, does your pre-licensure inspection for licensed in-home providers assess compliance with health, safety, and fire standards?

[ ] Yes.

[ ] No. If no, describe:

ii. Identify the frequency of annual unannounced inspections for licensed in-home child care providers for compliance with health, safety, and fire standards completed:

[ ] Annually.

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

[x] Other. If other, describe: **Florida does not license in-home child care, however, they receive a minimum of one annual, unannounced inspection is conducted. There are no exemptions to inspection requirements for these providers. In- home relative caregivers must meet the same standards for health and safety inspections as license-exempt family day care homes.**

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

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

[x] No.

iv. Identify which department or agency is responsible for completing the inspections for licensed in-home providers. **Florida does not license in-home child care.**

5.5.2 Inspections for license-exempt providers

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

Describe the policies and practices for the annual monitoring of:

a. License-exempt CCDF center-based child care providers

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

[x] Annually.

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

[ ] Other. If other, describe:

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

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

[x] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt center-based CCDF providers. **DCF conducts inspections of license-exempt providers in 63 of 67 counties in the state. Broward County, Child Care Licensing and Enforcement, conducts inspections of license-exempt providers in Broward County. Sarasota County Health Department, Child Care Licensing, conducts inspections of license-exempt providers in Sarasota County. Palm Beach County Health Department, Child Care Licensing, conducts inspections of license-exempt providers in Palm Beach County. Pinellas County Health Department, Child Care Licensing Program, conducts inspections of license-exempt providers in Pinellas County.**

b. License-exempt CCDF family child care providers

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

[x] Annually.

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

[ ] Other. If other, describe:

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

[x] Yes. If yes, describe how the differential monitoring approach is representative of the full complement of health and safety requirements. **In July 2022, DCF implemented differential monitoring known as abbreviated inspections. This**

differential monitoring is for any child care provider who has been licensed or licensed-exempt Gold Seal designated for two years and had no Class 1 or Class 2 violations within a two year period. Providers who qualify are afforded abbreviated inspections in lieu of the routine inspections. The standards monitored during abbreviated inspections have been identified as key indicators of whether the child care provider continues to provide quality care and programming. Statistically, the standards and abbreviated inspection process are highly predictive of full compliance with all child care rules. Standards that pose the greatest risk of harm to children, if violated, are also measured. In addition, five additional randomly selected standards are measured. If at any time during an abbreviated inspection, a standard that is not a key indicator is observed to be noncompliant, the provider is cited for that standard. Key Indicator Inspections are based on a statistical methodology that reduces the number of standards measured by 90 percent; however, the standards measured are more likely to protect children. Children are safer, quality is improved, and government is more efficient.

[ ] No.

iii. Identify which department or agency is responsible for completing the inspections for license-exempt family child care providers. **DCF conducts inspections of license-exempt providers in 63 of 67 counties in the state. Broward County, Child Care Licensing and Enforcement, conducts inspections of license-exempt providers in Broward County. Sarasota County Health Department, Child Care Licensing, conducts inspections of license-exempt providers in Sarasota County. Palm Beach County Health Department, Child Care Licensing, conducts inspections of license-exempt providers in Palm Beach County. Pinellas County Health Department, Child Care Licensing Program, conducts inspections of license-exempt providers in Pinellas County.**

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

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

a. Describe the requirements for the annual monitoring of CCDF license-exempt in-home child care (care in the child's own home) providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring procedures are used. **A minimum of one annual, unannounced inspection is conducted. There are no exemptions to inspection requirements for these providers. In-home relative caregivers must meet the same standards for health and safety inspections as license-exempt family day care homes. Some standards regarding food service, transportation, diapering, crib safety and administration of medication are services that may be non-applicable to certain providers. In these instances, a notation is made within the inspection report that reflects non-applicable (i.e., for a provider that does not offer transportation services) and all standards related to this service are marked "NA" on the inspection report.**

b. List the entity(ies) in your State/Territory responsible for conducting inspections of

license-exempt CCDF in-home child care (care in the child's own home) providers: **DCF conducts inspections of licensed providers in 63 of 67 counties in the state. Broward County, Child Care Licensing and Enforcement, conducts inspections of licensed providers in Broward County. Sarasota County Health Department, Child Care Licensing, conducts inspections of licensed providers in Sarasota County. Palm Beach County Health Department, Child Care Licensing, conducts inspections of licensed providers in Palm Beach County. Pinellas County Health Department, Child Care Licensing Program, conducts inspections of licensed providers in Pinellas County.**

5.5.4 Posting monitoring and inspection reports

Lead Agencies must post monitoring and inspection reports on their consumer education website for each licensed and CCDF child care provider, except in cases where the provider is related to all the children in their care. These reports must include the results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. A full report covers everything in the monitoring visit, including areas of compliance and non-compliance. If the Lead Agency does not produce any reports that include areas of compliance, the website must include information about all areas covered by a monitoring visit.

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

a. Does the Lead Agency post:

i. **[x]** Pre-licensing inspection reports for licensed programs.

ii. **[x]** Full monitoring and inspection reports that include areas of compliance and non-compliance for all non-relative providers eligible to provide CCDF services.

iii. **[ ]** Monitoring and inspection reports that include areas of non-compliance only, with information about all areas covered by a monitoring visit posted separately on the website (e.g., a blank checklist used by monitors) for all non-relative providers eligible to provide CCDF services. If checked, provide a direct URL/website link to the website where a blank checklist is posted:

iv. **[ ]** Other. Describe:

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

i. **[x]** Date of inspection.

ii. **[x]** 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: **Noncompliance items are noted on inspection reports with a description of the violation and a deadline for corrective action is established. The public display of a provider's inspection history indicates a red dot next to any inspection that contains violations.**

iii. **[x]** Corrective action plans taken by the Lead Agency and/or child care provider. Describe: **For noncompliance items that are not corrected at time of inspection, a**

corrective action due date is established, and guidance provided regarding what action is needed to bring the standard back into compliance. A reinspection is completed to verify that non-compliance items are corrected.

iv. **[x]** A minimum of 3 years of results, where available.

v. If any of the components above are not selected, please explain:

c. Lead Agencies must post monitoring and inspection reports and/or any related summaries in a timely manner.

i. Provide the direct URL/website link to where the reports are posted: **DCF ▯ Public Search page: https://caressearch.myflfamilies.com/PublicSearch**

ii. Identify the Lead Agency's established timeline for posting monitoring reports and describe how it is timely: **Routine, renewals, and re-inspections are approved and posted to the public website within 10 days from the inspection date.**

d. Does the Lead Agency certify that the monitoring and inspection reports or the summaries are in plain language that is understandable to parents and other consumers?

[x] Yes.

[ ] No. If no, describe:

e. Does the Lead Agency certify that there is a process for correcting inaccuracies in the monitoring and inspection reports?

[x] Yes.

[ ] No. If no, describe:

f. Does the Lead Agency maintain monitoring and inspection reports on the consumer education website?

[x] Yes.

[ ] No. If no, describe:

5.5.5 Qualifications and training of licensing inspectors

Lead Agencies must ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served.

Describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified and have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting. **All personnel assigned responsibility for the inspection and licensing of child care facilities and family day care homes are classified as "Family Services Counselors" (Class Code: 5990) within the Florida Department of Management Services' job classification system. Preference is given to candidates with a bachelor's degree from an accredited college or university; however, relevant experience can be substituted. All Family Services Counselors are required to complete Preservice Training that is based on the Child Care Licensing Desk Reference Guide which is facilitated through the Policy Specialist at DCF headquarters and offered in-person and virtually as needed. In addition, new counselors must complete online DCF training that includes the following: Child Care Pre-**

Service training, Family Day Care Homes Licensing course, Guidance and Discipline, Child Abuse and Neglect, Child Growth and Development, Guide to Record Keeping, Fire Safety & Emergency Preparedness, Playground Safety, Transportation Safety, Supporting Children with Developmental Disabilities, Serving Safe Food in Child Care, and FDA Food Inspector training. Along with instructor-led and online training, licensing staff must complete 14 additional supplemental activities within 12 months of hire, which are documented as completed by the supervisor. All training requirements are tracked by the Policy Specialist and the Family Services Counselor's supervisor in the regional office and verified prior to the counselor working solo in the field. Training requirements for the four local licensing counties meet or exceed DCF's training requirements for licensing counselors.

5.5.6 Ratio of licensing inspectors

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

Provide the ratio of licensing inspectors to child care providers (i.e., number of inspectors per number of child care providers) and facilities in the State/Territory and include how the ratio is sufficient to conduct effective inspections on a timely basis. **In 2011, the National Association for Regulatory Administration (NARA) issued a policy paper entitled Strong Licensing: The Foundation for a Quality Early Care and Education System. It included the following workload recommendation, which has also been disseminated by the U.S. Department of Health and Human Services, Administration for Children and Families, as an appropriate national standard. Florida's Child Care Program Office utilizes the NARA recommended maximum workload standard of 60:1 for all types of providers. At current staffing levels, the caseload average is between 50 and 60.**

5.6 Ongoing Health and Safety Training

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

5.6.1 Required ongoing training of health and safety standards

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

a. Licensed child care centers: **All CCDF eligible child care centers must complete the annual 10 clock-hours or one CEU of in-service training concentration on children ages birth through 12 must be completed in one or more of the following areas (college level courses will be accepted):**

- **Health and safety, including universal precautions, prevention of infectious diseases, sudden infant death syndrome, emergencies due to food and allergic reactions, shaken baby syndrome, use of safe sleep practices, administration of medicine, emergency preparedness, and handling of hazardous materials;**
- **Pediatric CPR;**

• First Aid (may be taken to meet the in-service requirement only once every two years);
• Nutrition;
• Child development - typical and atypical;
• Child transportation and safety;
• Behavior management;
• Working with families;
• Design and use of child-oriented space;
• Community, health and social service resources;
• Child abuse;
• Child care for multilingual children;
• Working with children with disabilities in child care;
• Safety in outdoor play;
• Literacy;
• Guidance and discipline;
• Computer technology;
• Leadership development/program management and child care personnel supervision;
• Age-appropriate lesson planning;
• Homework assistance for school-age care;
• Food safety training;
• Developing special interest centers/spaces and environments;
• Other course areas relating to child care or child care management;
• Any of the online courses offered through the Department's child care website.

b. License-exempt child care centers: **All CCDF eligible child care centers must complete the annual 10 clock-hours or one CEU of in-service training concentration on children ages birth through 12 must be completed in one or more of the following areas (college level courses will be accepted):**
• Health and safety, including universal precautions, prevention of infectious diseases, sudden infant death syndrome, emergencies due to food and allergic reactions, shaken baby syndrome, use of safe sleep practices, administration of medicine, emergency preparedness, and handling of hazardous materials;
• Pediatric CPR;
• First Aid (may be taken to meet the in-service requirement only once every two years);
• Nutrition;
• Child development - typical and atypical;
• Child transportation and safety;
• Behavior management;
• Working with families;
• Design and use of child-oriented space;
• Community, health and social service resources;
• Child abuse;
• Child care for multilingual children;
• Working with children with disabilities in child care;
• Safety in outdoor play;

- **Literacy;**
- **Guidance and discipline;**
- **Computer technology;**
- **Leadership development/program management and child care personnel supervision;**
- **Age-appropriate lesson planning;**
- **Homework assistance for school-age care;**
- **Food safety training;**
- **Developing special interest centers/spaces and environments;**
- **Other course areas relating to child care or child care management;**
- **Any of the online courses offered through the Department's child care website.**

c. Licensed family child care homes: **All operators and large family child care home employees must complete a minimum of 10-clock-hours or one CEU of in-service training concentrating on children ages birth through 12 years annually during the operator's 12-month licensing period. The annual 10-clock-hours or one CEU of in-service training must be completed in one or more of the following areas (college level courses will be accepted):**

- **Health and safety, including universal precautions, prevention of infectious diseases, sudden infant death syndrome, emergencies due to food and allergic reactions, and shaken baby syndrome; use of safe sleep practices; administration of medicine, emergency preparedness; handling of hazardous materials;**
- **Safe Sleep Practices- American Pediatrics Standards;**
- **SIDS Sudden Infant Death Syndrome;**
- **Pediatric CPR;**
- **First Aid (may only be taken to meet the in-service requirement once every two years);**
- **Nutrition;**
- **Child development typical and atypical;**
- **Social and Emotional Development**
- **Child transportation and safety;**
- **Behavior management;**
- **Working with families;**
- **Design and use of child-oriented space;**
- **Community, health and social service resources;**
- **Child abuse;**
- **Child care for multilingual children;**
- **Working with children with disabilities in child care;**
- **Safety in outdoor play;**
- **Literacy;**
- **Guidance and discipline;**
- **Computer technology;**
- **Leadership development/program management and child care personnel supervision;**
- **Age appropriate lesson planning;**
- **Homework assistance for school-age care;**
- **Developing special interest centers/spaces and environments;**

- **Other course areas relating to child care or child care management; or**
- **Any of the online courses offered through the Department's child care website.**

d. License-exempt family child care homes: **All operators and large family child care home employees must complete a minimum of 10-clock-hours or one CEU of in-service training concentrating on children ages birth through 12 years annually during the operator's 12-month licensing period. The annual 10-clock-hours or one CEU of in-service training must be completed in one or more of the following areas (college level courses will be accepted):**

- **Health and safety, including universal precautions, prevention of infectious diseases, sudden infant death syndrome, emergencies due to food and allergic reactions, and shaken baby syndrome; use of safe sleep practices; administration of medicine, emergency preparedness; handling of hazardous materials;**
- **Safe Sleep Practices- American Pediatrics Standards**
- **SIDS Sudden Infant Death Syndrome**
- **Pediatric CPR;**
- **First Aid (may only be taken to meet the in-service requirement once every two years);**
- **Nutrition;**
- **Child development � typical and atypical;**
- **Social and Emotional Development**
- **Child transportation and safety;**
- **Behavior management;**
- **Working with families;**
- **Design and use of child-oriented space;**
- **Community, health and social service resources;**
- **Child abuse;**
- **Child care for multilingual children;**
- **Working with children with disabilities in child care;**
- **Safety in outdoor play;**
- **Literacy;**
- **Guidance and discipline;**
- **Computer technology;**
- **Leadership development/program management and child care personnel supervision;**
- **Age appropriate lesson planning;**
- **Homework assistance for school-age care;**
- **Developing special interest centers/spaces and environments;**
- **Other course areas relating to child care or child care management; or**
- **Any of the online courses offered through the Department's child care website.**

e. Regulated or registered in-home child care:

f. Non-regulated or registered in-home child care: **10 hours or one CEU of annual in-service training with concentration in topic areas that include health and safety, safe sleep practices, behavior management, working with families, literacy, working with children with disabilities, leadership development, and child care management.**

5.7 Comprehensive Background Checks

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

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

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

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

5.7.1 In-state criminal history check with fingerprints

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

[x] Yes.

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

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

[x] Yes.

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

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

[x] Yes.

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

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

a. Does the Lead Agency conduct FBI criminal history background checks with fingerprints

for all child care staff members (including prospective staff members) of licensed, regulated, or registered child care providers, regardless of CCDF participation?

[x] Yes.

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

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

[x] Yes.

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

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

[x] Yes.

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

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

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

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

[x] Yes.

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

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

[x] Yes.

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

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

[x] Yes.

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

5.7.4 In-state sex offender registry (SOR) check

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

[x] Yes.

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

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

[x] Yes.

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

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

[x] Yes.

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

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

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

[x] Yes.

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

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

[x] Yes.

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

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

[x] Yes.

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

5.7.6 Interstate criminal history check

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

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

[x] Yes.

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

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

[x] Yes.

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

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

[x] Yes.

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

5.7.7 Interstate Sex Offender Registry (SOR) check

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

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

[x] Yes.

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

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

[x] Yes.

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

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

[x] Yes.

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

5.7.8 Interstate child abuse and neglect (CAN) registry check

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

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

[x] Yes.

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

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

[x] Yes.

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

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

[x] Yes.

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

5.7.9 Disqualifications for child care employment

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

- Refused to consent to a background check.
- Knowingly made materially false statements in connection with the background check.
- Are registered, or are required to be registered, on the State/Territory sex offender

registry or repository or the National Sex Offender Registry.

- Have been convicted of a felony consisting of murder, child abuse or neglect, crimes against children (including child pornography), spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault, or battery.
- Have a violent misdemeanor committed as an adult against a child, including the following crimes: child abuse, child endangerment, sexual assault, or any misdemeanor involving child pornography.
- Convicted of a felony consisting of a drug-related offense committed during the preceding 5 years.

a. Does the Lead Agency disqualify the employment of child care staff members (including prospective staff members) by child care providers receiving CCDF subsidy payment for CCDF-identified disqualifying criteria?

[x] Yes.

[ ] No. If no, describe the disqualifying criteria:

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

[x] Yes.

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

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

[x] Does not use them to disqualify employment.

[ ] Uses them to disqualify employment. If checked, describe:

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

[x] Does not use them to disqualify employment.

[ ] Uses them to disqualify employment. If checked, describe:

5.7.10 Privacy

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

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

[x] Yes.

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

5.7.11 Appeals processes for background checks

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

Does the appeals process:

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

[x] Yes.

[ ] No. Describe:

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

[x] Yes.

[ ] No. Describe:

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

[x] Yes.

[ ] No. Describe:

iv. Get completed in a timely manner.

[x] Yes.

[ ] No. Describe:

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

[x] Yes.

[ ] No. Describe:

vi. Facilitate coordination between the Lead Agency and other agencies in charge of background check information and results (such as the Child Welfare office and the State Identification Bureau), to ensure the appeals process is conducted in accordance with the Act.

[x] Yes.

[ ] No. Describe:

5.7.12 Provisional hiring of prospective staff members

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

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

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

a. FBI criminal background check.

[x] Yes.

[ ] No. If no, describe:

b. In-state criminal background check with fingerprints.

[x] Yes.

[ ] No. If no, describe:

c. In-state Sex Offender Registry.

[x] Yes.

[ ] No. If no, describe:

d. In-state child abuse and neglect registry.

[x] Yes.

[ ] No. If no, describe:

e. Name-based national Sex Offender Registry (NCIC NSOR).

[ ] Yes.

[x] No. If no, describe: **Child care personnel may receive a �Provisional hire’ status upon a notification email from the Department allowing the individual to be hired for a 45-day period while out of state records are being requested and awaiting clearance. During those 45 days the individual must be under the supervision of screened and trained child care personnel when in contact with the children.**

f. Interstate criminal background check, as applicable.

[ ] Yes.

[x] No. If no, describe: **Child care personnel may receive a �Provisional hire’ status upon a notification email from the Department allowing the individual to be hired for a 45-day period while out of state records are being requested and awaiting clearance. During those 45 days the individual must be under the supervision of screened and trained child care personnel when in contact with the children.**

g. Interstate Sex Offender Registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **Child care personnel may receive a �Provisional hire’ status upon a**

notification email from the Department allowing the individual to be hired for a 45-day period while out of state records are being requested and awaiting clearance. During those 45 days the individual must be under the supervision of screened and trained child care personnel when in contact with the children.

h. Interstate child abuse and neglect registry check, as applicable.

[ ] Yes.

[x] No. If no, describe: **Child care personnel may receive a �Provisional hire' status upon a notification email from the Department allowing the individual to be hired for a 45-day period while out of state records are being requested and awaiting clearance. During those 45 days the individual must be under the supervision of screened and trained child care personnel when in contact with the children.**

i. Does the Lead Agency require provisional hires to be supervised by a staff member who received a qualifying result on the comprehensive background check while awaiting results from the provisional hire's full comprehensive background check?

[x] Yes.

[ ] No. If no, describe:

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

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

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

[x] Yes.

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

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

[x] Yes.

[ ] No. If no, describe the current policy:

5.7.14 Responses to interstate background check requests

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

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

[x] Yes.

[ ] No.

b. Describe how the State/Territory responds to interstate criminal history, Sex Offender Registry, and Child Abuse and Neglect Registry background check requests from another

state. **Interstate Checks:**
Interstate criminal history checks are requested through the Florida Department of Law Enforcement through the Criminal History Record Check at https://www.fdle.state.fl.us/Criminal-History-Records/Florida-Checks.aspx.

Out of State Sex Offender Review:
The Florida Sex Offender Registry may be searched at https://offender.fdle.state.fl.us/offender/sops/home.jsf. This provides instant results.

Out of State Abuse Records Check:
Section 39.202, Florida Statutes, is prescriptive in what abuse checks may be used for and does not allow the sharing of these records with other states for this purpose. Individuals may request a copy of their own abuse records through the Department's public records request process

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

[ ] Yes. If yes, describe the current policy.

[x] No.

5.7.15 Consumer education website links to interstate background check processes

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

a. Provide the direct URL/website link that contains instructions on how child care providers and other States and Territories should initiate background check requests for prospective and current child care staff members:
https://www.myflfamilies.com/services/background-screening

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

b. Interstate criminal background check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. **[x]** Is the State a National Fingerprint File (NFF) State?

x. **[x]** Is the State a National Crime Prevention and Privacy Compact State?

xi. If not all boxes above are checked, describe: **N/A**

c. Interstate sex offender registry (SOR) check:

i. **[x]** Agency name

ii. **[x]** Address

iii. **[x]** Phone number

iv. **[x]** Email

v. **[x]** Website

vi. **[x]** Instructions

vii. **[x]** Forms

viii. **[x]** Fees

ix. If not all boxes above are checked, describe:

d. Interstate child abuse and neglect (CAN) registry check:

i. **[x]** Agency name

ii. **[x]** Is the CAN check conducted through a county administered registry or centralized registry?

iii. **[x]** Address

iv. **[x]** Phone number

v. **[x]** Email

vi. **[x]** Website

vii. **[x]** Instructions

viii. **[x]** Forms

ix. **[x]** Fees

x. If not all boxes above are checked, describe:

5.7.16 Background check fees

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

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

[x] Yes.

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

implemented:

5.7.17 Renewal of the comprehensive background check

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

[x] Yes.

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

5.8 Exemptions for Relative Providers

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

5.8.1 Exemptions for relative providers

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

[ ] No.

[x] Yes. If yes, which type of relatives do you exempt, and from what requirements (licensing requirements, CCDF health and safety standards, preservice/orientation training, ongoing training, inspections, and/or background checks) do you exempt them? **Informal providers may be a relative of the child(ren) to whom they are providing care. Florida does not exempt relatives from any health and safety requirements. Informal providers contracted for the School Readiness program must meet the same requirements as licensed family child care home providers.**

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

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

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

6.1 Supporting the Child Care Workforce

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

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

a. Identify any Lead Agency activities related to strengthening workforce recruitment and retention of child care providers. Check all that apply:

i. **[ ]** Providing program-level grants to support investments in staff compensation.

ii. **[x]** Providing bonuses or stipends paid directly to staff, like sign-on or retention bonuses.

iii. **[ ]** Connecting family child care providers and center-based child care staff to health insurance or supporting premiums in the Marketplace.

iv. **[ ]** Subsidizing family child care provider and center-based child care staff retirement benefits.

v. **[ ]** Providing paid sick, personal, and parental leave for family child care providers and center-based child care staff.

vi. **[ ]** Providing student loan debt relief or loan repayment for family child care providers and center-based child care staff.

vii. **[ ]** Providing scholarships or tuition support for center-based child care staff and family child care providers.

viii. **[ ]** Other. Describe:

b. Describe any Lead Agency ongoing efforts and future plans to assess and improve the compensation of the child care workforce in the State or Territory, including increasing wages, bonuses, and stipends. **In 2023, DEL commissioned the Florida Early Care and Education Workforce Study Report in which an unprecedented 14,252 teachers, directors, and other staff participated. This population was representative of Florida's ECE program and workforce population on numerous geographic, programmatic, and demographic factors, supporting the generalizability of the survey findings. In an effort to highlight the importance of the issues related to the workforce, DEL is working with the UF AZCEECS to analyze available workforce data and to design, build, and incorporate Florida's early child care workforce data into the Sunshine Portal in an impactful, end-user driven, and interactive format such as a data dashboard. DEL will use this information as we implement programs such as T.E.A.C.H. and INCETIVE$. Further, information from this dashboard will be critical as the DEL explores and implements policies to positively impact the child care workforce.**
DEL will continue to work with the legislature, provider associations, and ELCs to evaluate and increase reimbursement rates for providers. DEL will also continue to strategize ways to utilize quality funding and local match to provide opportunities for ELCs and providers

to receive additional funding.

c. Describe any Lead Agency ongoing efforts and future plans to expand access to benefits, including health insurance, paid sick, personal, and parental leave, and retirement benefits. **Currently, the DEL does not have plans to expand access to benefits for the child care workforce but continues to encourage providers to provide access to benefits. The DEL will continue to monitor the new data dashboard to inform policy decisions that support the child care workforce.**

d. Describe any Lead Agency ongoing efforts and future plans to support the mental health and well-being of the child care workforce. **Currently, the DCF Training Registry offers a course on TICC which includes a component on the importance of self-care for early childhood educators.**

e. Describe any other strategies the Lead Agency is developing and/or implementing to support providers' recruitment and retention of the child care workforce. **DEL coordinated with DCF to build a dedicated Job Board for early childhood educators. The Job Board is accessed through the Registry and is active. T.E.A.C.H. scholarships also help with addressing the problems of teacher education, turnover, and compensation in this field. It provides financial incentives linked to educational attainment and retention. Local ELC's have proven that financially supported apprenticeship projects have strengthened the local ECE workforce as a recruitment initiative.**

6.1.2 Strategies to support provider business practices

a. Describe other strategies that the Lead Agency is developing and/or implementing to strengthen child care providers' business management and administrative practices. **To build quality and supply, a course on business practices, Management of a Child Care Center, is a requirement for completing the application for a Florida Director Credential. This course covers child care business for all ages. To obtain a level I Director's Credential, the core requirements must be fulfilled along with the completion of an approved �Overview of Child Care Management� course or a Director Credential issued by another state. Some ELCs also offer local business trainings for providers, offering templates for business plans, parent handbooks, and salary scales.**

b. Check the topics addressed in the Lead Agency's strategies for strengthening child care providers' administrative business practices. Check all that apply:

i. **[ ]** Fiscal management.

ii. **[ ]** Budgeting.

iii. **[x]** Recordkeeping.

iv. **[x]** Hiring, developing, and retaining qualified staff.

v. **[ ]** Risk management.

vi. **[ ]** Community relationships.

vii. **[x]** Marketing and public relations.

viii. **[x]** Parent-provider communications.

ix. **[ ]** Use of technology in business administration.

x. **[ ]** Compliance with employment and labor laws.

xi. **[ ]** Other. Describe any other efforts to strengthen providers' administrative business:

6.1.3 Strategies to support provider participation

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

a. Providers and staff with limited English proficiency: **Providers and staff with limited English proficiency requested training be available in Spanish to provide them with a better understanding of the material DEL has translated the required pre- service training to Spanish so that it can be accessed by Spanish speaking educators or educators with limited English proficiency. Additionally, the website hosting the Florida Early Care and Education Developmental Standards has added a translation toggle option to translate from English to Spanish. The supporting trainings for these standards are available in Spanish as well. ELCs/RCMA make every effort to provide multi-lingual translation and interpretation services at all levels when engaging with child care providers and provide extensive training to staff at all levels (starting with leadership) regarding the importance of these efforts to enhance the recruitment and facilitation of the participation of child care providers in the subsidy system.**

b. Providers and staff who have disabilities: **Per the SR Contract ELCs have with providers, discrimination against children, families and staff on the basis of race, national origin, ethnic background, sex, religious affiliation, or disability is prohibited. Further, the provider must agree not to discriminate to comply with the terms of 45 C.F.R. §98.49 regarding non-discrimination against staff on the basis of religion.**
Vocation Rehab (VR) is a division of the FLDOE whose mission is to assist people with disabilities, ages 14 and older, in securing competitive, integrated employment. VR's Business Relations program builds and sustains partnerships with business and industry through effective services that are driven by the needs of employers. Business Relations Representatives customize employer services to assist employers with recruiting, hiring, promoting and retaining qualified individuals with disabilities. These partnerships support business customers' disability inclusion efforts.

6.2 Professional Development Framework

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

(1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing. CCDF provides Lead Agencies flexibility on the strategies, breadth, and depth of the framework. The professional development framework

must be developed in consultation with the State Advisory Council on Early Childhood Education and Care or a similar coordinating body.

6.2.1 Updates and consultation

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

[x] Yes. If yes, describe the elements of the framework that were updated and describe if and how the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body was consulted: **Florida's Professional Learning Framework was developed in partnership with a Professional Learning Initiative Steering Committee. This committee included member representation from provider associations, higher education institutions, ELCs, training organizations, Head Start, state departments that invest in and work on professional learning issues, and non-profit organizations. The Committee/Task Force's focus was to establish a plan that secured the framework through the adoption of the Florida Professional Development Standards and Core Competencies for Early Childhood and Afterschool Educators (ASE) in Rule 6M-4.735, F.A.C. To build upon this work, DEL has contracted with UF AZCEECS to deliver a report with recommendations to redesign and extend Florida's informal professional learning framework or pathway for early childhood teacher professional learning and career advancement. An Advisory Board consisting of key early learning systems stakeholders will be formed to provide input and feedback on the redesign of the existing informal pathway. Focus groups and interviews will also be held with childcare program administrators and teachers to provide input and feedback to improve the framework for the informal pathway.**

[ ]No.

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

[x] Yes. If yes, identify the other key groups: **Florida's Professional Learning Framework was developed in partnership with a Professional Learning Initiative Steering Committee. This committee included member representation from provider associations, higher education institutions, ELCs, training organizations, Head Start, state departments that invest in and work on professional learning issues, and non-profit organizations.**

[ ] No.

6.2.2 Description of the professional development framework

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

i. Professional standards and competencies. For example, Lead Agencies can include information about which roles in early childhood education are included (such as teachers, directors, infant and toddler specialists, mental health consultants, coaches, licensors, QIS assessors, family service workers, home visitors). **The DEL has established the Florida Early Learning and Developmental Standards (FELDS) Birth to Kindergarten and aligned Professional Competencies for Early Learning Professionals (Educators, Directors & Administrators, Afterschool Educators,**

Career Advisors, Specialists Supporting Early Childhood Inclusion, and Early Learning Coaches). The Standards reflect the knowledge and skills that a child on a developmental progression should know and be able to do at the end of an age-related timeframe. The Professional Competencies describe the knowledge and skills that early childhood professionals need to know and be able to do to perform successfully in their assigned roles and support the learning and development of young children. The following courses were created to provide on-line training to assist participants in becoming familiar with the standards, understand the elements of quality instruction and explain how to integrate domain areas: Implementing the Florida Standards in Preschool Classrooms: 3 Years Old to Kindergarten, Implementing the Approaches to Learning Domain in Early Childhood Classrooms, Implementing the Scientific Inquiry Domain in Early Childhood Classrooms, Implementing the Social Studies Domain in Early Childhood Classrooms, Implementing the Creative Expression Through the Arts Domain in Early Childhood Classrooms, Implementing the Physical Development Domain in Early Childhood Classrooms, Implementing the Florida Standards in Early Learning Classroom: Birth to Kindergarten, Implementing the Florida Standards in Infant and Toddler Classroom: Birth through 2 Years Old, Florida Core Competencies for Afterschool Educators, Florida Core Competencies for Directors and Administrators, and Florida Core Competencies for Early Childhood Educators.

ii. Career pathways. For example, Lead Agencies can include information about professional development registries, career ladders, and levels. **DCF implements Florida's voluntary Early Childhood Professional Learning Registry (Registry) that contains workforce related demographics, documents requirements to meet licensing standards, and assigns appropriate career pathway designations. The Florida Early Childhood Education Professional Learning Career Pathway builds on core knowledge and provides direction for Early Childhood Educators (ECE) and ASEs who want to move from an entry level position into a professional career in the early care and education field. In addition to credentialing or degree requirements, practitioners must complete core training requirements to earn the registry designations (ECE, ASE I, II, III).**
- The Foundation level includes the DCF Introductory Child Care Training.
- The ECE I/ASE I level includes attaining the Florida Staff Credential.
- The ECE II/ASE II level includes achieving an Associate degree or higher.
- The ECE III/ASE III level includes achieving a Bachelor degree or higher.

Florida has a long-established system of credentialing for teachers and directors that includes the Florida Staff Credential and the Directors Credential. For an individual to obtain a Florida Staff Credential, they must have an associate's degree in Early Childhood Education/Child Development or an associate's degree with at least six in field credits, a bachelor's degree or higher in eligible educational topic areas, a National CDA credential, or a Birth Through Five or School-Age Child Care credential. Individuals applying to obtain a Director Credential must have an active Florida Staff Credential and other core requirements along with completion of an approved �Overview of Child Care Management� course to meet level I requirements. There are two additional levels (II and Advanced) that may be achieved with on-site child care director

experience and college education. These credentials support career development and systematically build the skills of Florida's early childhood workforce. The state college system offers credentials on key priorities in Florida's early childhood system, including infant-toddler development, preschool development, inclusion and child care center management that include 12 college credits and can be take independently or as part of a degree course of study.

CCDF investments were made to build and enhance the ability to track professional learning and advancement in Florida's Early Childhood Professional Learning Registry. The Registry dashboard displays data for Registry participants, including the total number of participants, the highest designation awarded for our professional learning pathway and highest education reported. The Registry also captures and reports some self-reported workforce indicators (e.g., hourly wage, hours worked). Additionally, Registry users may search for early childhood education positions throughout Florida with the job board.

iii. Advisory structure. For example, Lead Agencies can include information about how the professional development advisory structure interacts with the State Advisory Council on Early Childhood Education and Care.
DEL consulted with stakeholders that would hold council membership, such as professionals from provider associations, higher education institutions, ELCs, training organizations, Head Start, state departments that invest in and work on professional learning issues, and nonprofit organizations. These representatives are identified as a key stakeholder group to support the professional learning work in Florida. Particularly, it includes providers from a variety of settings and informs the development of the early childhood professional learning system. Additionally, DEL has entered into an agreement with the UF AZCEECS to redesign and extend Florida's informal pathway for early childhood teacher professional learning and career advancement. The process includes extensive stakeholder input through surveys, focus groups, regular input from key partners, and the formation of an Advisory Board. This project kicked off in the fall of 2023 and will be completed by the fourth quarter of 2024.

iv. Articulation. For example, Lead Agencies can include information about articulation agreements, and collaborative agreements that support progress in degree acquisition. **. Florida mandates that state colleges offering ECE programs provide college credits for approved credentials to include: Florida Department of Children and Families Birth through Five (5) and Florida Child Care Professional Credential (FCCPC); FLDOE's, Child Care Apprenticeship Certificate (CCAC) and Early Childhood Professional Certificate (ECPC); and Council for Professional Recognition National CDA credential. This articulation of early childhood credentials to Associate in Science (AS) degree programs is made even more effective by the state's common course numbering system across the state college system, which ensures that early childhood professionals receive the same content across the state and that courses easily articulate between institutions. Florida's state college system includes higher education institutions commonly known as community colleges in other states and can award both two- and four-**

year degrees. The agreement with the UF AZCEECS will deliver a report on how Florida can redesign and extend its informal pathway, to include recommendations on demonstrable competency-based, stackable content from onboarding to credentials, so more early childhood professionals access college credit and pursue meaningful career pathways.

v. Workforce information. For example, Lead Agencies can include information about workforce demographics, educator well-being, retention/turnover surveys, actual wage scales, and/or access to benefits. **In 2023 DEL commissioned the Florida Early Care and Education Workforce Study Report in which an unprecedented 14,252 teachers, directors, and other staff participated. This population was representative of Florida's ECE program and workforce population on numerous geographic, programmatic, and demographic factors, supporting the generalizability of the survey findings. Despite low wages, limited benefits, and other concerns facing the workforce, survey respondents report working with young children and positive relationships with directors and coworkers are the biggest contributors of job satisfaction. Teachers reported the love of working with young children is the main reason they stay in the field. Teachers also highlighted the importance of open communication with coworkers and problem-solving as a team. Directors report emphasizing relationships and teamwork as a key staff retention strategy. These factors likely impact longevity rates which are relatively high. Teacher and director participants have been in the ECE field for a median of 10 and 20 years, respectively. In an effort to highlight the importance of the issues related to the workforce, DEL is working with the UF AZCEECS to analyze available workforce data and to design, build, and incorporate Florida's early child care workforce data into the Sunshine Portal in an impactful, end-user driven, and interactive format such as a data dashboard.**

vi. Financing. For example, Lead Agencies can include information about strategies including scholarships, apprenticeships, wage enhancements, etc. **The importance of the T.E.A.C.H. program was highlighted during the 2024 legislation session when an additional $7 million was allocated to expand capacity of the program during the 2024-2025 program year. DEL provides $10 million annually for the T.E.A.C.H. Early Childhood® Scholarship Program, helping over 4000 professionals a year complete courses toward degree.; Since T.E.A.C.H. funding started in 1998, 44,504 scholars have completed 296,997 college credit hours, 2,119 degrees and 23,224 CDA or staff credentials. T.E.A.C.H. is a successful three-way partnership among the employer, the teacher and the T.E.A.C.H. program to address teacher education, turnover, and compensation simultaneously. T.E.A.C.H. provides access to a counselor through the T.E.A.C.H. office to help recipients navigate the landscape of professional learning and higher education options. The INCENTIVE$ program is a partnership between The Children's Forum and five ELCs (Broward, Hillsborough, Marion, Orange, and Osceola) to retain qualified early learning professionals. The program rewards teachers, directors and family child care providers working with children ages birth to five with financial payments based on their level of education and sustained employment. INCENTIVE$ helps educate, retain, and provide additional supports for the early childhood workforce through annual stipends of $450 to $5,000 for full-time employees; the average annual award amount is $2,472. These amounts are based upon the participant's level of**

education and reflects the schedule worked during a six-month commitment period (i.e., award payments for part-time employees are prorated). Participating teachers served 45,473 children.

Additionally, DEL will continue to offer stipends for the completion of training in identified early childhood topics, and for participation in coaching or communities of practice through a statewide training initiative.

Authorized by s. 1003.485, F.S., and created in partnership with the DEL and UF Lastinger, the New Worlds Reading Initiative was established with a two-fold purpose: to instill a love of reading in Florida's youngest students by providing free books for children whose literacy skills are identified as below grade level and to improve the instructional skills of early care and preschool teachers through the available Emergent and Elementary Literacy Micro-credential. $89 million was allocated in 23-24 for the implementation of this project.

b. Does the Lead Agency use additional elements?

[x] Yes.

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

i. **[x]** Continuing education unit trainings and credit-bearing professional development. Describe: **The Florida Registry houses DEL and DCF state-approved training that includes CEUs for each training. The registry has a CEU Training tab that allows participants to upload training certificates that reflect CEUs and these certificates are verified by the DCF Credentialing Unit. The Registry has more than 38,000 pathway participants and approximately 75 courses. In addition to the Registry, eight ELCs and one ELC contractor, Episcopal Children's Services, are International Association for Continuing Education and Training (IACET) accredited and offer CEUs for training they offer to child care providers. All recognized coursework and degrees are from institutions (public and non-public) that are accredited by a regional or national accrediting agency recognized by the United States Department of Education. If degrees or coursework are completed in another country, participants must submit their transcripts to a third-party evaluator to determine appropriate equivalency.**

ii. **[x]** Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the Lead Agency's framework. Describe: **DEL is working with the UF AZCEECS to align training and education opportunities with the state's framework. An Advisory Board consisting of key early learning systems stakeholders will provide input and feedback on a redesign and improvement of the existing informal pathway. Additionally, statewide input from focus groups and interviews with childcare program administrators, teachers, and college and university ECE will help review and develop a seamless framework that reflects the needs of the ECE field. The focus will be on developing a career advancement system, that includes demonstrable competency-based, stackable content from onboarding to micro-credentials, to credentials that can articulate into degrees or a formal career**

pathway.

Additionally, to provide more access to high-quality professional learning for early learning coaches, the DEL's Coaching Network supports coaches as they work with providers to improve teacher-child interactions across the birth through five continuum; assists in building the skills necessary to support adult learners at all levels and with different learning styles; and provides a place for debriefing and reflection of experiences and emotions related to coaching, the sharing of successes and lessons learned.

In addition, ELCs/RCMA provide professional learning that supports the state's quality goals by prioritizing infants/toddlers or children with special needs depending on local trends.

ELCs spend their quality dollars to continue previous DEL capacity building initiatives. With these dollars, ELCs continue their local progress and efforts. Further, ELCs participate in train-the-trainer opportunities that support professional learning initiatives for providers in their areas.

iii. **[ ]** Other. Describe:

[ ] No.

6.2.3 Impact of the Professional Development Framework

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

a. Professional standards and competencies. For example, do the professional standards and competencies reflect the diversity of providers across role, child care setting, or age of children served? **Florida's competencies (explained in detail in 6.2.2.a) reflect the full diversity of the early childhood workforce across role, child care settings, and age of children served. The competencies cover diverse roles working with young children (e.g., teacher, assistant teacher) as well as related roles (e.g., directors, coaches); all settings, including centers, family day care homes and schools; and all age groups infants through school age. DCF implements Florida's voluntary Registry that contains workforce related demographics, documents requirements to meet licensing standards, and assigns appropriate career pathway designations.**

b. Career pathways. For example, has the Lead Agency developed a wage ladder that provides progressively higher wages as early educators gain more experience and credentials? What types of child care settings and staff roles are addressed in career pathways, such as licensed centers and family child care homes? **The Florida Early Childhood Education Professional Learning Career Pathway builds on core knowledge and provides direction for ECE and ASE who want to move from an entry level position into a professional career in the early care and education field. In addition to credentialing or degree requirements, practitioners must complete core training requirements to earn the registry designations (ECE, ASE I, II, III).**
- The Foundation level includes the DCF Introductory Child Care Training.

- The ECE I/ASE I level includes attaining the Florida Staff Credential.
- The ECE II/ASE II level includes achieving an Associate degree or higher.
- The ECE III/ASE III level includes achieving a Bachelor degree or higher.

The Career Pathway (explained in detail 6.2.2.b) is set up to offer many different paths for progress, including informal and formal options for training and credentialing. The Career Pathway builds on core knowledge and provides direction for ECE and ASE working at licensed centers or family day care homes who want to move from an entry level position into a professional career in the early care and education field. The framework's financial incentives also provide financial support to those seeking a degree or credential through the T.E.A.C.H. Early Childhood Scholarship Program. T.E.A.C.H. helps with addressing the problems of teacher education, turnover, and compensation in this field. It provides financial incentives linked to educational attainment and retention. Florida does not have a formal wage ladder established statewide. Labor costs vary throughout the state; independent business owners establish wage ladders at rates that can attract and retain qualified personnel. DEL analyzes data collected by the T.E.A.C.H. contractor to monitor the number of degrees and credentials that have been obtained. DEL is in the process of procuring a vendor to offer professional learning opportunities that will include developmentally appropriate, and linguistically responsive instruction, and evidence-based curricula to help design effective learning environments.

c. Advisory structure. For example, has the advisory structure identified goals for child care workforce compensation, including types of staff and target compensation levels? Does the Lead Agency have a Preschool Development Birth-to-Five grant and is part of its scope of work child care compensation activities? Are they represented in the advisory structure? **In 2023 the DEL entered into an agreement with the UF AZCEECS to deliver a report with recommendations on the redesign and extension of Florida's informal pathway for early childhood teacher professional learning and career advancement. This report will include surveys, focus groups, and interviews from ECEs across Florida. An Advisory Board consisting of key early learning systems stakeholders was formed to provide input and feedback on improving the informal pathway. Focus groups and interviews were also held with childcare program administrators and teachers to provide input and feedback on a framework for the informal pathway. While this work does not provide compensation or wages directly to teachers, it does provide opportunities for teachers to increase their education level to become more marketable.**

d. Articulation. For example, how does the advisory structure include training and professional development for providers, including higher education, to assist in aligning training and education opportunities? **DEL provides scholarships for center-based staff and family child care providers through the T.E.A.C.H. Early Childhood Scholarship Program. (see 6.2.2.f for more detail). These scholarships provide financial support, which includes tuition, books, travel expenses, completion bonus, etc., for all provider types seeking a degree or credential. DEL also provides stipends for completed training in identified early childhood topics through a statewide training initiative. There are not additional funds available for student loan debt relief or loan repayment for early childhood professionals. A major purpose of the agreement with UF AZCEECS is to deliver a report with recommendations for the informal pathway and career advancement system that includes demonstrable competency-based, stackable content from onboarding to**

micro-credentials and summative credentials that can articulate into degrees. The extant articulation of CDA Credential to AS degree programs is a firm foundation to build upon, with a common course numbering system across the state college system and a mandated articulation of at least nine (9) college credits toward an AS, as defined by s. 1007.23(6), F.S., for approved credentials to include: FCCPC; FLDOE's CCAC and ECPC; and Council for Professional Recognition's National Child Development Associate.

e. Workforce information. For example, does the Lead Agency have data on the existing wages and benefits available to the child care workforce? Do any partners such as the Quality Improvement System, child care resource and referral agencies, Bureau of Labor Statistics, and universities and research organizations collect compensation and benefits data? Does the Lead Agency monitor child care workforce wages and access to benefits through ongoing data collection and evaluation? Can the data identify any disparities in the existing compensation and benefits (by geography, role, child care setting, race, ethnicity, gender, or age of children served)? **Florida's Registry is a voluntary system that contains workforce related demographic data about the caregivers, teachers, and directors in our facilities and homes including education level, credentials and more detailed employment information entered by the individual. The voluntary self-reported demographic data includes age, employee sponsored insurance, certification type, years of experience, wage, highest career pathway designation, race, sex, ethnicity, language spoken, highest education level, type of employment (full- or part-time), and race/ethnicity. There is a dashboard on the Registry homepage that displays the total number of participants, the highest designation awarded for our professional learning pathway, and highest education reported. DEL has strategically invested in enhancing the functionality of the Registry to enable more comprehensive and detailed reporting and to inform strategic investments in support of Florida's early childhood workforce. DEL also invests in the Sunshine Portal that receives an ongoing data feed from the Registry and integrates data on Classroom Assessment Scoring System (CLASS) scores by program. The Sunshine Portal has extensive automated reports and customized data analysis capacity that help to inform the workforce strategies of ELCs and DEL, including professional learning opportunities on key topics and for specific programs based on CLASS scores and other program/workforce data. DEL utilizes data from the Department of Economic Opportunity's Bureau of Workforce Statistics and Economic Research on the average salary for child care personnel to include, at a minimum, child care instructors and child care directors.**

DEL is also working with the UF AZCEECS to analyze available workforce data and to design, build, and incorporate Florida's early child care workforce data into the Sunshine Portal in an impactful, end-user driven, and interactive format such as a data dashboard. DEL will use this information as we implement programs such as T.E.A.C.H. and INCETIVE$. Further, information from this dashboard will be critical as the DEL explores and implements policies to positively impact the child care workforce.

f. Financing. For example, has the Lead Agency set a minimum or living wage as a floor for all child care staff? Do Lead Agency-provider subsidy agreements contain requirements for staff compensation levels? Do Lead Agencies provide program-level compensation grants to support staff base salaries and benefits? Does the Lead Agency administer bonuses or stipends directly to workers? **DEL and the local ELCs/RCMA do not have specific wage or**

staff compensation levels required as part of our subsidy agreements. We have integrated specific quality requirements that programs must meet to receive a subsidy (SR) contract. Individual business owners set their own wages that reflect local requirements to attract and retain professionals who can meet or exceed the quality requirements. Florida has a current minimum wage of $12.00/hour and the minimum wage is adjusted annually based on a set formula. The Florida minimum wage will increase by $1.00 every September 30th until reaching $15.00 on September 30, 2026. This requirement has further positively impacted the early childhood workforce, increasing wages in areas that were lower. Some local ELCs choose to invest some of their quality funds into stipends; see 6.2.2.f for more information on the INCENTIVE$ program.

6.3 Ongoing Training and Professional Development

6.3.1 Required hours of ongoing training

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

a. Licensed child care centers: **10 hours or one CEU of annual in-service training with concentration in topic areas that include health and safety, behavior management, working with families, literacy, working with children with disabilities, leadership development, and child care management.**

b. License-exempt child care centers: **10 hours or one CEU of annual in-service training with concentration in topic areas that include health and safety, behavior management, working with families, literacy, working with children with disabilities, leadership development, and child care management.**

c. Licensed family child care homes: **10 hours or one CEU of annual in-service training with concentration in topic areas that include health and safety, safe sleep practices, behavior management, working with families, literacy, working with children with disabilities, leadership development, and child care management.**

d. License-exempt family child care homes: **10 hours or one CEU of annual in-service training with concentration in topic areas that include health and safety, safe sleep practices, behavior management, working with families, literacy, working with children with disabilities, leadership development, and child care management.**

e. Regulated or registered in-home child care: **Informal providers are not licensed, regulated, or registered in the State of Florida.**

f. Non-regulated or registered in-home child care: **10 hours or one CEU of annual in-service training with concentration in topic areas that include health and safety, safe sleep practices, behavior management, working with families, literacy, working with children with disabilities, leadership development, and child care management.**

6.3.2 Accessibility of professional development for Tribal organizations

Describe how the Lead Agency's training and professional development are accessible to providers supported through Indian tribes or Tribal organizations receiving CCDF funds (as applicable). **The DEL offers professional learning opportunities free of charge through the DCF's training registry. These courses are available to child care providers statewide. Currently we have more than 800**

registry participants statewide that identify as American Indian/Alaskan Native. Additionally, many ELCs with local tribal organizations, such as the ELC of Broward, include this community in outreach efforts and offer trainings that are open to all educators regardless of whether they have a SR contract. ECE educators from the Seminole Tribe have participated in the ELC of Broward's trainings in the past.

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

Describe how the Lead Agency's training and professional development requirements reflect the diversity of children, families, and child care providers participating in CCDF. To the extent practicable, how does professional development include specialized training or credentials for providers who care for infants or school-age children; individuals with limited English proficiency; children who are bilingual; children with developmental delays or disabilities; and/or Native Americans, including Indians, as the term is defined in Section 900.6 in subpart B of the Indian Self-Determination and Education Assistance Act (including Alaska Natives) and Native Hawaiians?
The Florida Early Childhood Professional Development Registry contains the Florida Early Care and Education Career Pathway which is a voluntary tool available to the early childhood workforce to identify where they are on the pathway and ways to progress. This system also includes the Preservice training courses, which are mandatory for all School Readiness personnel. Introductory training is one option for Preservice training requirements and, as of December 2023, DOE now offers the new School Readiness Preservice Training courses in this system. This system includes multiple levels of requirements that systematically build the skills and knowledge of early childhood professionals. These requirements cover the full range of the diversity of children and families including age (birth through school age), setting (center, school and home-based programs) and topics to reinforce the importance of strong partnerships with families. Additional professional learning opportunities are offered in multiple languages and modalities (face to face, online, hybrid, as part of a community of practice, and/or with coaching supports) to meet the needs of diverse professionals. As needed, some content may be offered by ELCs/RCMA in languages other than English to meet the needs of local providers.
Introductory training for regulated/registered providers includes topic areas that cover the unique needs of each age group including infants and toddlers and school-age children; supporting the needs of children with disabilities or delays; and supporting language and literacy development among all children including those who are learning English. These courses can be differentiated by age group or provider type. Ongoing training includes a wide range of options that expand and deepen these critical topics, including DCF and DEL courses on the unique developmental needs of children or different ages including infants and toddlers and school-age children; training on implementing Ages and States Questionnaire screening tools to identify any potential delays that may require additional assessment; DEL and DCF provide professional learning opportunities on meeting the needs of children with special needs and additional support on implementing inclusive programs through local ELCs; and courses on supporting the needs of English-language learners and children with special needs. Through the Registry, courses covering the following topics are available: infant and toddler, school-age children, dual language learners, children with special needs, and family engagement. College credit certificate programs are clusters of credit courses focused on a specific content area. Many of the Florida community or state colleges that offer early childhood associate degrees also offer 12-credit certificates in content areas such as infant-toddler development, preschool development, inclusion, and child care center management. These certificate requirements may be taken independently or as part of a degree

program.

6.3.4 Child developmental screening

Describe how all providers receive, through training and professional development, information about: (1) existing resources and services the State/Territory can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive assistance under this part, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and (2) how child care providers may utilize these resources and services to obtain developmental screenings for children who receive assistance and who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays: **The DEL has partnered with Brookes Publisher in the implementation of an ongoing Developmental Screening Tools Train-the-Trainer training for ELCs, so they can also offer ongoing developmental screening trainings locally for early learning providers. The purpose is to have a system of training and implementation for developmental screening that supports (1) the professional development of ELC and early learning provider staff who conduct developmental screenings for children and (2) collection of data for assessing the needs of local communities in terms of training and the importance of completing developmental screenings for children.**

At the local level, ELCs and RCMA encourage providers and families to contact their local ELC or Help Me Grow (HMG) to complete a screening or to receive additional information on the importance of screening. The ELC houses the CCR&R services, provides information to families on the importance of screening and provides referrals to families for screening if needed. Additionally, HMG, which is funded by DEL, is located in 32 of the 67 counties, and three ELCS have an HMG in house. To any family in Florida with a child birth to age 8, HMG provides information on the importance of screening, free developmental screening and online access to screening. HMG also participates in community events to provide information to families on the importance of developmental screening, and in some instances, provides children hearing and vision screening, and assists families through coordination of referrals and services.

6.4 Early Learning and Developmental Guidelines

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

6.4.1 Early learning and developmental guidelines

a. Check the boxes below to certify the Lead Agency's early learning and developmental guidelines are:

i. **[x]** Research-based.

ii. **[x]** Developmentally appropriate.

iii. **[x]** Culturally and linguistically appropriate.

iv. **[x]** Aligned with kindergarten entry.

v. **[x]** Appropriate for all children from birth to kindergarten entry.

vi. **[x]** Implemented in consultation with the educational agency and the State Advisory Council on Early Childhood Education and Care or similar coordinating body.

vii. If any components above are not checked, describe: **N/A**

b. Check the boxes below to certify that the required domains are included in the Lead Agency's early learning and developmental guidelines.

i. **[x]** Cognition, including language arts and mathematics.

ii. **[x]** Social development.

iii. **[x]** Emotional development.

iv. **[x]** Physical development.

v. **[x]** Approaches toward learning.

vi. **[x]** Other optional domains. Describe any optional domains: **In collaboration with the Just Read, Florida! Office, the DEL developed the FELDS 4 Years Old to Kindergarten (2017) Bridge with the Florida B.E.S.T K-3 Standards (2020) to demonstrate alignment of the FELDS and B.E.S.T. Standards in Language and Literacy and Mathematics. Using this Bridge, both preschool and K-3 educators are better able to adapt instruction based on individual student needs and expectations. The Standards contain eight domains: Physical Development, Approaches to Learning, Social and Emotional Development, Language and Literacy, Mathematical Thinking, Scientific Inquiry, Social Studies, and Creative Expression Through the Arts. In addition to the Domains and Standards, the FELDS Birth to Kindergarten (2017) feature four cross cutting concepts that are frequently encountered throughout the standard domains: Play, Patterns, Cause and Effect, and Communication**

vii. If any components above are not checked, describe: **N/A**

c. When were the Lead Agency's early learning and developmental guidelines most recently updated and for what reason? **FELDS Birth to Kindergarten are reviewed by the Department at least every three years and ,if necessary, revised in accordance with s. 1002.67, F.S. The Department completed a review of the FELDS in April 2022 and most recently in February 2024 to ensure continued alignment with current research, statewide assessments and Florida K- Grade 3 Standards.**

d. Provide the Web link to the Lead Agency's early learning and developmental guidelines. **http://flbt5.floridaearlylearning.com/standards.html and the interactive standards link is https://flbt5.floridaearlylearning.com/**

6.4.2 Use of early learning and developmental guidelines

a. Describe how the Lead Agency uses its early learning and developmental guidelines. **FELDS**

Birth to Kindergarten were designed to reflect the knowledge and skills that a child on a developmental trajectory (progression) should know and be able to do at the end of an age-related timeframe. SR educators follow the standards in lesson planning and selecting curriculum that is aligned with the FELDS. The developmental guidelines are integral to Florida's SR curriculum review process. Florida Statutes require the DEL to adopt a list of approved curricula that meet the performance standards for the SR program and establishes a process for the review and approval of a provider's curriculum that meets the performance standards. Every approved SR curriculum is independently evaluated by three reviewers to ensure it provides age-appropriate activities that challenge children's abilities and aligns with the FELDS Birth to Kindergarten. Utilizing ARPA funding, in 2023-2024 DEL partnered with Florida State University's Florida Center for Reading Research to conduct a curriculum implementation study to examine curriculum use and implementation at the statewide level. Data and analysis of curriculum implementation practices among all provider types in the SR and VPK program will allow for statewide analysis to inform initiatives, policies, practices, and procedures. Providers may voluntarily choose to participate in the child assessment differential. Participating providers who conduct child assessments during the assessment periods will receive a differential payment. DEL has reviewed and approved the use of three child assessment instruments for use that: document a child's learning and development over time, provide beneficial information to assist with teacher planning and instruction, engage families by facilitating communication about learning and development, provide at home learning activities, aid in the early identification of children who may be at academic risk and align to the FELDS.

b. Check the boxes below to certify that CCDF funds are not used to develop or implement an assessment for children that:

i. **[x]** Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF.

ii. **[x]** Will be used as the primary or sole basis to provide a reward or sanction for an individual provider.

iii. **[x]** Will be used as the primary or sole method for assessing program effectiveness.

iv. **[x]** Will be used to deny children eligibility to participate in CCDF.

v. If any components above are not checked, describe:

7 Quality Improvement Activities

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

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

1. In this Plan, Lead Agencies will describe the types of activities supported by quality investments over the 3-year period.

2. An annual expenditure report (the ACF-696). Lead Agencies will provide data on how much CCDF funding is spent on quality activities. This report will be used to determine compliance with the required quality and infant and toddler spending requirements.
3. An annual Quality Progress Report (the ACF-218). Lead Agencies will provide a description of activities funded by quality expenditures, the measures used to evaluate its progress in improving the quality of child care programs and services within the State/Territory, and progress or barriers encountered on those measures.

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

7.1 Quality Activities Needs Assessment

7.1.1 Needs assessment process and findings

a. Describe the Lead Agency needs assessment process for expending CCDF funds on activities to improve the quality of child care, including the frequency of assessment, how a diverse range of parents and providers were consulted, and how their views are incorporated: **The DEL utilizes multiple methods of qualitative and quantitative data gathering and analysis to identify priorities for quality improvement. The state's 30 local ELCs and RCMA annually identify quality goals, strengths, and areas for improvement and develop local plans to address these needs as part of their local plans; these data and plans help to inform statewide priorities.**
The DEL has developed and maintains Florida's Sunshine Portal, which provides extensive data and analysis capacity to track local and statewide quality levels of capacity, quality, and parent choice. DEL's Sunshine Portal contains the FLICCA, version 4.2, an interactive mapping tool that allows users to view levels of access to quality child care for families enrolled in the Florida SR Program. The Sunshine Portal was created in partnership with the DEL and the UF AZCEECS can be found at Sunshine Portal | Anita Zucker Center (ufl.edu).

Updated annually, the FLICCA contains a dashboard that allows quick analysis of individual ELC areas for the following indicators: provider permanency, provider by quality level (reflecting CLASS scores including composite scores required for SR contracting), enrollment by quality level, SR utilization rates, enrollment, enrollment drop, average attendance, and enrollment by care level. The Sunshine Portal is used extensively by local and state level policy makers to make data-informed decisions to improve supports and services for young children and families; ELCs utilize the Sunshine Portal to inform their local plans. incorporate stakeholder feedback and enhance the usability of the Florida Index of Child Care Access (FLICCA) to aid data-informed decision making by coalitions and the DEL. The following is an outline of the DEL approved activities for 2024-2025 related to the FLICCA:

- **Provider Quality Level Distribution**
- **Enrollment by Quality Level Distribution**
- **Enrollment by Care Level Distribution**

- SR Utilization Rate
- Eligible SR family participation rate (reported by family-residence area)
- Eligible VPK family participation rate (reported by family-residence area)
- VPK utilization rate by provider type
- VPK child participation rate (using subsequent year's kindergarten enrollment compared with prior year's VPK enrollment)
- VPK participation by provider type
- VPK attendance rate by provider type
- VPK selection by quality (using user-defined cut score on CLASS score as designation of high quality)
- SR Access to Quality Providers (Maintenance)
- Infrastructure Update (Zip Code)
- High-Quality SR Enrollment ((Zip Code)
- Provider Characteristics

- SR Access to Quality Providers (Enhancements)
- Incorporate the recently developed measure of childcare affordability (Household Percentage Income, (HPI)) into the FLICCA affordability framework.
- Pilot Study of Initial Implementation of True Measure of Supply and Demand

Using ARPA funding, the DEL partnered with UF AZCEECS and UF Lastinger Center to conduct three studies in efforts to address needs assessment, specifically, the needs of parents/families, and providers, provide recommendations for an informal pathway, and determine professional learning opportunities offered by coalitions that produced the greatest impact on educators' scores on the Classroom Assessment Scoring System (CLASS®) observation tool.

"Understanding the Determinants of Parent Enrollment in Florida's Voluntary Prekindergarten Education Program and Florida's School Readiness Program," used administrative data, survey data, and parent surveys to examine parental choices, specifically describing factors influencing enrollment. This report resulted in a comprehensive understanding of socio-economic and logistical factors influencing parental preferences and enrollment patterns. Subsequent research will undertake more targeted examinations of families' responses from selected ELCs, aiming to offer a more detailed understanding of regional dynamics.

The second research study, conducted by the UF Lastinger Center for Learning, determined which coalition professional learning opportunities produced the greatest impact on educators' scores on the Classroom Assessment Scoring System (CLASS®) observation tool. The findings from these analyses suggest that Certified Coaching Visits (CCV), CLASS Group Coaching (MMCI/CGC), and Coalition Approved Strategies (CAS), such as supplemental coaching visits or other local quality initiatives, are most effective at increasing CLASS scores. The study used three data sources; CLASS data from the Quality Improvement System (QIP), kindergarten readiness assessment scores and professional development activities offered by five of the ELCs.

The third study engaged the Early Childhood Policy Research Group (ECPRG) at UF AZCEECS to develop recommendations for an informal pathway for early childhood professionals. Through stakeholder meetings with child care providers, ELC staff and other

agencies and regular meetings with a Statewide Advisory Committee, the ECPRG created recommendations for an informal pathway for the early learning and before-and-after school workforce. The ECPRG conducted a comprehensive study involving an extensive literature review on elements of career pathways, Florida's current professional learning systems, and other state models in Delaware, Illinois, Kansas, New York, Ohio, and South Carolina to identify current workforce and professional learning trends, structures, and promising practices. They also solicited feedback and extensive input through 23 statewide focus groups that included Florida teachers, directors, owners/employers, administrators, early learning coalitions and Children's Services Councils and Trust leaders, 34 interviews with national and state early learning experts, 4 Statewide Advisory Committee meetings, 100 received responses to a Florida Educator Professional Learning Survey, and 2 presentations at the Association of Early Learning Coalitions meeting and the One Goal Summer Conference. DEL maintains partnerships with statewide child care advocacy groups and organizations and regularly consults these partners both informally and through ongoing formal advisory groups focused on key priorities (e.g., current advisory bodies include work focused on child progress monitoring, informal career pathways and professional learning). Rich contextual data is gained from these meetings and partnerships regarding issues related to staffing and maintaining quality. Quantitatively, DEL analyzes quality levels via the Web-based Early Learning System (WELS) by tracking CLASS composite scores annually. The DEL reviews data and conducts forecasting to ascertain local capacity annually to support our quality improvement goals including ensuring a sufficient supply of certified CLASS observers and certified coaches. Gold Seal accreditation numbers are also monitored on an annual basis.

b. Describe the findings of the assessment, including any findings related to needs of different populations and types of providers, and if any overarching goals for quality improvement were identified: **As indicated through the above-described assessment methods, the following targets have been identified for further quality investment by DEL.**
Supporting Access and Parental Choice
Previous needs assessment activities related to the Sunshine Portal discovered further investigation and analysis was warranted. Although previous survey-based work has shown that families have been unable to find providers aligned with their needs, low response rates have prompted the exploration of data collection mechanisms that ensure timely insights and robust representation across the state. For 2024 -2025, DEL has approved the study titled Understanding the Determinants of Parent Enrollment in Florida's Voluntary Prekindergarten Education Program and Florida's School Readiness Program: Ongoing Support for Family Enrollment in SR/VPK. This study will continuously capture insights from families who are determined eligible for VPK and SR programs by leveraging communication with CCR&R.

SR data from FY 22/23 shows that one in five families found eligible for services did not enroll with a child care provider. Surveys were emailed to families that were determined eligible but did not enroll in SR or VPK. To ensure inclusive responses, both English and Spanish options were made available to parents. The low response rate and low total number of respondents for SR were insufficient for drawing reliable conclusions for why families chose not to enroll. The DEL will continue this research by reaching out to

participants to improve the response rate so that more qualitative data can be provided.
Professional learning (PL) for the child care workforce
The informal pathway addresses critical challenges in Florida's early childhood education sector for workforce retention, kindergarten readiness, educational gaps, professional learning, program quality, and informing policy.
This informal pathway will provide meaningful opportunities for early childhood educators to build the skills and knowledge they need to effectively partner with families and support the growth and development of Florida's youngest children. Once established, this informal pathway will provide opportunities for career progression for the majority of the early learning workforce, which does not have degrees, and help build and retain a workforce prepared to meet the care and learning needs of young children.

- Improve the informal pathway to ensure professionals have opportunities to work toward a CDA and equivalent credentials systematically; with a goal of maximizing informal PL and enable professionals to transition into college if they choose (the state mandates articulation into at least nine college credit for CDAs and equivalent credentials statewide).
- Offer endorsements and specializations for child welfare and early literacy.
- Expand opportunities to provide quality PL in languages other than English.

The DEL worked with the University of Florida's Lastinger center to evaluate the professional learning opportunities offered by ELCs and RCMA and their impact on educators' scores on the CLASS observation tool. Three sources of data were used to conduct this study. The first source is CLASS data from the QIP system, obtained from DEL, the second source is kindergarten readiness assessment scores and readiness rates for the 2020/2021 academic year and datasets of professional development activities obtained from five large ELCs.

The study demonstrated that the percent of providers scoring above the quality differential range has increased over time (i.e., 76% in 2019-2020 to 96% in 2022-2023). The most common strategies in QIPs have been Certified Coaching Visits (CCV) and CLASS Group Coaching (CCG/MMCI). Findings suggest that the most effective professional development strategies for increasing CLASS scores were CCV, MMCI/CGC, and Coalition Approved Strategies (CAS). Of the professional development activities offered by ELCs for providers both with and without QIPs, trainings had a small but statistically significant positive effect on composite CLASS scores.

Workforce

- Increase capacity/availability by utilizing the analysis identifying areas of high need and lower or non-existing capacity (child care deserts) and working with ELC's to address these areas of need by supporting local innovative initiatives that target expansion of capacity/slots by working with existing providers and recruiting new providers.
- Implement systems of quality improvement for child care providers and services.
- Complete regular CLASS assessments of SR providers to implement effective and responsive adult child interactions and ensure the programs meet required threshold scores for contracting.
- Implement targeted professional learning and coaching to support programs' quality improvement goals.

- Continue the development and maintenance of certified, reliable observers, CLASS Group Coaching facilitators, and trainers through a DEL-funded contract with Teachstone. Opportunities for observers to calibrate regularly are offered with results being reviewed during monthly program assessment meetings. Further training will strengthen observers' abilities to observe and code rooms with an objective lens. Coaches are provided with training to support them in giving CLASS related feedback.
Developmental Screening and Early Intervention
- Strengthen collaboration among all ELCs, early learning providers, parents, and other
agencies.
- Distribute information about the benefits of screenings and the referral process to parents and early learning providers.
- Offer to ELCs Developmental Screening Tools Train-the-Trainers Trainings so they can help providers complete developmental screening services with high fidelity.
- Continue and expand the statewide positive behavioral intervention and supports (PBIS) system which includes providing the necessary support to all children and teachers needed for enhancing the quality level of instruction in the classroom.

Establishing or expanding a statewide system of CCR&R services
- Expand CCR&R communication to continuously capture insights from families who are determine eligible for SR programs.
- Establish an online system to expand parental choice. The new data portal will search child care programs using real-time data on a number of indicators.

Improving the supply of child care programs and services
- Continue to use The Sunshine Portal to identify areas where there are child care deserts
and work with the coalitions and other stakeholders to encourage high-quality child care programs to serve the population.

Coaching
- Foster strong, collaborative, and statewide leadership of Florida's early learning system for supporting the coaching efforts statewide.
- Strengthen the state's use of data about the existing available coaches, their location, their content training, and expertise statewide to determine areas for improvement in coach knowledge and skill in order to assist providers in all areas of child care.
- Foster more access to high-quality professional learning for early learning coaches.

7.2 Use of Quality Set-Aside Funds

Lead Agencies must use a portion of their CCDF expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care. They must use the quality set-aside funds on at least one of 10 activities described in

CCDF and the quality activities must be aligned with a Statewide or Territory-wide assessment of the State's or Territory's need to carry out such services and care.

7.2.1 Quality improvement activities

a. Describe how the Lead Agency will make its Quality Progress Report (ACF – 218) and expenditure reports, available to the public. Provide a link if available. **DEL will share the QPR via email with early learning partners, such as ELCs, RCMA and provider association groups.**

b. Identify Lead Agency plans, if any, to spend CCDF funds for each of the following quality improvement activities. If an activity is checked "yes", describe the Lead Agency's current and/or future plans for this activity.

i. Supporting the training and professional development of the child care workforce, including birth to five and school-age providers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **DEL will utilize the findings from the Informal Pathway Study to implement an Informal Pathway framework over the course of several years that will provide up-to-date quality learning experiences based on relevant research and practice to early childhood educators, support their professional progression beyond a high school diploma or GED, and further develop the necessary skills to ensure the children in their care are ready for success in school.**

Through a partnership with the UF Lastinger, DEL has a variety of training and professional learning opportunities for providers on the Early Learning Florida training platform. Through the Early Learning Florida system, providers can access online training, choose from a wide range of trainings to improve the quality of care provided in their classrooms, achieve their coaching certification, and participate in Communities of Practice cohorts. Stipends are available upon completion of trainings. DEL has a three-hour instructor-led training related to implementing the Florida standards in a preschool classroom, a five-hour online training related to implementing Florida standards for infant and toddlers, a five-hour online training related to implementing the Florida standards for preschoolers and a five-hour birth to kindergarten training that address the different elements and developmental domains of the FELDS Birth to Kindergarten. The trainings provide a brief overview of how the standards can be used to support implementing developmentally appropriate practices for practitioners and directors. The standards account for social skills, emotional competency, cognitive development of children, and physical activity.
DCF offers Introductory Training (Part I and II) that is mandatory for specific provider types. Part I training includes: Rules and Regulations (two options: one for facilities and one for homes), Health Safety and Nutrition, Identifying and Reporting Child Abuse and Neglect, Child Growth and Development, and Behavioral Observation and Screening. Part II training includes Understanding Developmentally Appropriate Practices and a specific age group course: Infant and Toddler Appropriate Practices, Preschool Appropriate Practices or School-Age

Appropriate Practices, or they can take Special Needs Appropriate Practices. Part I training is required for personnel working at a facility or a home, and all courses, with the exception of Rules and Regulations, are an option for SR personnel to meet Preservice training requirements. Part II training is required for personnel working at a facility or a Large Family Day Care Home operator. DCF also offers Obesity Prevention and Healthy Lifestyles online training.
T.E.A.C.H. scholarships are offered to support formal degrees covering social skills, emotional competency, physical, and cognitive development.

DEL updated Pre-Service training courses, including courses covering the following topics:

- Infant and child first aid and CPR;
- Prevention and control of infectious diseases, including immunizations;
- Safe sleep practices and prevention of sudden infant death syndrome;
- Prevention of shaken baby syndrome, abusive head trauma, and child abuse and neglect;
- Recognition, reporting, and prevention of child abuse and neglect;
- Medication administration, consistent with standards for parental consent;
- Prevention of and response to emergencies caused by food and allergic reactions;
- Emergency preparedness and response for natural disasters and other events;
- Handling, storage, and disposal of hazardous materials;
- Indoor and outdoor safety, including protecting children from hazards, bodies of water, and traffic;
- Child development; and
- Safety when transporting children.

In partnership with the UF Lastinger, DEL created Emergent and Elementary Literacy Micro-credentials to provide educators with evidence-based, high quality online courses to build their literacy knowledge and skills through a job-embedded practicum that offers coaching, communities of practice, and instructional leadership development for early learning and K-12 professionals.

DEL developed a tool for self-assessment, which can be used to develop professional goals for supporting children with special needs (Best Practices for Inclusive Early Childhood Education). DEL offers training on the use of this tool to support the creation of settings where children with special needs can be educated alongside typically developing children. Using PDG funding, this tool was incorporated into the Quality Performance System (QPS) where it is available for

download by any provider in the state. CCDF-funded providers may utilize the online version of the tool to track and record their progress in providing the most developmentally appropriate, inclusive environment for young children.

ii. Developing, maintaining, or implementing early learning and developmental guidelines.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **FELDS Birth to Kindergarten were designed to reflect the knowledge and skills that a child on a developmental trajectory (progression) should know and be able to do at the end of an age-related timeframe. SR educators follow the standards in lesson planning and selecting curriculum that is aligned with the FELDS. The developmental guidelines are integral to Florida's SR curriculum review process. Florida Statutes require the DEL to adopt a list of approved curricula that meet the performance standards for the SR program and establishes a process for the review and approval of a provider's curriculum that meets the performance standards. Every approved SR curriculum is independently evaluated by three reviewers to ensure it provides age-appropriate activities that challenge children's abilities and aligns with the FELDS Birth to Kindergarten. Utilizing ARPA funding, in 2023-2024 DEL partnered with Florida State University's Florida Center for Reading Research to conduct a curriculum implementation study to examine curriculum use and implementation at the statewide level. Data and analysis of curriculum implementation practices among all provider types in the SR and VPK program will allow for statewide analysis to inform initiatives, policies, practices, and procedures.**

Providers may voluntarily choose to participate in the child assessment differential. Participating providers who conduct child assessments during the assessment periods will receive a differential payment. DEL has reviewed and approved the use of three child assessment instruments for use that: document a child's learning and development over time, provide beneficial information to assist with teacher planning and instruction, engage families by facilitating communication about learning and development, provide at home learning activities, aid in the early identification of children who may be at academic risk and align to the FELDS.

iii. Developing, implementing, or enhancing a quality improvement system.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments.
Findings from the Evaluation of the Effectiveness of Early Learning Professional Development study by the UF Lastinger Center, indicate a strong correlation between the use CCV, MMCI/CGC, and Coalition Approved Strategies (CAS) for improving a provider's CLASS score. Based on these findings, CCV, MMCI/CGC, and CAS are the recommended strategies for providers who score below the quality threshold. The study also recommends ELCs continue to offer training opportunities for all their providers. The DEL will continue to monitor CLASS score data to inform professional learning opportunities with standard measures of quality and the collection of data related to educator growth and development.

The DEL operates a statewide system of quality improvement that provides tiered differentials, in addition to providers' regular subsidy payment, based on their level of quality as evidenced by a CLASS composite score. Providers are assessed annually with the CLASS infant, toddler, and preschool tools depending on the composition of their classrooms. DEL and ELCs/RCMA invest in strategies such as training and coaching to assist providers in achieving high CLASS scores. The payment of quality incentives starts with composite scores of at least 4.50. An additional differential is paid when providers voluntarily implement a DEL-approved formative child assessment. The link to the DEL's quality improvement system is https://www.fldoe.org/schools/early-learning/providers/prog-assess-sr.stml.
While SR requirements for CLASS assessments date back to 2018, in 2021, the Florida Legislature passed legislation to include CLASS observations for every VPK classroom.
Included in the DEL system of quality is the Gold Seal designation for providers who successfully complete the accreditation process. Providers are rewarded financially with higher reimbursement rates for children in their care and by tax breaks provided by the State. Providers are recognized for their designation in the child care provider search system managed by the Florida Department of Children and Families. The DEL has approved 16 accrediting agencies for providers to select from which align to early learning standards in the state. Gold Seal accreditation is voluntary; ELCs/RCMA may provide grants to offset the cost of assessment and needed improvements identified during the self-assessment process. In addition to DEL's tiered reimbursement system, some ELCs establish locally designed QRIS that build upon the statewide system and receive funding from their local Children's Services Councils. More information on ELC's local QRIS systems is below.
Guiding Stars of Duval ▯ ELC of Duval (elcduval.org) Colorful S.T.E.P.S. to SR - ELC of Lake County (elclc.org)
Strong Minds/GOLD (CSC) - ELC of Palm Beach County (elcpalmbeach.org)
Look for the Stars - ELC of Sarasota (earlylearningcoalitionsarasota.org)

iv. Improving the supply and quality of child care services for infants and toddlers.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **High Quality Childcare Framework:**
DEL will continue to support the implementation the 10 Components for Quality Care framework for the next three years. The 10 Components is a supportive system of training, observation, and quality improvement planning tools that addresses multiple elements of infant and toddler care quality, from the most basic health and safety requirements to additional family supports. The system is flexible and accommodates the readiness, resources, and organizational capacity of its users. It could be used by local or state quality initiatives or by an individual program conducting a self-assessment. It is appropriate for use in any number of group care settings serving infants and toddlers.

Training/Professional Learning Opportunities:
- ELCs host conferences to meet the training needs of providers serving infants and toddlers.
- Parent trainings are hosted by ELCs with specific training towards infant/toddler development.
- Blended models of training are offered, which offers online training modules
using coaching and/or communities of practice.
- The Registry provides training through DEL courses specific to the infant and toddler population and allows educators to submit infant/toddler certifications to be added to their training transcript and career pathway. Training topics include: developmentally appropriate practices, safe sleep practices, sensory play, and training to promote the quality of teacher/child interactions measured by the SR program assessment tool (CLASS Group Coaching, formerly MMCI -Infant and Toddler Version).
- The DEL is redesigning and extending Florida's informal pathway for early childhood teacher professional learning and career advancement. Per s. 1002.995, F.S., DEL is required to identify an early learning informal career pathway that consists of competency-based, stackable content from onboarding to micro- and summative credentials for professionals serving children birth through school-age to increase kindergarten readiness and early grade success.
- Authorized in s. 1003.485, F.S., and created in partnership with the DEL and UF Lastinger, the New Worlds Reading Initiative was established with a two-fold purpose: to instill a love of reading in Florida's youngest students by providing free books for children whose literacy skills are identified as below grade level reading and to improve the instructional skills of early care and preschool teachers through the Emergent and Elementary Literacy Micro-credential. The Emergent literacy focus is on children birth to prekindergarten.

Financial Incentives
- Scholarships are given for professional learning progression to teachers of infant and toddler classrooms, including for the completion of any Infant/Toddler Certifications.

Infant-Toddler Network:
The Infant and Toddler Specialist Network supports early learning providers and their coaches. These supports include training on coaching and technical assistance on specific infant and toddler topics. Each ELC/RCMA is staffed with an Infant/Toddler Specialist who serves as a coach, mentor, and technical assistance specialist for providers serving infants and toddlers. Each ELC/RCMA is also staffed with coaches with backgrounds in infant/toddler care and development. Blended models of training are offered through the DEL training initiative, which offers online training modules using technical assistance and/or communities of practice. Some ELCs/RCMA offer quality mentors who provide technical assistance to the teachers involved in the Early Head Start Child Care Partnership grant on a bi- weekly basis.
DEL offers monthly meetings and one-on-one technical assistance sessions for the state Infant-Toddler Specialist Network to support their work with programs. The network surveys the participants to determine the kind of technical assistance needed on topics such as typical and atypical child development, social skills,

emotional competency, supporting emergent language and managing behavior. DEL disseminates quarterly to the CCR&R, Inclusion and Infant and Toddler Specialists Networks, a CCR&R Resource publication that supports child care providers and ELCs/RCMA when engaging with families. The publication includes book recommendations to support literacy, family engagement activities and suggestions on how to engage and implement the resources and department's initiatives.

v. Establishing or expanding a statewide system of CCR&R services.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **The Lead Agency houses the CCR&R State Network office and contracts and coordinates with the state's 30 ELCs throughout the state to offer families and providers comprehensive CCR&R services at the local level, including consumer education, provider listings, information on financial and community resources, and provider training and technical assistance. State network staff develop and provide local CCR&R agencies with consumer education resources to educate parents and providers on best practices in child development and early childhood care and education. This coordination links comprehensive services to children in child care settings.**

Findings from the study, �Understanding the Determinants of Parent Enrollment in Florida's Voluntary Prekindergarten Education Program and Florida's School Readiness Program,� support the need for stronger policies to better support CCR&R personnel in being more proactive in reaching out to families who do not immediately enroll in a child care program following their eligibility determination. The next phase of this work will include leveraging CCR&R communication to identify family support protocols and exploring the use of surveys to capture insights from families that chose not to enroll in VPK or SR. Initiatives aimed at alleviating these obstacles, such as improved accessibility and community engagement programs, can be devised to encourage greater enrollment across diverse demographics.

vi. Facilitating compliance with Lead Agency child care licensing, monitoring, inspection and health and safety standards.

[ ] No plans to spend in this category of activities at this time.

[x]Yes. If yes, describe current and future investments.
The DEL funds child care health and safety inspection activities that ensure the health and safety of children in all SR child care settings through a set of minimum health and safety standards, to include training for child care personnel. During each inspection visit, licensing staff have one-on-one time with the provider and can answer questions, offer technical assistance, provide updates regarding rule or policy changes, identify violations and make suggestions on how to come back

into compliance.
DCF's data system captures violations from inspection reports and generates a matrix for each provider. DCF's progressive enforcement system dictates administrative action procedures for three classification levels of violation occurrences. This system is a gradual approach to disciplinary action -- beginning with technical assistance and Administrative Warning Notices and leading up to Administrative Fines and/or Suspension/Revocation of the provider's license. Differential Monitoring (abbreviated inspections), a statistical methodology where a subset of standards is checked for compliance, is available for child care facility providers that meet the requirements outlined in s. 402.3115, F.S., and family day care home providers that meet the requirements in chapter 65C-20.012(4), F.A.C. Differential monitoring is not applicable to license exempt facilities or registered family day care homes.

vii. Evaluating and assessing the quality and effectiveness of child care services within the State/Territory.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **DEL has identified the CLASS for use in measuring levels of quality in early childhood programs. CLASS is an observation-based tool designed to capture those elements of interaction that promote positive outcomes for infants, toddlers and preschoolers. The CLASS tool is used to assess the quality of teacher-child interactions in classrooms in all subsidized providers regardless of the provider type.**
Findings from the Evaluation of the Effectiveness of Early Learning Professional Development study by the UF Lastinger Center, indicate a strong correlation between the use CCV, MMCI/CGC, and Coalition Approved Strategies (CAS) for improving a provider's CLASS score. Based on these findings CCV, MMCI/CGC, and CAS are the recommended strategies for providers who score below the quality threshold. The study also recommends ELCs continue to offer training opportunities for all their providers. The DEL will continue to monitor CLASS score data to inform professional development opportunities with standards measures of quality and the collection of data related to educator growth and development.

viii. Accreditation support.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **ELCs/RCMA are able to provide grants to providers who have a goal to become accredited by one of the approved accrediting agencies. These grants help providers with accreditation fees, paying for materials needed, correcting any compliance issues, or making upgrades to the facility to gain accreditation to become a Gold Seal Quality Care provider. The DEL uses the availability of Gold Seal designation funding to incentivize providers' completion of this process. The Gold Seal Quality Care Program (Chapter 1002 Section 945 � 2023 Florida Statutes (flsenate.gov)) offers benefits to providers that are accredited by approved associations such as tax exemptions, higher differentials, and acknowledgement as a high-quality child**

care program. There are currently 16 approved accrediting associations that are available to serve programs caring for children ages infants through school age.

ix. Supporting State/Territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development.

[ ] No plans to spend in this category of activities at this time.

[x] Yes. If yes, describe current and future investments. **DEL:**
- Aligned SR health and safety standards for birth to school-age providers to DCF's health and safety standards for Child Care Facility and Family Day Care Home and Large Family Day Care Home providers.
- Facilitates the review of the FELDS for children birth to age 5 to guide initiatives, technical assistance, training, and coaching on a regular basis, including targeted supports for programs serving preschoolers.
- Coordinates regular review and approval of developmentally appropriate comprehensive curricula that are up-to-date, relevant and aligned to state early learning standards and provides grants and funding through local ELCs to assist providers in purchasing these materials and related training.
- Encourages the use of developmentally appropriate child assessment tools (by paying a differential to providers that implement one of the approved tools) which align to standards and can be used in multiple settings with varying populations.
- Has a set of core competencies for directors, teachers, and trainers/coaches; made them widely available; and provided training.
- Requires developmental screenings for children receiving SR funds within 45 days of enrollment in a program unless parents opt out.
- Implements an inclusion network that identifies potential developmental delays and concerns in children and refers to appropriate agencies.

x. Other activities determined by the Lead Agency to improve the quality of child care services and the measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry.

[x] No plans to spend in this category of activities at this time.

[ ] Yes. If yes, describe current and future investments.

8 Lead Agency Coordination and Partnerships to Support Service Delivery

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

This section identifies who the Lead Agency collaborates with to implement services, how match and maintenance-of-effort (MOE) funds are used, coordination with child care resource and

referral (CCR&R) systems, and efforts for disaster preparedness and response plans to support continuity of operations in response to emergencies.

8.1 Coordination with Partners to Expand Accessibility and Continuity of Care

Lead Agencies must coordinate child care services supported by CCDF with other federal, State/Territory, and local level programs. This includes programs for the benefit of Indian children, infants and toddlers, children with disabilities, children experiencing homelessness, and children in foster care.

8.1.1 Coordination with required and optional partners

Describe how the Lead Agency coordinates and the results of this coordination of the provision of child care services with the organizations and agencies to expand accessibility and continuity of care and to assist children enrolled in early childhood programs in receiving full-day services that meet the needs of working families.

The Lead Agency must coordinate with the following agencies:

a. State Advisory Council on Early Childhood Education and Care or similar coordinating body (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe the coordination and results of the coordination: **The DEL convened a CCDF Sub-committee that included all the key stakeholders. The stakeholders were provided with a draft of the plan for comments. When comments were received, the DEL addressed those the comments within the plan and, as necessary, reached out to CCDF Sub-committee members to have a discussion and amended language as applicable. The DEL worked to incorporate comments as applicable. The DEL invited the CCDF Sub- committee to an in-person meeting with a virtual option to finalize the plan on February 7, 2024. The DEL provided the CCDF Sub-committee with a second draft of the plan prior to submission.**

b. Indian Tribe(s) and/or Tribal organization(s), at the option of the Tribe or Tribal organization. Describe the coordination and results of the coordination, including which Tribe(s) was (were) involved: **The Miccosukee Indian tribe was emailed an invitation to be a part of the CCDF Sub-committee and a copy of the plan for input. The Miccosukee Indian tribe was provided an opportunity to participate in the CCDF Sub-committee meeting as well as two opportunities to offer comment on the draft plan. The Miccosukee Indian tribe did not respond to the DEL's request.**

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

c. State/Territory agency(ies) responsible for programs for children with disabilities, including early intervention programs authorized under the Individuals with Disabilities Education Act. Describe the coordination and results of the coordination: **The DEL coordinates the Inclusion Cross-Agency Team, a cross-agency initiative promoting inclusive options for young children with disabilities and their families, representing FLDOE Bureaus of Exceptional Education and Student Services (BEESS), Florida DOH, Early Steps (Part C), the Florida HSSCCO, Technical Assistance and Training Systems (TATS), Early Childhood Technical Assistance (ECTA), and the Florida Inclusion Network. This group has established a strategic plan to expand opportunities to children with special needs through greater collaboration at the state and local levels. A representative of programs**

for children with disabilities under the federal Individuals with Disabilities Education Act serves on each ELC board at the local level to better coordinate services.

In addition, the DEL maintains a statewide toll-free Warm Line for the purpose of providing assistance and consultation to child care personnel about health, developmental disability, and special needs issues. ELCs collaborate with comparable local service providers to promote increased awareness of early childhood inclusion issues and provide training and technical assistance regarding the needs of children with disabilities.

d. State/Territory office/director for Head Start State collaboration. Describe the coordination and results of the coordination: **Successful collaborations between Head Start, Early Head Start and Migrant and Seasonal Head Start grantees and the DEL have expanded opportunities for additional children to receive Head Start comprehensive services (as described in 45 Code of Federal Regulations (C.F.R.) Parts 98 and 99, s. 98.12). Using a variety of service delivery models and maximizing the funding by providing wrap around services for families enrolled in Head Start, Early Head Start - CCP and to provide more families with comprehensive services, thus better meeting the needs of working families throughout the state. Each ELC board has a representative member from Head Start and has a trained team of CCR&R Specialists to refer families to programs they may be eligible for, such as Head Start. As a provision of the Revised Head Start Act of 2007, Head Start grantees must develop agreements with their ELCs for enhanced communication, service delivery, and data collection purposes. At the state level, the HSSCCO is housed within DEL, and they work closely together on policies.**

e. State/Territory agency responsible for public health, including the agency responsible for immunizations. Describe the coordination and results of the coordination: **The DEL coordinates with Florida DOH for KidCare (state children's health insurance program), early intervention services through Children's Medical Services, Early Steps Program and Community Health Promotion, and the Child Care Food Program to enhance and align the quality of services. Some ELCs contract with local county health departments to enhance the quality of services to families. A county health department director or designee serves on each ELC board. The ELC's Warm Line links child care providers to early intervention services, such as Early Steps.**

f. State/Territory agency responsible for employment services/workforce development. Describe the coordination and results of the coordination: **The Florida Department of Commerce coordinates with DCF to implement employment and training work requirements for TANF recipients. The goal of these efforts is to coordinate services, resources, fund coordination, and availability of services at One-Stop Career Centers. A local workforce development board executive director or permanent designee serves on each ELC board at the local level to better coordinate services.**

g. State/Territory agency responsible for public education, including pre-Kindergarten. Describe the coordination and results of the coordination: **The DEL is housed within the FLDOE, which is responsible for the oversight of K-12 education, vocational schools, state colleges and universities. The DEL is the Lead Agency responsible for administering the State's CCDF program and the VPK program. DEL is responsible for oversight of the 30 local ELCs. ELC board representation includes a district school superintendent and a president of a Florida College System institution. ELCs and RCMA work with local school**

districts and colleges within their areas to provide supports or direct services for the SR and VPK Education programs. Coordination efforts with FLDOE also include development of the Florida Early Learning Developmental Standards: Birth to Five, development of VPK Standards for children enrolled in VPK programs, and administration of accountability requirements for the VPK Program through coordinated screening and progress monitoring. These efforts assist the state in enhancing and aligning quality of services.

h. State/Territory agency responsible for child care licensing. Describe the coordination and results of the coordination: **DCF is responsible for child care licensing and regulation and ELC board representation includes both a DCF regional administrator and a DCF child care regulation representative or head of the LLA. Pursuant to s. 402.26, F.S., the legislative intent is that DCF must ensure that children are well cared for in a safe, healthy, positive, and educational environment by trained, qualified child care staff in licensed child care arrangements. Florida law identifies those child care establishments that must be licensed. State licensure standards address health, sanitation, safety, and adequate physical surroundings; health and nutrition; and child development needs of children in child care. The DCF is statutorily responsible for administering child care licensing and training in 63 of the state's 67 counties. State law also allows county governments with licensing standards that meet or exceed state minimum standards to designate an LLA to license child care facilities in their counties. Currently, four counties have local licensing and inspection programs. In the remaining counties, DCF performs child care regulatory and compliance activities for licensed child care arrangements. Pursuant to s. 402.307, F.S., DCF's oversight responsibility for child care licensing in the four locally licensed counties is:**

- Within 30 days after the promulgation of state minimum standards, each county shall provide DCF with a copy of its standards if they differ from the state minimum standards. At the same time, each county shall provide DCF with the administrative procedures it intends to use for the licensing of child care facilities.

- The DCF shall have the authority to determine if local standards meet or exceed state minimum standards. Within 60 days after the county has submitted its standards and procedures, DCF, upon being satisfied that such standards meet or exceed state minimum standards and that there is compliance with all provisions of ss. 402.301- 402.319, F.S., shall approve the LLA. Approval to issue licenses for DCF shall be renewed annually. For renewal, the LLA shall submit to DCF a copy of the licensing standards and procedures applied. An onsite review may be made if deemed necessary by DCF.

- If, following an onsite review, DCF finds the LLA is not applying the approved standards, DCF shall report the specific violations to the county commission of the involved county, which shall investigate the violations and take whatever action necessary to correct them.

- To ensure that accurate statistical data are available, each LLA shall report annually to DCF the number of child care facilities under its jurisdiction, the number of children served, the ages of children served and the number of revocations or denials of licenses.

DEL, in cooperation with the ELCs, coordinates with the DCF and the LLA to avoid duplicating interagency activities, such as health and safety monitoring. The DCF and the

LLA's conduct inspections required for CCDF providers and provide that information on a public website for viewing.

i. State/Territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs. Describe the coordination and results of the coordination: **The DEL coordinates with Florida DOH to share resources on healthy food and nutrition practices and to reduce fraud in the Child and Adult Care Food Program. The goal is to align services. The Child Care Food Program provides reimbursement for nutritious meals and snacks served to children in child care settings.**

j. McKinney-Vento State coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons. Describe the coordination and results of the coordination: **The FLDOE McKinney-Vento Program (FMVP) participates in advisory groups and provides consultation, as needed, on outreach and identification of qualifying families. Under the McKinney-Vento Homeless Assistance Act (MVA), Local Educational Agency (LEA) McKinney-Vento (MV) Liaisons are required to ensure that families and children experiencing homelessness, have access to and receive educational services for which such families and children are eligible, including services through Head Start programs (including Early Head Start programs) under the Head Start Act (42 U.S.C. 9831 et seq.) and other preschool programs administered by the LEA. Therefore, local-level MV programs provide information on early learning programs to newly identified homeless families and make referrals to their local ELC, Head Start, Early Head Start, and Migrant and Seasonal Head Start programs. This coordination of services assists eligible families and children experiencing homelessness in the state to have access to quality early learning programs.**

The FMVP is collaborating with early learning programs (e.g., Head Start, SR) to expand professional learning and technical assistance to the local MV Liaisons and other state partners.

k. State/Territory agency responsible for the TANF program. Describe the coordination and results of the coordination: **DCF is responsible for the administration of TANF eligibility. The DEL and ELCs coordinate child care placements for TANF recipients to help ensure that TANF requirements are met and to expand accessibility and continuity of care.**

l. State/Territory agency responsible for Medicaid and the State Children's Health Insurance Program. Describe the coordination and results of the coordination: **The Florida Agency for Health Care Administration (AHCA) is responsible for the administration of Medicaid in Florida. The DEL coordinates with AHCA on the drafting of the CCDF plan to ensure that any opportunities for coordination are utilized.**

m. State/Territory agency responsible for mental health services. Describe the coordination and results of the coordination: **DCF's Department for Substance Abuse and Mental Health (SAMH) is responsible for the oversight of a statewide system of care for the prevention, treatment, and recovery of children and adults with serious mental illnesses or substance abuse disorders. The DEL coordinates with DCF's SAMH to ensure opportunities for collaboration are addressed within the plan.**

n. Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development. Describe the coordination and results of the coordination: **The CCR&R State Network office, housed within DEL, coordinates with the state's 30 ELCs to offer families and providers comprehensive CCR&R services at the local level, including consumer education, provider listings, information on financial and community resources, and provider training and technical assistance. State network staff develop and provide local CCR&R agencies with consumer education resources to educate parents and providers on best practices in child development and early childhood care and education. This coordination links comprehensive services to children in child care settings.**

The DEL network of lead trainers within the ELCs provides training on many early childhood topics to include promoting the social skills, emotional competency, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies.

o. Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable). Describe the coordination and results of the coordination: **The DEL coordinates with the Florida After School regarding the draft CCDF plan. DEL works closely with Florida After School and the State's 21st Century Community Learning Centers through shared goals, such as updating the Afterschool Standards and Core Competencies for professionals. DEL also serves on the Florida After School Advisory Council.**

p. Agency responsible for emergency management and response. Describe the coordination and results of the coordination: **The DCF and DEL work collaboratively to coordinate services during times of emergencies. The DCF inspects providers for health and safety, including damages to their structures to ensure they are safe to care for children. The DEL works to ensure timely and accurate payments are made to providers.**

q. The following are examples of optional partners a Lead Agency might coordinate with to provide services. Check which optional partners the Lead Agency coordinates with and describe the coordination and results of the coordination.

i. **[x]** State/Territory/local agencies with Early Head Start – Child Care Partnership grants. Describe: **The DEL collaborates with the HSSCO, ELCs, and the Early Head Start Child Care Partnership grantees to coordinate the delivery of services, inform policy decisions, and ensure smooth implementation of partner programs. The HSSCO is housed within DEL and provides a unique opportunity to collaborate and share information on Early Head Start initiatives. The HSSCO represents EHS at the state level through participation in monthly DEL Infant-Toddler Network meetings where EHS leadership is invited to attend along with ELC Infant Toddler Specialists. Along with other DEL staff, the HSSCO further collaborates as a member of the Infant Toddler State Network Community of Practice. The HSSCO is invited to participate in DEL extended leadership meetings and weekly ELC meetings to maintain communication regarding DEL initiatives. In addition, the HSSCO meets monthly with the VPK Project Coordinator and the CCRR manager to share relevant information. The HSSCO participates in CCRR monthly calls and has presented on Early Head Start. The DEL Chancellor and Deputy Director are**

informed of the work of the HSSCO monthly.

ii. **[x]** State/Territory institutions for higher education, including community colleges. Describe: **The DEL collaborates with Polk State College's Department of Early Childhood Education and Management. Polk State College is invited to participate in CCDF Sub-committee workgroups.**

iii. **[x]** Other federal, State, local, and/or private agencies providing early childhood and school-age/youth-serving developmental services. Describe: **The DEL collaborates with the Maternal, Infant and Early Childhood Home Visiting program, implemented by the Florida Association of Healthy Start Coalitions, and the Ounce of Prevention Fund of Florida statewide home visiting program to design streamlined systems of care and scope development for all related quality initiatives**

iv. **[x]** State/Territory agency responsible for implementing the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs grant. Describe: **The DEL collaborates with the Maternal, Infant and Early Childhood Home Visitation programs such as the Florida Ounce of Prevention Fund and the Florida Association of Healthy Start Coalitions to design streamlined systems of care as well as scope development for all related quality initiatives.**

v. **[x]** Agency responsible for Early and Periodic Screening, Diagnostic, and Treatment Program. Describe: **AHCA is responsible for the administration of the Early and Periodic Screening, Diagnostic, and Treatment program in Florida. The DEL coordinates with AHCA on the drafting of the CCDF plan to ensure that any opportunities for coordination are utilized.**

vi. **[x]** State/Territory agency responsible for child welfare. Describe: **The DEL coordinates with the DCF Family Safety Office to promote child safety and ensure at-risk children have continuity of care and access to high-quality care.**

vii. **[x]** Child care provider groups or associations. Describe: **The DEL is in regular contact with provider associations regarding rules, regulations, and policy that affect child care providers in the state. Wherever possible, the DEL works with provider associations to resolve any policy related issues that arise as well as present during annual conferences hosted by provider associations.**

viii. **[ ]** Parent groups or organizations. Describe:

ix. **[x]** Title IV B 21st Century Community Learning Center Coordinators. Describe: **The DEL coordinates with the Florida After School regarding the draft CCDF plan. DEL works closely with Florida After School and the State's 21st Century Community Learning Centers through shared goals, such as updating the Afterschool Standards and Core Competencies for professionals. DEL also serves on the Florida After School Advisory Council.**

x. **[ ]** Other. Describe:

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

Lead Agencies may combine CCDF funds with other Federal, State, and local child care and early childhood development programs, including those in 8.1.1. These programs include preschool

programs, Tribal child care programs, and other early childhood programs, including those serving infants and toddlers with disabilities, children experiencing homelessness, and children in foster care.

Combining funds may include blending multiple funding streams, pooling funds, or layering funds from multiple funding streams to expand and/or enhance services for infants, toddlers, preschoolers, and school-age children and families to allow for the delivery of comprehensive quality care that meets the needs of children and families. For example, Lead Agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a Lead Agency may allow a county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start Program Performance Standards or State/Territory pre-Kindergarten requirements in addition to State/Territory child care licensing requirements.

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

8.2.1 Combining funding for CCDF services

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

[ ] No. (If no, skip to question 8.2.2)

[x] Yes.

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

[x] Title XX (Social Services Block Grant, SSBG)

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

[x] State- or Territory-only child care funds

[x] TANF direct funds for child care not transferred into CCDF

[x] Title IV-B funds (Social Security Act)

[x] Title IV-E funds (Social Security Act)

[ ] Other. Describe:

ii. If yes, what does the Lead Agency use combined funds to support, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care, or developing the supply of child care for vulnerable populations? **The purpose and expected outcomes for combining funds is to increase access to services, extend the services available and increase capacity for quality services**

through combined support for ECEs and early care and education programs. This results in a seamless process for families applying for services and for agencies that administer the program.

8.2.2 Funds used to meet CCDF matching and MOE requirements

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

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

Use of private funds for match or maintenance-of-effort: Donated funds do not need to be under the administrative control of the Lead Agency to qualify as an expenditure for federal match. However, Lead Agencies must identify and designate in the State/Territory CCDF Plan the donated funds given to public or private entities to implement the CCDF child care program.

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

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

[x] Yes. If yes, describe which funds are used: **1. State General Revenue**
2. Local County Governments � some local ELCs receive matching funds from local county governments and special taxing districts.

[ ] No.

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

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

i. **[ ]** Donated directly to the state.

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

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[ ] No.

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

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

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

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

[x] Yes.

[ ] No. If no, describe:

8.3 Coordination with Child Care Resource and Referral Systems

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

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

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

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

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

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

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

[x] Yes. The Lead Agency funds a system or network of local or regional CCR&R organization(s) with all the responsibilities outlined above. If yes, describe the activities outlined above carried out by the CCR&R organization(s), as directed by the Lead Agency: **The Lead Agency houses the CCR&R State Network office and contracts and coordinates with the state's 30 ELCs throughout the state to offer families and providers comprehensive CCR&R services at the local level, including consumer education, provider listings, information on financial and community resources, and provider training and**

technical assistance. CCR&R services help families make informed decisions regarding child care that meets their needs by offering customized child care listings of providers in their service area using the single statewide information system. In addition to the child care listings, CCR&R services offer DEL's Family Guide, Quality Checklists for Child Care Home and Centers, monthly Parents' Pages publication and a variety of information and consumer education resources on identifying quality care, program assessment, early intervention, best practices regarding child development, child care licensing inspection requirements/reports and the different types of early learning providers and programs available.

In an effort to increase capacity, CCR&R organizations help new, potential and existing providers by offering information and benefits on contracting for School Readiness and/or VPK, optional registration in the Provider Portal so their business receives referrals. The technical assistance includes professional development and statutory requirements, and provider start up packets that contain information on opening a family child care home or child care center, child care licensing procedures, local zoning ordinances, participation in the USDA food program, serving special needs children, and dealing with challenging behaviors. Each CCR&R organization also maintains two provider representatives on their coalition board to advocate for providers.

State network staff develop and provide local CCR&R agencies with consumer education resources to educate parents and providers on best practices in child development and early childhood care and education. This coordination links comprehensive services to children in child care settings.
The CCR&R State Network operates a call center with a team of trained specialist that assist families when they contact DEL directly. These specialists, provide resources to families, such as consumer education, contact information for other agencies, information on health and safety and licensing, requirements for the SR and VPK programs and assist parents with concerns when it comes to their program eligibility. Specialists also provide information on developmental screenings and referrals to partner agencies that assist families when they have a concern about their child's development.

In addition, local CCR&Rs may utilize the Sunshine Portal. The portal provides extensive data and analysis to track local and statewide levels of capacity, quality, and the supply and demand of child care services. The CCR&R State Network Is also responsible for collecting data on providers to inform the single statewide information system. This system is used to provide parents profiles on providers when they contact their local CCR&R offices. Data from the system is also used to inform the states Market Rate Survey. The DEL network of lead trainers within the ELCs provides training on many early childhood topics to include promoting the social skills, emotional competency, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies.

8.4 Public-Private Partnerships

Lead Agencies must demonstrate how they encourage partnerships among other public agencies, Tribal organizations, private entities, faith-based organizations, businesses, or organizations that promote business involvement, and/or community-based organizations to leverage existing service delivery (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation) to leverage existing child care and early education service delivery systems and to increase the supply and quality of child care services for children younger than age 13.

8.4.1 Lead Agency public-private partnerships

Identify and describe any public-private partnerships encouraged by the Lead Agency to leverage public and private resources to further the goals of CCDF: **Local Level Public-Private Collaborations: Statutorily, the SR Program is administered by DEL through 30 ELCs and RCMA at the local level, which are all not-for-profit organizations that coordinate service delivery efforts. Thus, most public-private partnerships are formed and realized in local communities. The DEL encourages and monitors these efforts. Each ELC has a board that must have at least 15, but not more than 30 members. The law requires that the board of each ELC include the following members:**
- Governor-appointed chair and two other members who must meet the same qualifications as private-sector business members.
- A DCF regional administrator or a permanent designee authorized to make decisions on behalf of the department.
- A district superintendent of schools or a permanent designee authorized to make decisions on behalf of the district.
- A local workforce development board executive director or a permanent designee.
- A county health department director or a designee.
- A children's services council or juvenile welfare board chair or executive director, if applicable.
- A DCF child care regulation representative or an agency head of an LLA as defined in s. 402.302, where applicable.
- An agency head of an LLA as defined in s. 402.302, F.S., where applicable.
- A president of a Florida College System institution or a permanent designee.
- One member appointed by a board of county commissioners or the governing board of a municipality.
- A Head Start director.
- A representative of private for-profit child care providers, including private for-profit family day care homes.
- A representative of faith-based child care providers.
- A representative of programs for children with disabilities under the federal Individuals with Disabilities Education Act.
- Private sector business members.

One benefit from local ELCs including members representing local public and private entities is that the ELCs are more easily able to raise and attract private funds to enhance the quality of care. Other examples and results of public-private collaborations at the local level, under Florida law, are county governments empowered to create Children's Services Councils, which are special taxing districts that empower local voters to levy ad valorem taxes (e.g., property taxes) earmarked for children's services. There are 13 Children's Services Councils across the state of Florida. Of these, 11 are independent special taxing districts and the remaining two are dependent

upon local governmental entities that budget funding to provide these services.

Independent:
1. The Children's Trust of Miami
2. CSC of Broward
3. CSC of Palm Beach
4. CSC of Martin County
5. CSC of St. Lucie County
6. CSC of Okeechobee
7. Hillsborough Children's Board
8. Juvenile Welfare Board of Pinellas County
9. Children's Trust of Alachua County
10. CSC of Leon County (New)
11. Escambia Children's Trust (New)

Dependent:
1. Kids Hope Alliance (Jacksonville)
2. Manatee County Children's Services

Children's Services Councils are successful public-private partnerships that enable local communities to address many service needs of children and their families in local communities. ELCs and RCMA work collaboratively with the Children's Services Councils where they exist, and this collaboration results in the infusion of local funds, which are used to expand local ELC services and efforts.

8.5 Disaster Preparedness and Response Plan

Lead Agencies must establish a Statewide Child Care Disaster Plan and demonstrate how they will address the needs of children—including the need for safe child care before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)—through a Statewide Disaster Plan.

8.5.1 Statewide Disaster Plan updates

a. When was the Lead Agency's Child Care Disaster Plan most recently updated and for what reason? **The DCF Child Care Continuity of Continued Operation Plan (COOP) was revised June 2023 because FLDOE's Office of Emergency Management requested agency wide updates to the COOP during this time.**

b. Please certify compliance by checking the required elements the Lead Agency includes in the current State Disaster Preparedness and Response Plan.

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

[x] State human services agency.

[x] State emergency management agency.

[x] State licensing agency.

[x] State health department or public health department.

[x] Local and State child care resource and referral agencies.

[x] State Advisory Council on Early Childhood Education and Care or similar coordinating body.

ii. **[x]** The plan includes guidelines for the continuation of child care subsidies.

iii. **[x]** The plan includes guidelines for the continuation of child care services.

iv. **[x]** The plan includes procedures for the coordination of post-disaster recovery of child care services.

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

[x] Procedures for evacuation.

[x] Procedures for relocation.

[x] Procedures for shelter-in-place.

[x] Procedures for communication and reunification with families.

[x] Procedures for continuity of operations.

[x] Procedures for accommodations of infants and toddlers.

[x] Procedures for accommodations of children with disabilities.

[x] Procedures for accommodations of children with chronic medical conditions.

vi. **[x]** The plan contains procedures for staff and volunteer emergency preparedness training.

vii. **[x]** The plan contains procedures for staff and volunteer practice drills.

viii. If any of the above are not checked, describe:

ix. If available, provide the direct URL/website link to the website where the Statewide Child Care Disaster Plan is posted: **The DCF's Emergency Preparedness website for providers can be accessed here: https://myflfamilies.com/services/child-family/child-care/child-care-providers-and-staff/emergency-preparedness**

The DCF COOP can be accessed here: https://myflfamilies.com/sites/default/files/2023-06/Child%20Care%20COOP%20June%202023_1.pdf

9 Family Outreach and Consumer Education

CCDF consumer education requirements facilitate parental choice in child care arrangements, support parents as child care consumers who need information to make informed choices

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

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

9.1 Parental Complaint Process

Lead Agencies must maintain a record of substantiated parental complaints against child care providers and make information regarding such complaints available to the public on request. Lead Agencies must also provide a detailed description of the hotline or similar reporting process for parents to submit complaints about child care providers; the process for substantiating complaints; the manner in which the Lead Agency maintains a record of substantiated parental complaints; and ways that the Lead Agency makes information on such parental complaints available to the public on request. Lead Agencies are not required to limit the complaint process to parents.

9.1.1 Parental complaint process

a. Describe the Lead Agency's hotline or similar reporting process through which parents can submit complaints about child care providers, including a link if it is a Web-based process: **The DCF hosts multiple channels through which parents can submit complaints. Parents may file complaints by contacting DCF's abuse hotline (https://www.myflfamilies.com/services/abuse/abuse-hotline), the local child care licensing office (https://www.myflfamilies.com/services/child-family/child-care/child-care-providers-and-staff/child-care-contacts), or by submitting a complaint via the Child Care Provider Complaint portal (https://www.myflfamilies.com/services/child-family/child-care/child-care-resources-families/file-child-care-provider-complaint).**

The DEL receives parents' provider complaints through the CCR&R State Network's toll-free parent line. Allegations of child abuse or neglect and health and safety concerns are forwarded to the abuse hotline or licensing, as applicable. Parents may also access DEL's online complaint form to report fraud, program abuse, or mismanagement. See link: Preventing Fraud (Preventing Fraud (fldoe.org))

b. Describe how the parental complaint process ensures broad access to services for families that speak languages other than English: **To ensure all parents have broad access to the parental complaint process, the DCF developed the Auxiliary Aids and Service Plan that provides procedures, policies, and protocol to provide auxiliary aids for persons with Limited English Proficiency. The 2019 Statewide Auxiliary Aids and Service Plan provides protocol and available resources for the implementation of DCF policy and procedures for the provision of auxiliary aids and services in ensuring accessibility to all programs, benefits, and services such as foreign language interpreters for persons with Limited English Proficiency. The DCF Auxiliary Aids and Service Plan consists of regional points of**

contact, multilingual staff, and a complete list of available resources and contact information.

c. Describe how the parental complaint process ensures broad access to services for persons with disabilities: **FLDOE and DEL adhere to all ADA compliance standards.**

Section 282.603, F.S., requires that each state agency use accessible electronic information and information technology that conforms to Section 508 of the Rehabilitation Act of 1973 to make their electronic and information technology (EIT) accessible to people with disabilities. To maintain compliance with the Statute and Act, DEL has staff trained in formatting guidelines set by the ADA to ensure all information is accessible to persons with disabilities. Additionally, materials developed by DEL for print also follow the ADA guidelines for design. DCF has resources regarding access to services for persons with disabilities that can be found on their website.

While these standards currently apply to federal government, it is the direct responsibility of Florida state government agencies and their web designers and developers to become familiar with these accessibility guidelines and to apply these principles in designing and creating any official web site.

d. For complaints about providers, including CCDF providers and non-CCDF providers, does the Lead Agency have a process and timeline for screening, substantiating, and responding to complaints, including information about whether the process includes monitoring?

[x] Yes. If yes, describe: **Health and safety complaints are sent to DCF and LLAs, as applicable, who determine if the complaint is substantiated. When the regional licensing office receives the complaint, they review the information to determine if the allegations fall under the purview of their office. If they do, the assigned licensing counselor will conduct a complaint inspection to investigate the allegation and all applicable health and safety standards. If the allegation is outside their purview they will share the complaint information with the appropriate authorities, such as the Florida DOG, Building and Zoning Office, Accrediting Association, etc. When the information or alleged violation given in a complaint is verified, the complaint is considered a substantiated complaint. If the complaint is not related to health and safety concerns, DEL staff collect a summary of the complaint and coordinate with the ELC to resolve. In addition to DEL's process, ELCs monitor CCDF providers on whom the ELCs receive parental complaints using the Statewide SR Provider Contract Monitoring Tool. Health and safety complaints are sent to DCF and LLAs, as applicable, who determine if the complaint is substantiated. DCF's response time for commencing complaint investigations is as follows:**

- **Allegations involving abuse/neglect require an investigation to be commenced within two business days of receipt. If a child is hurt and there is an abuse/neglect report called in and accepted to the hotline, the Child Protective Investigator (CPI) makes contact immediately. CPI and licensing aim to conduct joint visits but this is not always the case as the CPI may make contact on the weekend and licensing will follow up the next business day.**
- **Allegations not involving abuse/neglect but alleging other noncompliance of licensing/registration/exemption/SR standards require an investigation to be commenced within five business days of receipt.**

- **Allegations involving noncompliance with standards outside of DCF's purview for inspection (i.e.: tuition or payroll issues) do not require an investigation.**
- **All complaints must be completed within 30 business days from the date the investigation was initiated. If an extension is requested and granted, licensing staff must document the approval for an extension on the complaint inspection report.**

Parents may also complete DCF's Child Care Provider Online Complaint Form to initiate investigation of complaint allegations relevant to the governing statutes and/or rules for child care services. DCF's process for substantiating and responding to complaints for CCDF and non-CCDF providers is the same. However, CCDF providers are also monitored according to DEL rules/standards.

[ ] No.

e. For substantiated parental complaints, who maintains the record for CCDF and non-CCDF providers? **After the on-site investigation, the evidence is evaluated to determine whether the complaint is valid or not and if there are possible violations or deficiencies. The analyzed information is used to generate a complaint inspection report. A complaint inspection report must be completed in its entirety, thoroughly documenting allegations, response, and investigative findings in the Licensing Application and archived in the Child Care Administration, Regulation and Enforcement System (CARES). The investigation is considered complete when all information has been evaluated and findings are determined. Once all the evidence has been evaluated and a decision has been made, the findings must be reviewed with the facility owner/director or home operator. A copy of the complaint inspection and complaint narrative is given to the facility owner/director or home operator upon completion of the investigation and an exit interview is conducted. If a plan for corrective action is required, the licensing counselor must complete a follow up to determine compliance. Upon completion of required corrective actions, compliance is documented in the CARES through completion of a re-inspection report in the Licensing Application. All investigations of complaints must be included in the licensing/registration file regardless of the findings. The provider must come into compliance within a reasonably determined timeline. All complaint inspections are stored in the DCF licensing system (CARES). Complaint inspections that contain a finding of non-compliance are displayed to the public after all necessary investigations have been complete.**

For complaints that are not related to licensing or health and safety concerns, DEL uses Cherwell to document and maintain complaints received from families and providers participating in the SR program. DEL collaborates with the early learning coalitions to resolve inquiries that are substantiated and unsubstantiated due to the parent or provider not understanding program requirements and the coalition's eligibility determinations. In these instances, the coalition and the CCR&R State Network share information with the parent and provider and offer resources to the parent or technical assistance to the provider to address the concern.

f. Describe how information about substantiated parental complaints is made available to the public; this information can include the consumer education website discussed in subsection 9.2: **All complaint inspections regarding health and safety standards are stored**

in the DCF licensing system (CARES). Complaint inspections that contain a finding of noncompliance are displayed to the public after all necessary investigations have been completed. Florida has a public provider search tool located on the DCF website: https://caressearch.myflfamilies.com/PublicSearch. Through this search tool, provider inspections are listed by date of inspection. When a compliant inspection is conducted, it will display on the website if any violations are recorded. If a non-compliance is identified during that inspection, there will be a red dot next to the date. The report will open by clicking on the inspection date. If no violations were issued, then the complaint inspection is stored in the CARES system but will not be displayed to the public.

9.2 Consumer Education Website

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

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

9.2.1 Consumer-friendly website

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

i. Provide the URL for the Lead Agency's consumer education website homepage: **https://www.myflfamilies.com/**

https://www.fldoe.org/schools/early-learning/

ii. Does the Lead Agency certify that the consumer education website ensures broad access to services for families who speak languages other than English?

[x] Yes.

[ ] No. If no, describe:

iii. Does the Lead Agency certify that the consumer education website ensures broad access to services for persons with disabilities?

[x] Yes.

[ ] No. If no, describe:

9.2.2 Additional consumer education website links

Provide the direct URL/website link for the following:

i. Provide the direct URL/website link to how the Lead Agency licenses child care providers: **https://www.myflfamilies.com/services/child-family/child-care/child-care-laws-and-requirements**
https://www.myflfamilies.com/services/child-family/child-care/child-care-providers-and-staff/religious-exempt-provider
https://www.myflfamilies.com/childcaretraining
https://myflfamilies.com/services/child-family/child-care/about-child-care-licensure

ii. Provide the direct URL/website link to the processes for conducting monitoring and inspections of child care providers::
https://myflfamilies.com/sites/default/files/2022-12/ChildCareProgramsAndInspectionsGuide.pdf

iii. Provide the direct URL/website link to the policies and procedures related to criminal background checks for staff members of child care providers:
https://myflfamilies.com/services/background-screening
https://myflfamilies.com/sites/default/files/2022-12/FacilityHandbook_0.pdf

iv. Provide the direct URL/website link to the offenses that prevent individuals from being employed by a child care provider:
https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormID=3219
http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0435/Sections/0435.04.html

9.2.3 Searchable list of providers

a. The consumer education website must include a list of all licensed providers searchable by ZIP code.

i. Does the Lead Agency certify that the consumer education website includes a list of all licensed providers searchable by ZIP code?

[x] Yes.

[ ] No. If no, describe:

ii. Provide the direct URL/website link to the list of child care providers searchable by ZIP code: **https://caressearch.myflfamilies.com/PublicSearch**

iii. In addition to the licensed child care providers that must be included in the searchable list, are there additional providers included in the Lead Agency's searchable list of child care providers? Check all that apply:

[x] License-exempt center-based CCDF providers.

[x] License-exempt family child care CCDF providers.

[x] License-exempt non-CCDF providers.

[ ] Relative CCDF child care providers.

[ ] Other (e.g., summer camps, public pre-Kindergarten). Describe:

b. Identify what additional (optional) information, if any, is available in the searchable results by ZIP code. Check the box when information is provided.

Provider Information Available in Searchable Results					
	All licensed providers	License-exempt CCDF center-based providers	License-exempt CCDF family child care home providers	License-exempt non-CCDF providers	Relative CCDF providers
Contact information	**[x]**	**[x]**	**[x]**	**[x]**	**[ ]**
Enrollment capacity	**[x]**	**[x]**	**[x]**	**[x]**	**[ ]**
Hours, days, and months of operation	**[x]**	**[x]**	**[x]**	**[x]**	**[ ]**
Provider education and training	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Languages spoken by the caregiver	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Quality information	**[x]**	**[x]**	**[x]**	**[x]**	**[ ]**
Monitoring reports	**[x]**	**[x]**	**[x]**	**[x]**	**[ ]**
Willingness to accept CCDF certificates	**[x]**	**[x]**	**[x]**	**[x]**	**[ ]**
Ages of children served	**[x]**	**[x]**	**[x]**	**[x]**	**[ ]**
Specialization or training for certain populations	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Care provided during nontraditional hours	**[x]**	**[x]**	**[x]**	**[x]**	**[ ]**

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

i. **[x]** All licensed providers. Describe: **Assigned ID number; website link, if available; provider status and expiration date; program detail and services offered; federal/state program designations; hours of operation; and mapped location.**

ii. **[x]** License-exempt CCDF center-based providers. Describe: **Assigned ID number; website link, if available; provider status and expiration date; program detail and services offered; federal/state program designations; hours of operation; and**

mapped location.

iii. **[x]** License-exempt CCDF family child care providers. Describe: **Assigned ID number; website link, if available; provider status and expiration date; program detail and services offered; federal/state program designations; hours of operation; and mapped location.**

iv. **[x]** License-exempt, non-CCDF providers. Describe: **Assigned ID number; website link, if available; provider status and expiration date; program detail and services offered; federal/state program designations; hours of operation; and mapped location.**

v. **[ ]** Relative CCDF providers. Describe:

vi. **[ ]** Other. Describe:

9.2.4 Provider-specific quality information

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

a. What specific quality information does the Lead Agency provide on the website?

i. **[ ]** Quality improvement system.

ii. **[x]** National accreditation.

iii. **[ ]** Enhanced licensing system.

iv. **[ ]** Meeting Head Start/Early Head Start Program Performance Standards.

v. **[x]** Meeting pre-Kindergarten quality requirements.

vi. **[ ]** School-age standards.

vii. **[x]** Quality framework or quality improvement system.

viii. **[ ]** Other. Describe:

b. For what types of child care providers is quality information available?

i. **[x]** Licensed CCDF providers. Describe the quality information: **Gold Seal and CLASS®**

ii. **[x]** Licensed non-CCDF providers. Describe the quality information: **Gold Seal and CLASS®**

iii. **[x]** License-exempt center-based CCDF providers. Describe the quality information: **Gold Seal and CLASS®**

iv. **[x]** License-exempt FCC CCDF providers. Describe the quality information: **Gold Seal and CLASS®**

v. **[x]** License-exempt non-CCDF providers. Describe the quality information: **Gold Seal and CLASS®**

vi. **[ ]** Relative child care providers. Describe the quality information:

vii. **[ ]** Other. Describe:

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

Lead Agencies must post aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year on the consumer education website. This aggregate data must include information about any child in the care of a provider eligible to receive CCDF, not just children receiving subsidies.

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

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

   i. **[x]** The total number of serious injuries of children in care by provider category and licensing status.

   ii. **[x]** The total number of deaths of children in care by provider category and licensing status.

   iii. **[x]** The total number of substantiated instances of child abuse in child care settings.

   iv. **[x]** The total number of children in care by provider category and licensing status.

   v. If any of the above elements are not included, describe:

b. Certify by providing:

   i. The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care and describe how the Lead Agency obtains the aggregate data from the entity: **Providers are required to report to the local licensing entity. The local licensing entity reports death or serious injury to the program office at the beginning of each month. This process includes incidents that occur in all child care programming, including CCDF licensed and licensed-exempt programs.**

   ii. The definition of “substantiated child abuse” used by the Lead Agency for this requirement: **DCF definition of �verified� is equivalent to �substantiated.� �Verified� is used when a preponderance of credible evidence results in a determination that the specific harm or threat of harm was the result of abuse, abandonment, or neglect.**

   iii. The definition of “serious injury” used by the Lead Agency for this requirement: **As defined in DCF’s Child Care Facility Handbook, �serious Injury� is any injury/incident resulting in death or serious physical or emotional harm to a child that prudently calls for medical attention, including medication errors that present a risk of ineffectiveness or adverse reaction.**

c. Provide the direct URL/website link to the page where the aggregate number of serious

injuries, deaths, and substantiated child abuse, and the total number of children in care by provider category and licensing status are posted:
https://www.myflfamilies.com/services/child-family/child-care/child-care-providers-and-staff/brochures-fact-sheets-and-reports

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

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

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

[x] Yes.

[ ] No.

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

b. Provide the direct URL/website link to this information:
https://www.fldoe.org/schools/early-learning/directory/
https://www.myflfamilies.com/services/child-family/child-care/child-care-resources-families
https://www.myflfamilies.com/services/child-family/child-care/child-care-providers-and-staff/child-care-contacts

9.2.7 Lead Agency contact information for parents

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

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

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to this information:
https://www.fldoe.org/schools/early-learning/directory/
https://www.myflfamilies.com/services/child-family/child-care/child-care-resources-families
https://www.myflfamilies.com/services/child-family/child-care/child-care-providers-and-staff/child-care-contacts

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

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

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

to pay and policies for waiving co-payments?

[x] Yes.

[ ] No.

b. Provide the direct URL/website link to the sliding fee scale. **Each ELC and RCMA post their sliding fee scales to their websites.**

ELC Alachua - https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Felcalachua.org%2Fwp-content%2Fuploads%2F2024%2F09%2FSchool-Readiness-Fee-Scale.xlsx&wdOrigin=BROWSELINK

ELC Big Bend - https://elcofbigbend-my.sharepoint.com/:x:/g/personal/kpalmersmith_elcbigbend_org/ESz1srvefVpLuYss243Z9FwBcYVM6UgTuX4r-_XVplMJ9A?rtime=uK937Z7Z3Eg

ELC Brevard - https://elcbrevard.org/wp-content/uploads/2024/09/2024-2025-Brevard-Sliding-Fee-Schedule.pdf

ELC Broward - https://www.elcbroward.org/sites/default/files/documents/2024-07/2024-25_DEL_Sliding_Fee_Scale_with_Sibling_Rates.pdf

ELC Duval - https://www.elcduval.org/wp-content/uploads/2024/09/2024-25-Sliding-Fee-Schedule-70-SMI-9.24-2.pdf

ELC Emerald Coast - https://www.elc-ec.org/wp-content/uploads/2024/09/2024-2025-Sliding-Fee-Schedule-template-with-70-SMI.pdf

ELC Escambia - https://www.elcescambia.org/file/2024-2025_Sliding_Fee_Schedule_with_70_SMI_Final_7.2.24.pdf

ELC Flagler and Volusia - https://static1.squarespace.com/static/66329450159ea826b0a3c107/t/66eda7887787ad1c4a7c24e6/1726850953280/sliding+fee+scale.pdf

ELC Gateway - https://www.elcgateway.org/wp-content/uploads/2024/09/Sliding-Fee-Schedule-2024-2025-7.1.24-with-70.pdf

ELC Florida's Heartland - https://irp.cdn-website.com/a4b2a5b7/files/uploaded/2024-25_SIMPLIFIED_Sliding_Fee_Sch.pdf

ELC Hillsborough - https://www.elchc.org/wp-content/uploads/2024/09/2024-2025-Sliding-Fee-Schedule.pdf

ELC IRMO - https://www.elcirmo.org/wp-content/uploads/2024/09/IRMO-SlidingFeeScale_24-25-1.pdf

ELC Lake - https://www.elclc.org/wp-content/uploads/2024/09/2024-2025-Sliding-Fee-Schedule_Website.pdf

ELC Manatee - https://www.elc-manatee.org/_wss/clients/172/assets/c172_useful_links/20240923085055163.pdf

ELC Marion - https://www.elc-marion.org/wp-content/uploads/2024/09/2024-2025-Sliding-Fee-Schedule-Final-Providers.pdf

ELC Miami-Dade and Monroe - https://www.elcmdm.org/Content/Uploads/elcmdm.org/files/contracts/2024-2025 Sliding Fee Schedule template with copay.pdf

ELC Nature Coast - https://www.elc-naturecoast.org/_files/ugd/26cef2_2b081571f89c436ebe512e729e719350.pdf

ELC North FL - https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ecs4kids.org%2Fwp-content%2Fuploads%2F2024%2F09%2F2024-2025-Sliding-Fee-Schedule-with-70-SMI_070124.xlsx&wdOrigin=BROWSELINK

ELC Northwest FL - https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Felcnwf.org%2Fwp-content%2Fuploads%2F2024%2F09%2F2024-2025-Sliding-Fee-Schedule-template-with-70-SMI-09242024.xlsx&wdOrigin=BROWSELINK

ELC Orange - https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Felcoforangecounty.org%2Fwp-content%2Fuploads%2F2024%2F07%2FELCOC-2024-2025-Sliding-Fee-Chart.xlsx&wdOrigin=BROWSELINK

ELC Osceola - https://cdn.prod.website-files.com/63d94842a219475e5d1d3d62/66ecea15ff421f53033f1eac_Osceola%202024-2025%20Sliding%20Fee%20Schedule%20with%2070%25%20SMI_Eff%207-1-24.pdf

ELC Palm Beach - https://irp.cdn-website.com/5213f047/files/uploaded/Updated_2024-2025_Sliding_Fee_Schedule_ELCPBC_7.3.24.pdf

ELC Pasco and Hernando - (Pasco) https://elcph.org/wp-content/uploads/2024/09/2024-2025-Sliding-Fee-Schedule-Pasco-1.pdf (Hernando) https://elcph.org/wp-content/uploads/2024/09/2024-2025-Sliding-Fee-Schedule-Hernando-1.pdf

ELC Pinellas - https://elcpinellas.org/fs_public/School-Readiness-files/FY-2024-2025-Sliding-Fee-Schedule-2-pages-eff-July-1-2024.pdf

ELC Polk - https://elcpolk.org/wp-content/uploads/2024/09/2024-2025-Sliding-Fee-Schedule-with-70SMI.pdf

ELC St. Lucie - https://www.elcslc.org/wp-content/uploads/2024/09/2024-2025-Sliding-Fee-Schedule-template-with-70-SMI-09242024.pdf

ELC Santa Rosa - https://www.elcsantarosa.org/_files/ugd/f85183_cf3b1ad311c24cf5b032ad055691adac.pdf

ELC Sarasota - https://earlylearningcoalitionsarasota.org/wp-content/uploads/2024/09/Sliding-Fee-Scale-7.1.2024-with-70SMI.pdf

ELC Seminole - https://www.seminoleearlylearning.org/wp-content/uploads/2024/09/2024-2025-Sliding-Fee-Schedule-template-with-70-SMI-FINAL.pdf

ELC Southwest FL - https://elcofswfl.org/school-readiness-information/

RCMA - https://rcma.org/wp-content/uploads/2024/09/RCMA-2024-2025-Sliding-Fee-Schedule-template-with-70SMI.pdf

9.3 Increasing Engagement and Access to Information

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

9.3.1 Information about CCDF availability and eligibility

Describe how the Lead Agency shares information with eligible parents, the general public, and child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible. The description should include, at a minimum, what is provided (e.g., written materials, the website, and direct communications) and what approaches are used to tailor information to parents, the general public, and child care providers. **The DEL provides information to parents, providers, and the general public via DEL's website. On the webpage, DEL provides links to the Family Portal, where parents can access applications for SR and VPK programs. The website provides an overview of DEL's programs for families and providers and directs them, via DEL's ELC directory, where to locate their local offices for further assistance. The DEL and the ELCs employ the CCR&R program to provide information and outreach to families via websites, telephone, and email. State rule requires each CCR&R organization to maintain a website and at least one other form of outreach and awareness within its service area that describes the CCR&R program and child care services offered. The home page of the website for the ELC and the contracted CCR&R organizations, if applicable, clearly displays CCR&R, family services and provider services contact information, including phone numbers, hours of operation, and a brief description of services available for families and providers.**

9.3.2 Information about child care and other services available for parents

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

- Temporary Assistance for Needy Families (TANF) program.

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

[x] Yes.

[ ] No. If no, describe:

9.3.3 Consumer statement for parents receiving CCDF services

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

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

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

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

[x] Yes.

[ ] No. If no, describe:

9.3.4 Informing families about best practices on child development

Describe how the Lead Agency makes information available to parents, providers, and the general public on research and best practices concerning children's development, including physical health and development, and information about successful parent and family engagement. At a minimum, the description should include what information is provided; how the information is provided; any distinct activities for sharing this information with parents, providers, the general

public; and any partners in providing this information. **Given the proliferation of mobile phone use and the volume of resources DEL provides, DEL primarily uses QR codes on fliers and banners to direct parents, providers and the general public to our online resources when presenting at conferences or when manning tables to inform participants of early learning programs. The DEL website, social media platforms, and ELC partners also disseminate information about the FELDS and supporting activities that informs families, child care providers and the general public of the growth and developmental milestones for children ages birth to kindergarten. The DEL is in the process of updating its First Teacher: A Parent's Guide to Growing and Learning for ages birth to four that includes family engagement activities to help parents support their children's learning during daily routines and educate families on their children's developmental milestones. In addition, DEL is updating its Quality Checklist and Family Guide to educate families on provider types (licensure and exemptions, faith based, family day care home, center, etc.) to assist parents in their search for quality child care options based on their needs. These resources will be made available on the DEL's and the ELCs' websites and shared with families requesting child care listings. Furthermore, DEL has developed 9 video vignettes to support new and existing child care providers establish quality programs and educate them on resources to support services offered to families. Also distributed through these channels is a monthly Parents' Pages newsletter that references services and resources from DEL as well as other state agencies, such as the Florida Department of Agriculture and Consumer Services and the Florida DOH. ELCs and HMG also provide information on and offer free developmental screenings.**

9.3.5 Unlimited parental access to their children

Does the Lead Agency have procedures to ensure that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds:

[x] Yes.

[ ] No. If no, describe:

9.3.6 Informing families about best practices in social and emotional health

Describe how the Lead Agency shares information with families, providers, and the general public regarding the social-emotional and behavioral and mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age: **The Inclusion and Developmental Screening Network is used to provide information about social skills and emotional competency development, behavioral and mental health of young children, PBIS, and support models based on research and best practices. The network is comprised of more than 120 members, the majority of whom are ELC staff who have direct contact with parents and child care providers. Other partners come from universities and non-profit agencies. The network meets weekly with a consistent attendance of 60 to 80 participants.**

During this voluntary one-hour meeting, DEL facilitates presentations from experts in the field, where exchanges of concerns and knowledge occur. Participants share input about the conditions of the field as they are happening. Based on this information, DEL can capture the current trends in needs and almost immediately provide presentations, resources, or discussions led by experts for solving those needs. Topics related to suspensions and expulsion, the implementation of the PBIS program, challenging behaviors, teacher turn-over, ELC staff turn-over, creation of reflective supervision, infant, toddler, and young children mental health issues, developmental screening,

interagency collaboration, and many more are covered. DEL also offers one-on-one technical assistance sessions for ELC staff where the focus is on their individual concerns and solutions, which include the creation of information dissemination systems about the topics above and DEL's other quality initiatives. Goals are established and checked monthly during these meetings.

DEL shares information about the above topics through the developmental standards' website, social media platforms, and ELC partners. Also distributed through these channels is a monthly Parents' Pages newsletter that references services and resources from DEL as well as other state agencies, such as the Florida Department of Agriculture and Consumer Services and the Florida DOH. ELCs and HMG also provide information on and free developmental screenings.

9.3.7 Policies on the prevention of the suspension and expulsion of children

a. The Lead Agency must have policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds. Describe those policies and how those policies are shared with families, providers, and the general public: **DEL recommends prevention and limitation of expulsion and suspension practices in all early childhood settings. The DEL Expulsion Position Statement is offered to support ELCs and their providers as they develop their own suspension and expulsion policies.**

These policies may be built upon a tiered approach to provide universal support to all children, targeted services for children who need more support, and referrals for intensive supports for children who need additional services. This tiered approach is supported through training and coaching on evidence-based practices for promoting young children's healthy social skills and development.

In addition, the DEL's SR Provider Contract requires providers to give advance notice to an ELC regarding the dismissal of children, including documentation specifying reasons for dismissal, within fourteen (14) calendar days prior to termination or within five (5) calendar days after termination.

These policies are shared with families, providers, and the general public through the early identification and referral network comprised of specialists located at each of the 30 ELCs is the first point of contact for providers and families in need of long-term support and, for many children, the beginning of their early intervention services. The early childhood education professional learning system which provides training opportunities to ECEs to ensure children receive developmentally appropriate educational opportunities. A tiered approach to provide universal support to all children with the goal of promoting social skills and emotional competency support for children, families, and child care providers to prevent exclusionary discipline.

DCF also requires providers to have written disciplinary and expulsion policies. Additionally, a copy of the current policies must be available for review by parents, legal guardians and the licensing authority.

b. Describe what policies, if any, the Lead Agency has to prevent the suspension and

expulsion of school-age children from child or youth care settings receiving CCDF funds: **The lead agency follows the same polices for preventing expulsion and suspension that are described in 9.3.7 and in addition resources and referrals will be requested from Part B from the school districts.**

9.4 Providing Information on Developmental Screenings

Lead Agencies must provide information on developmental screenings to parents as part of the intake process for families participating in CCDF and to child care providers through training and education. This information must include:

- Existing resources and services that the State can make available in conducting developmental screenings and providing referrals to services when appropriate for children who receive child care assistance, including the coordinated use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under Title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C; and,
- A description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays.

Information on developmental screenings, as in other consumer education information, must be accessible for individuals with limited English proficiency and individuals with disabilities.

9.4.1 Developmental screenings

Does the Lead Agency collect and disseminate information on the following:

a. Existing resources and services available for obtaining developmental screening for parents receiving CCDF, the general public, and child care providers.

[x] Yes.

[ ] No. If no, describe:

b. Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program—carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)—and developmental screening services available under Part B, Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).

[x] Yes.

[ ] No. If no, describe:

c. Developmental screenings to parents receiving a subsidy as part of the intake process.

[x] Yes. If yes, include the information provided, ways it is provided, and any partners in this work: **The DEL has expanded the functionality of the single statewide information system to provide parents the opportunity to complete a developmental screening of their children during the enrollment process for the SR program. Parents are offered a brief description of the purpose of developmental screening and are offered links to resources and information about the benefits of completing a developmental screening of**

their children. If a parent defers screening completion to the early learning provider, an additional opportunity is created for providers to communicate with parents about the importance of developmental screening, the developmental screening is completed, either by the parent or provider, the ELC sends supplemental information and activities to assist parents in understanding the developmental stage of their children.

[ ] No. If no, describe:

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

[x] Yes.

[ ] No. If no, describe:

10 Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. As stewards of federal funds, Lead Agencies must ensure strong and effective internal controls to prevent fraud and maintain continuity of services to meet the needs of children and families. In order to operate and maintain a strong CCDF program, regular evaluation of the program's internal controls as well as comprehensive training for all entities involved in the administration of the program are imperative. In this section, Lead Agencies will describe their internal controls and how those internal controls effectively ensure integrity and accountability. These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors and should apply to all CCDF funds.

10.1 Effective Internal Controls

Lead Agencies must ensure the integrity of the use of CCDF funds through effective fiscal management and must ensure that financial practices are in place. Lead Agencies must have effective fiscal management practices in place for all CCDF expenditures.

10.1.1 Organizational structure to support integrity and internal controls

Describe how the Lead Agency's organizational structure ensures the oversight and implementation of effective internal controls that promote and support program integrity and accountability. Describe: **Assignment of Authority and Responsibilities**
DEL is the lead agency for the CCDF program and assumes responsibility for administering the program in a manner that promotes and supports program integrity. DEL has established internal control processes that are implemented from a lead agency perspective as well as delegated to the ELCs and applicable contractors that deliver CCDF at the local level. Assignment of authority and responsibilities at the lead agency level is identified respectively in the workplans of DEL's Finance Administration and Budget Services (FABS) and PI Units. Assignments of authority and responsibilities at the local level are captured in the early learning grant agreements (and contracts) executed with the 30 ELCs and applicable contractors.

Delegation of Duties
The duties (workplan) assumed by DEL's FABS Unit include providing oversight and administration of 1) state and federal grants management and reporting; 2) accounting, disbursements, and

revenue recognition; 3) subaward agreements and vendor contracts; and 4) budget and legislative analysis. The duties (workplan) assumed by DEL's PI Unit include 1) managing and executing fiscal and programmatic monitoring activities for the 30 ELCs and select contractors; 2) assisting with CCDF policy development; 3) providing technical assistance to ELCs (and applicable contractors) as it relates to implementation of internal controls; and 4) conducting the triennial United States Health and Human Services Error Rate Improper Payments Review. The duties delegated to the ELCs via Sections 1002.83(1) and 1002.84, Florida Statues and the early learning grant agreement include administration and implementation of local comprehensive programs of CCDF services for all of Florida's 67 counties.

Coordination of Activities
At the lead agency level, coordination of internal control activities is identified in DEL's FABS and PI Unit workplans. Internal control activities at the local level are coordinated via the early learning grant agreements (and applicable contracts) with the 30 ELCs and select contractors.

Communication Between Fiscal and Program Staff
At the lead agency level and local level, communication of internal control expectations is carried out by financial management program guidance published by DEL's FABS and the PI Unit's published monitoring guidance (monitoring review guides and ICQ). Actual monitoring of ELCs and applicable contractors by DEL's FABS Unit and PI Unit also communicate internal control expectations.

Segregation of Duties
At the lead agency level, segregation of duties is facilitated by having separate sections in the FABS Unit that manage early learning grant agreements and contracts and separate sections that process reimbursements from the ELCs and contractors. This same concept is implemented at the local level by ELCs and contractors who assist with providing CCDF services. ELCs and applicable contractors are also required to complete an ICQ that includes a section on how separation of duties is implemented including other mitigating controls that may be used at the local level. In addition, a separate PI unit in DEL is responsible for ongoing program compliance reviews and fiscal monitoring of the ELCs. Program monitoring staff conduct site visits biennially of each ELC administering CCDF programs.

Establishment of Checks and Balances to Identify Potential Fraud Risks
DEL uses the following processes as checks/balances to ensure PI and timely sharing of data.
1. DEL staff perform ongoing/routine reviews of applicable federal/state grant program laws, rules, and regulations.
2. The accountability section of the PI Unit conducts programmatic monitoring activities for ELCs and contractors.
3. The fiscal monitoring section of the PI Unit conducts monitoring activities for ELCs and contractors.
4. The FABS Unit conducts periodic fiscal desk reviews for ELCs and contractors.

Include the following elements in your description:

1. Assignment of authority and responsibilities related to program integrity.
2. Delegation of duties.
3. Coordination of activities.

4. Communication between fiscal and program staff.
5. Segregation of duties.
6. Establishment of checks and balances to identify potential fraud risks.
7. Other activities that support program integrity.

10.1.2 Fiscal management practices

Describe how the Lead Agency ensures effective fiscal management practices for all CCDF expenditures, including:

a. Fiscal oversight of CCDF funds, including grants and contracts. Describe: **Use of uniform chart of accounts � ELCs, RCMA, and contractors are required to use a uniform chart of accounts for reporting budgets, revenues, and expenditures. DEL staff review annual budgets, revenue, and expenditure reporting to ensure activities are reported as required and in compliance with targeted grant/contract funds and restrictions.**

Prior approval of selected cost items � DEL has prior approval processes that align with state purchasing rules and require ELCs and other direct subrecipients to obtain prior approval for cost items identified in 2 CFR §200/45 CFR §75 and state purchasing rules.

Completion of monthly invoice workbooks � ELCs/RCMA are required to submit monthly reimbursement requests to DEL using a standardized electronic-based invoice workbook. DEL compares submitted invoice details against each entity's detailed general ledger transactions. DEL staff also verify spending levels for administrative, non-direct, quality, direct childcare payments, and reconciliations of any issued advances to (1) ensure each entity meets spending minimums from program guidance and (2) related spending caps are not exceeded.

Analytics for internal controls - DEL requires each ELC/subrecipient to complete and submit an annual ICQ. This self-assessment tool helps identify/document sound processes and procedures for each entity and allows for periodic assessments and monitoring by DEL and by entity management.

Written policies and procedures - Written policies and procedures are required for key operating areas/necessary functions (operations, IT, etc.). Each non-federal entity must:
- Connect/correlate expenditure details with specific program activities.
- Describe grants management systems, policies, procedures, and proper recordkeeping requirements.
- Establish and maintain effective control over federal award(s).
- Evaluate and monitor its own compliance with federal/state statutes, regulations, and the terms/ conditions of the federal award(s).
- Take prompt action when instances of noncompliance are identified, including noncompliance identified in monitoring/audit findings.
- Take reasonable measures to safeguard personally identifiable information (PII) and protected personal identifiable information (PPII).
- Allow for identification of Federal reporting requirements by use of the state’s current other cost accumulator (OCA)-based accounting system.

- Achieve compliance with federal requirements for internal controls documentation with DEL's annual ICQ process.

Fiscal monitoring procedures for DEL subrecipients Periodic (no less than biennial) onsite fiscal monitoring visits to ELCs, RCMA, and other DEL subrecipients are used to help DEL meet its oversight and monitoring duties. DEL identifies key fiscal operating areas and performs periodic tests to inspect, sample, and monitor transactions for each entity. Draft test results are shared with each entity's leadership team at the end of the monitoring engagement. A monitoring report is prepared to describe the findings, observations, and related corrective actions/recommendations from DEL. Each entity submits a preventive/corrective action plan reply to DEL, and DEL staff perform follow-up tasks to ensure the intended corrections are made. DEL staff also provide additional technical assistance efforts on an as needed basis.

b. Tracking systems that ensure reasonable and allowable costs and allow for tracing of funds to a level of expenditure adequate to establish that such funds have not been used in violation of the provision of this part. Describe: **Use of OCA codes for reporting costs - To properly classify expenditures for federal reporting purposes under 45 CFR § 98.70 Reporting requirements, and for day-to-day operations of ELCs or other DEL subrecipients, a consistent and reliable cost accounting system to report program costs incurred in an organized and systematic manner has been put in place. DEL established OCA codes and definitions as part of its cost accounting system for use by ELCs and other subrecipients. OCA guidance includes definitions for allowable costs (with examples), related federal/state regulations, and/or state statutes and other relevant instructions. These codes are also grouped into subcategories for direct services, quality activities, other non-direct service expenditures, and administrative costs.**

Use of monthly budgeting/forecasting tools - DEL staff perform monthly reviews of ELC expenditure projections in the SR expenditures projection tool/SR Invoice Workbook. ELCs are required to use this tool which includes administrative, non-direct, quality, direct childcare payments, and reconciliation of advances received for each program year.

Desk reviews to track costs - DEL staff perform periodic desk reviews of ELC expenditures to verify allowability of reimbursed expenditures and to complement monthly invoice submission process and annual financial monitoring activities. These desk reviews select a limited number of samples from administrative, quality, and other non-direct service expenditures.

c. Processes and procedures to prepare and submit required state and federal fiscal reporting. Describe: **Before each fiscal year starts, staff from all DEL units (Policy, FABS, Program Integrity, Data) coordinate to verify DEL has a correct list of required state and federal reporting requirements. For federal reports, United States Department of Health and Human Services (USDHHS) Notice of Awards and online terms and conditions are obtained and reviewed to search for new, revised or deleted reports. For state reports, the same process is applied to new state legislation and existing state statutes for early learning programs.**
Data elements for state/federal reports typically include children served, costs incurred,

compliance issued noted and performance goals/benchmarks reached.
DEL's Fiscal Budgeting Services Unit collects invoices from each ELC monthly to determine the amount of funds expended and to determine the number of children served. The Data Services Unit utilizes the information input to the statewide information system for providers and children enrolled to generate multiple reports. The Program Integrity Unit's Fiscal Monitoring Section utilizes the information collected on invoices and in the statewide information system to monitor/review financial records of early learning coalition's and to generate reports. The Program Integrity Unit's Accountability Monitoring Section uses statewide information system data to analyze and monitor programmatic aspects. This includes generating reports to determine if payments were processed correctly. Once the reports are complete, DEL routes the reports through DEL's leadership team for approval.

d. Other. Describe:

10.1.3 Effectiveness of fiscal management practices

Describe how the Lead Agency knows there are effective fiscal management practices in place for all CCDF expenditures, including:

a. How the Lead Agency defines effective fiscal management practices. Describe: **DEL's definition of effective fiscal management practices includes the following:**
1) Identifying and disseminating (to DEL and ELC/contractor staff) the rules and regulations that govern the CCDF program through training, program guidance, and grant/contractual agreements;
2) Ongoing fiscal monitoring of CCDF funded programs administered by ELCs/contractors;
3) Providing timely feedback on fiscal monitoring results to identify risks and inform DEL (and ELC/contractor) leadership on areas that may need improvement; and
4) Developing and implementing corrective/improvement action plans to address fiscal monitoring results.
5) Ongoing technical assistance and training for ELC staff on fiscal management practices.
6) Reviewing and advising ELCs on fiscal policies and procedures in their Coalition Plan.

b. How the Lead Agency measures and tracks results of their fiscal management practices. Describe: **Measures and tracking of fiscal management and compliance activities occur throughout each fiscal year. Compliance trends are identified by the combined efforts of DEL's FABS and the Program Integrity Fiscal Monitoring Section. Desk review results and any known instances of operational issues (for all DEL subrecipients) are shared in real-time by FABS with the Fiscal Monitoring Section and are part of (1) the periodic fiscal monitoring risk assessments made for each entity and (2) the planning tasks completed for all annual fiscal monitoring visits performed.**
DEL's Fiscal Monitoring Section also compiles historical trend analysis data for all DEL subrecipients based on the key operating areas identified in DEL's Annual Fiscal Monitoring Tool (financial management systems, internal controls, cash management, purchasing, travel, cost allocation, disbursements testing, etc.). Details for ten-year trend analysis data are gathered and updated in these categories after the fiscal monitoring cycle for each fiscal year is completed, and results are shared with DEL's management and all units of DEL, as requested.

In a connected process, DEL reviews the results of questions and technical assistance requests from ELCs/contractors to determine and track the effectiveness of fiscal management practices. Trends are identified by listing requests submitted on a tracking form and determining which requests have more or fewer instances occurring based on monitoring findings. Compliance trends are identified and are used to provide insight into areas of risk and improvement.

c. How the results inform implementation. Describe: **Compliance trends are identified to provide insight into areas of risk and improvement. From there, corrective/improvement plans are developed for implementation.**

d. Other. Describe:

10.1.4 Identifying risk

Describe the processes the Lead Agency uses to identify risk in the CCDF program including:

a. Each process used by the Lead Agency to identify risk (including entities responsible for implementing each process). Describe: **The following are risk factors reviewed by DEL:**
1) total value of grant or contract funding allocated to an entity;
2) additional special projects or grant/contract funding allocated to an entity;
3) entity operations (service delivery model, recipient and provider relations, complexity and diversity of operations, etc.);
4) timeliness and accuracy of reporting (required filings) by an entity;
5) percentage of funding covered by independent audit review of entity;
6) issues identified by independent audit of entity;
7) number of entity repeat fiscal and programmatic monitoring findings (over the past two monitoring cycles);
8) entity adherence to corrective action plans resulting from prior year monitoring findings;
9) entity personnel turnover in key personnel positions such as executive, finance, operations, and information technology;
10) the materiality of entity findings from other oversight bodies such as the offices of the auditor general and inspector general;
11) status of general operating conditions of entity (operating practices that did not rise to level of observations or findings the previous monitoring cycle); and
12) the adequacy of the entity's established internal control environment.

The following periodic processes occur to analyze risks for CCDF program policies and procedures.
- DEL staff review operating and monitoring results from prior program years. Areas of difficulty and/or trends of errors at the state and local levels are identified and given a ranking of priority for resolution.
- DEL staff present recommendations to management for review and receive instructions/resources to address identified issues based on DEL management decisions (e.g., which issues/errors have the most impact on early learning services and can be addressed effectively in updates to policies or procedures).
- DEL staff make revisions/updates to policies and processes. If multiple issues/changes happen, DEL may prepare an additional �crosswalk� file to offer more help.

- DEL conducts other webinars, phone conferences, and/or group and in-person training updates each program year, with participation by all subrecipients encouraged.

b. The frequency of each risk assessment. Describe: **Annually for fiscal management and biennially for programmatic management.**

c. How the Lead Agency uses risk assessment results to inform program improvement. Describe: **Risk assessment results identify areas of focus which may include additional sampling of monitoring items and targeted technical assistance provided at the state level or for individual entities.**

d. How the Lead Agency knows that the risk assessment processes utilized are effective. Describe: **The effectiveness of DEL's risk assessment processes is realized by seeing consistently lower fiscal/programmatic monitoring error rates for proceeding operational/monitoring cycles**

e. Other. Describe:

10.1.5 Processes to train about CCDF requirements and program integrity

Describe the processes the Lead Agency uses to train staff of the Lead Agency and other agencies engaged in the administration of CCDF, and child care providers about program requirements and integrity.

a. Describe how the Lead Agency ensures that all staff who administer the CCDF program (including through MOUs, grants, and contracts) are informed and trained regarding program requirements and integrity.

i. Describe the training provided to staff members around CCDF program requirements and program integrity: **DEL has an implementation team tasked with identifying all policy and procedure changes/new CCDF requirements. Updates and progress reporting occur in staff meetings and quarterly meetings with ELCs and RCMA. Through supervision, management oversight, and meetings, DEL ensures all staff and subrecipients are informed of any updated policy or procedure. DEL accountability stakeholders (DEL policy and monitoring staff and ELC staff) are trained and oriented to assist with implementation tasks as needed. DEL CCDF policy staff also conduct periodic training with ELCs and RCMA on CCDF requirements.**
Sometimes a new process or policy update needs to be shared in between the scheduled quarterly meetings with ELCs and RCMA. When this happens, one or more of the following options is used by DEL's implementation team working with other DEL units (as needed).

- **Share the new process/policy update in the next scheduled Executive Directors' call (occur every two weeks on Friday mornings).**
- **Share the new process/policy update in the next scheduled Finance Directors' call (occur the first Tuesday of each month).**
- **Share the new process/policy update in an ad hoc, special-scheduled Teams meeting with all ELCs and RCMA.**

ii. Describe how staff training is evaluated for effectiveness: **The effectiveness of**

DEL's staff member training is realized by seeing consistently lower fiscal/programmatic monitoring error rates for proceeding operational/monitoring cycles.

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing staff training needs: **Risk assessment and error rate results identify areas of focus which may include targeted technical assistance and training provided at the state level or for individual entities.**

b. Describe how the Lead Agency ensures all providers for children receiving CCDF funds are informed and trained regarding CCDF program requirements and program integrity:

i. Describe the training for providers around CCDF program requirements and program integrity: **DEL notifies SR Program providers directly or through the ELCs and RCMA of applicable policy changes using electronic notifications and virtual conference calls. Also, CCDF child care providers are informed about CCDF program requirements by ELCs and RCMA during the provider onboard process prior to contract execution. In addition, each ELC and RCMA conducts child care provider trainings on an as needed basis or as directed by DEL to assist CCDF Program providers to implement and comply with CCDF program requirements.**

ii. Describe how provider training is evaluated for effectiveness: **DEL monitors ELCs/contractors and assesses policy implementation on an ongoing basis to ensure provider training is effective. DEL also requires each ELC and RCMA to monitor all CCDF child care in accordance to established Florida administrative code (Rule 6M-4.630, F.A.C.) to verify compliance with state instructions.**

iii. Describe how the Lead Agency uses program integrity data (e.g., error rate results, risk assessment data) to inform ongoing provider training needs: **Error rate triennial reviews are shared with DEL executive leadership, ELC/contractor leadership, and the DEL Program and Policy Unit. The State will continue to update its current monitoring tools to focus on the errors identified in the most recent error rate review; track error rates during yearly monitoring engagements; and conduct targeted monitoring, using risk assessments to determine case sample size. Risk assessment results are also used to identify areas of focus which may include targeted technical assistance and training provided at the state level, provider level or for individual entities.**

10.1.6 Evaluate internal control activities

Describe how the Lead Agency uses the following to regularly evaluate the effectiveness of Lead Agency internal control activities for all CCDF expenditures.

a. Error rate review triennial report results (if applicable). Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **Error rate triennial reviews are shared with DEL executive leadership, ELC/contractor leadership, and the DEL Program and Policy Unit. The State will continue to update its current monitoring tools to focus on the errors identified in the most recent error rate review; track error rates during yearly monitoring engagements; and conduct targeted monitoring, using risk assessments to determine case sample size. DEL will also continue to provide annual training opportunities to ELCs/contractors on the CCDF (SR) review guide and other CCDF Policy guidance to ensure ELCs/contractors are**

provided the necessary technical assistance to facilitate compliance with the CCDF requirements. Analysis of triennial error rates will facilitate an evaluation of the effectiveness of established internal controls.

b. Audit results. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls: **When, or if, DEL receives an audit finding (from the Office of Attorney General, FDOE's OIG, USDHHS or other authoritative entities), the operational and/or compliance issue(s) identified are examined by all impacted units of DEL. Staff is encouraged to work together to evaluate (1) how/why any deficiency occurred, (2) was this an isolated instance or whether a process failed or was not followed, (3) does a policy or written staff instruction need to be revised, (4) are there other corrections DEL needs to make, and (5) how quickly can DEL work to complete these tasks. A written summary of these results is prepared as DEL's suggested corrective action plan.**
The suggested corrective action plan(s) developed by DEL staff for any operational or compliance findings are evaluated by DEL's executive leadership team for adequacy and to ensure the planned corrections (a) address the issues noted and (b) support DEL's ongoing efforts to ensure Florida's early learning programs operate at the optimal levels possible. These approved corrective action plan results are also shared with leadership of ELCs and other local/regional partnering agencies and programs to promote transparency and DEL's ability to obtain valuable input from other potentially impacted entities.
Fiscal and programmatic audit/monitoring results are shared with DEL executive leadership, ELC/contractor leadership, and the DEL Program and Policy Unit. Further, published audit/monitoring reports are available to the general public upon request. Analysis of monitoring results and trends will facilitate an evaluation of the effectiveness of established internal controls.

c. Other. Describe who this information is shared with and how the Lead Agency uses the information to evaluate the effectiveness of its internal controls:

10.1.7 Identified weaknesses in internal controls

Has the Lead Agency or other entity identified any weaknesses in its internal controls?

a. **[x]** No. If no, describe when and how it was most recently determined that there were no weaknesses in the Lead Agency's internal controls. **DEL continuously monitors internal controls for accuracy and weaknesses. If any weaknesses are identified, DEL amends the identified procedures to ensure weaknesses are mitigated.**

b. **[ ]** Yes. If yes, what were the indicators? How did you use the information to strengthen your internal controls?

10.2 Fraud Investigation, Payment Recovery, and Sanctions

Lead Agencies must have the necessary controls to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process and other review processes, may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition.

10.2.1 Strategies used to identify and prevent program violations

Check the activities the Lead Agency employs to ensure program integrity, and for each checked activity, identify what type of program violations the activity addresses, describe the activity and the results of these activities based on the most recent analysis.

a. **[ ]** Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

   i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

   ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

   iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice::

b. **[x]** Run system reports that flag errors (include types).

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **ELCs/RCMA run a SR Duplicate Payment Report to detect and help prevent potential duplicate payments between multiple providers and coalitions regarding CCDF subsidies. Cases identified with errors require payment adjustment. When payments or attendance are duplicated then case corrections and adjustments are made. DEL also provides technical assistance as needed.**

   ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **In addition to the SR Duplicate Payment Report mentioned above, DEL also runs a Total Family Income Exceeds 85 percent SMI Report to detect and help prevent payments in error to families with total household gross annual income exceeding 85 percent of the SMI (does not apply to at risk protective services). Cases identified with errors require payment adjustment(s). Families identified as over-income are provided a 14-day notice. DEL also provides technical assistance as needed.**

   iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **ELCs run the SR Duplicate Payments and Total Family Income Exceeds 85 percent SMI Reports monthly. The ELCs can complete an analysis and detect errors to identify areas for correction.**

c. **[x]** Review enrollment documents and attendance or billing records.

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **ELCs/RCMA are required to conduct post attendance monitoring of provider reimbursement submissions. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance, and payment validation. Monitoring helps identify and help prevent eligibility, attendance, and payment errors. Cases identified with errors require payment adjustment(s). Corrective actions include**

providing instructions for payment adjustments, requiring supporting documentation to be available for inspection upon request, performing follow-up tasks, and offering technical assistance as needed.

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **ELCs/RCMA are required to conduct post attendance monitoring of provider reimbursement submissions. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance, and payment validation. The purpose of this activity is to identify and help prevent eligibility, attendance, and payment errors. Cases identified with errors requiring payment adjustment(s) are provided instructions for the payment adjustments, follow up tasks to perform and offered technical assistance as needed. Supporting documentation is required to be available for inspection upon request.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **ELCs/RCMA are required to conduct post attendance monitoring of provider reimbursement submissions. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance, and payment validation. The purpose of this activity is to identify and help prevent eligibility, attendance, and payment errors. Cases identified with errors requiring payment adjustment(s) are provided instructions for the payment adjustments, follow up tasks to perform and offered technical assistance as needed. Supporting documentation is required to be available for inspection upon request.**

d. **[x]** Conduct supervisory staff reviews or quality assurance reviews.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Rule 6M-4.208(1), F.A.C., requires the ELC/RCMA or its designee to conduct internal file monitoring activities to ensure the accuracy of eligibility determinations. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance, and payment validation. The purpose of this activity is to identify and help prevent eligibility, attendance, and payment errors. Cases identified with errors requiring payment adjustment(s) are provided instructions for the payment adjustments, follow up tasks to perform and offered technical assistance as needed. Supporting documentation is required to be available for inspection upon request.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **Rule 6M-4.208(1), F.A.C., requires the ELC/RCMA or its designee to conduct internal file monitoring activities to ensure the accuracy of eligibility determinations. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance, and payment validation. The purpose of this activity is to identify and help prevent eligibility, attendance, and payment errors. Cases identified with errors requiring payment adjustment(s) are provided instructions for the payment adjustments, follow up tasks to perform and offered technical assistance as needed. Supporting documentation is required to be available for inspection upon**

request

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **Rule 6M-4.208(1), F.A.C., requires the ELC/RCMA or its designee to conduct internal file monitoring activities to ensure the accuracy of eligibility determinations. DEL conducts biennial monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance, and payment validation. The purpose of this activity is to identify and help prevent eligibility, attendance, and payment errors to resolve cases identified with errors requiring payment adjustment(s). Corrective actions include providing instructions for payment adjustments, require supporting documentation to be available for inspection upon request, perform follow-up tasks, and offer technical assistance as needed.**

e. **[x]** Audit provider records.

i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **ELCs/RCMA are required to conduct post attendance monitoring of provider reimbursement submissions. In addition, ELCs/RMCA conduct on-site contract compliance monitoring of a sample of childcare providers annually. DEL conducts biennial program monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance, and payment validation. The purpose of this activity is to identify and help prevent eligibility, attendance, and payment errors to resolve instances of compliance violations and/or improper payments identified. Corrective actions include providing instructions for payment adjustments, requiring supporting documentation to be available for review upon request, following up on corrective actions, and providing technical assistance as needed.**

ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **ELCs/RCMA are required to conduct post attendance monitoring of provider reimbursement submissions. In addition, ELCs/RCMA conduct on-site contract compliance monitoring of a sample of childcare providers annually. DEL conducts biennial program monitoring of ELCs and RCMA that includes a review of eligibility determinations, attendance, and payment validation. The purpose of this activity is to identify and help prevent eligibility, attendance, and payment errors to resolve instances of compliance violations and/or improper payments. Corrective actions include providing instructions for payment adjustments, requiring supporting documentation to be available for review upon request, following up on corrective actions, and providing technical assistance as needed.**

iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **DEL runs a SR Duplicate Payments report to detect and help prevent potential duplicate payments between multiple providers and coalitions. The report results in cases identified with errors requiring payment adjustment(s). Corrective actions include case corrections and adjustments when payments or attendance are duplicated. DEL also provides technical assistance. DEL runs a Total Family Income Exceeds 85 percent SMI report to detect and help prevent payments in error to families with total household gross annual income**

exceeding 85 percent of the SMI (does not apply to at risk protective services). When cases are identified with errors, a 14-day notice to over income families is required to conduct payment adjustment(s).

f. **[x]** Train staff on policy and/or audits.

   i. **[x]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DEL monitoring and CCDF policy staff are continuously trained on CCDF policy and monitoring practices beginning on the first day of employment. Staff also participate (on a regular basis) in external trainings on contract management, monitoring practices, and uniform grant guidance. Additionally, several of the monitoring/policy team staff are Florida Certified Contract Managers (FCCM), which is a professional state-awarded designation that is renewed every four years.**

   ii. **[x]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice: **DEL monitoring and CCDF policy staff are continuously trained on CCDF policy and monitoring practices beginning on the first day of employment. Staff also participate (on a regular basis) in external trainings on contract management, monitoring practices, and uniform grant guidance. Additionally, several of the monitoring/policy team staff are FCCM, which is a professional state-awarded designation that is renewed every four years.**

   iii. **[x]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice: **DEL monitoring and CCDF policy staff are continuously trained on CCDF policy and monitoring practices beginning on the first day of employment. Staff also participate (on a regular basis) in external trainings on contract management, monitoring practices, and uniform grant guidance. Additionally, several of the monitoring/policy team staff are FCCM, which is a professional state-awarded designation that is renewed every four years.**

g. **[ ]** Other. Describe the activity(ies):

   i. **[ ]** Intentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

   ii. **[ ]** Unintentional program violations. Describe the activities, the results of these activities, and how they inform better practice:

   iii. **[ ]** Agency errors. Describe the activities, the results of these activities, and how they inform better practice:

10.2.2 Identification and recovery of misspent funds

Lead Agencies must identify and recover misspent funds that are a result of fraud, and they have the option to recover any misspent funds that are a result of unintentional program violations or agency errors.

a. Identify which agency is responsible for pursuing fraud and overpayments (e.g., State Office of the Inspector General, State Attorney): **ELCs/RCMA refer suspected fraud cases through the FLDOE Office of Inspector General (FLDOE OIG) to the Florida Department of**

Financial Services (DFS), Division of Public Assistance Fraud (DPAF) for criminal investigation. If the criminal investigation results in court ordered restitution, those restitution payments are remitted to DEL for redistribution into the child care system or repayment to ACF depending on the period of availability of the grant funding. The FLDOE OIG does not collect improper payments.

b. Check and describe all activities, including the results of such activity, that the Lead Agency uses to investigate and recover improper payments due to fraud. Consider in your response potential fraud committed by providers, clients, staff, vendors, and contractors. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Activities can include, but are not limited to, the following:

   i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **There is $0.00 threshold for each instance of fraud or intentional program violations, especially if there is court-ordered restitution. During the 2022-2023 state fiscal year, DEL collected a total of $120,079.14 in restitution payments.**

   ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **ELCs/RCMA refer suspected fraud cases through the FLDOE OIG to DPAF for criminal investigation. During the 2022-2023 state fiscal year, activities related to recipient and/or provider fraud cases resulted in: 169 cases referred to DPAF for criminal investigation, 78 cases not investigated by DPAF, 86 cases in screening status or pending assignment to a DPAF investigator, and 4 cases awaiting a status as of the end of the fiscal year. DPAF was actively investigating one case at year end.**

   iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Recovery of Unintentional Program Violations (UPV) improper payments is typically done at the ELC/RCMA level. Improper payments made to childcare providers are recovered through offsetting subsequent reimbursements (adjusting) for the improper payment amount (if the provider is still under contract). A provider may request that adjustments be made through a repayment plan. Parent copay errors are corrected via adjustments to future copayments**

   iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Recovery of improper payments that are caused by UPVs or administrative errors is typically done at the local ELC/RCMA level in accordance with DEL Program Guidance 240.01 and Rule 6M-400, F.A.C., which instructs the ELCs/RCMA how to manage funding when addressing audit and monitoring disallowances, refunds, and court-ordered restitution. Improper payments are then forwarded to DEL, if applicable.**

   v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

   vi. **[ ]** Recover through other means. Describe the activities and the results of these

activities based on the most recent analysis:

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **FLDOE has an OIG, which consists of an Inspector General, a Director of Early Learning Fraud Prevention, and a Management Review Specialist. The mission of the FLDOE OIG is to protect and promote public integrity and accountability within DEL through audits and investigations that detect fraud, waste, abuse, and administrative violations. The OIG also administers the public assistance fraud referral process for DEL and coordinates the process with external partners to ensure maximum efficiency. Section 1002.91(8), F.S., also requires the local ELCs to adopt an anti-fraud plan, to be approved by the FLDOE OIG. Rule 6M-9.400, F.A.C., further delineates the responsibilities of ELCs/RCMA when implementing their anti-fraud plans. The anti-fraud plan must be approved by the ELC/RCMA board prior to submission to the FLDOE OIG no later than June 30 of each year. The FLDOE OIG will process the plan no later than September 1 of each year and shall notify the ELC/RCMA in writing of approval or disapproval and the reasons for disapproval. If disapproved, a corrected plan shall be submitted no later than November 1 of each year. Additionally, ELCs/RCMA have identified personnel with the responsibility of fraud prevention and detection in accordance with their approved anti-fraud plan. In addition, each ELC and RCMA are responsible for fraud prevention at the local level and have designated staff that assist with fraud prevention, detection, and investigation.**

viii. **[x]** Other. Describe the activities and the results of these activities: **Section 1002.91(2), F.S., requires the department to investigate ELCs, recipients, and providers of SR program and the VPK Education Program to determine possible fraud or overpayment and recover state, federal, and local matching funds. For IPVs, ss. 1002.84(18), and 1002.91(8), F.S., requires the ELCs/RCMA to implement an anti-fraud plan to address the detection, reporting, and prevention of overpayment, abuse, and fraud relating to the provision of and payment for the SR and VPK Programs. The anti-fraud plan must be approved by the ELC/RCMA board and, ultimately, the FLDOE OIG. Rule 6M-9.400, F.A.C., further delineates the responsibilities of ELCs when implementing their anti-fraud plans.**

c. Does the Lead Agency investigate and recover improper payments due to unintentional program violations?

[ ] No.

[x] Yes.

If yes, check and describe below any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity.

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of

these activities based on the most recent analysis: **DEL does not require recovery. However, DEL does require that ELCs/RCMA implement corrective actions, at the point of discovery, to mitigate any future improper payments. This also includes review of operations for a specified/to-be-determined period to determine if other similar improper payments may have occurred.**

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **By way of DEL's fiscal and programmatic monitoring sections, observations of improper payments that are discovered during monitoring engagements are compiled and sent to ELCs and the RCMA via monitoring reports. Recovery of improper payments that are caused by UPVs or administrative errors is typically done at the local ELC/RCMA level in accordance with DEL Program Guidance 240.01 and Rule 6M-4.400, F.A.C., which instructs the ELCs/RCMA how to manage funding when addressing audit and monitoring disallowances, refunds, and court ordered restitution. Improper payments are then forwarded to DEL, if applicable.**

iii. **[x]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis: **Recovery of UPV improper payments is typically done at the ELC/RCMA level. Improper payments made to childcare providers are recovered through offsetting subsequent reimbursements (adjusting) for the improper payment amount (if the provider is still under contract). A provider may request that adjustments be made through a repayment plan.**

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Recovery of UPV improper payments is typically done at the ELC/RCMA level. Improper payments made to childcare providers are recovered through offsetting subsequent reimbursements (adjusting) for the improper payment amount (if the provider is still under contract). A provider may request that adjustments be made through reducing the amounts of subsequent reimbursements until the improper payment is reconciled.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]** Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **By way of DEL's fiscal and programmatic monitoring sections, observations of improper payments that are discovered during monitoring engagements are compiled and sent to ELCs and the RCMA via monitoring reports. In addition, under the statewide information system, the programmatic monitoring section reviews system generated reports that identify potential errors that could result in UPVs. If improper payments are validated via the monitoring reports or the statewide information system generated reports, ELCs and the RCMA are required to recover all overpayments that are feasible.**

viii. **[ ]** Other. Describe the activities and the results of these activities:

d. Does the Lead Agency investigate and recover improper payments due to agency errors?

[ ] No.

[x] Yes.

If yes, check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

i. **[x]** Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount. Describe the activities and the results of these activities based on the most recent analysis: **ELCs/RCMA shall not take action to recover an incorrect parent co-payment (from a provider or parent) made due to an error of the ELC/RCMA. However, DEL does require ELCs/RCMA to implement corrective actions, at the point of discovery, to mitigate any future improper payments. This also includes review of operations for a review period to determine if other similar improper payments may have occurred.**

ii. **[x]** Coordinate with and refer to the other State/Territory agencies (e.g., State/Territory collection agency, law enforcement agency). Describe the activities and the results of these activities based on the most recent analysis: **Recovery of improper payments that are caused by UPVs or administrative errors is typically done at the local ELC/RCMA level in accordance with DEL Program Guidance 240.01 and Rule 6M-4.400, F.A.C., which instructs the ELCs/RCMA how to manage funding when addressing audit and monitoring disallowances, refunds, and court-ordered restitution. Improper payments are then forwarded to DEL, if applicable.**

iii. **[ ]** Recover through repayment plans. Describe the activities and the results of these activities based on the most recent analysis:

iv. **[x]** Reduce payments in subsequent months. Describe the activities and the results of these activities based on the most recent analysis: **Recovery of improper payments that are caused by UPVs or administrative errors is typically done at the local ELC/RCMA level in accordance with DEL Program Guidance 240.01 and Rule 6M-4.400, F.A.C., which instructs the ELCs/RCMA how to manage funding when addressing audit and monitoring disallowances, refunds, and court-ordered restitution. Improper payments are then forwarded to DEL, if applicable.**

v. **[ ]** Recover through State/Territory tax intercepts. Describe the activities and the results of these activities based on the most recent analysis:

vi. **[ ]**Recover through other means. Describe the activities and the results of these activities based on the most recent analysis:

vii. **[x]** Establish a unit to investigate and collect improper payments and describe the composition of the unit. Describe the activities and the results of these activities based on the most recent analysis: **By way of DEL's fiscal and programmatic monitoring sections, observations of improper payments that are discovered during monitoring engagements are compiled and sent to ELCs and the RCMA via monitoring reports. In addition, under the statewide information system, the**

programmatic monitoring section reviews system generated reports that identify potential errors that could result in UPVs. If improper payments are validated via the monitoring reports or the statewide information system generated reports, ELCs and the RCMA are required to recover all overpayments that are feasible.

viii. **[ ]** Other. Describe the activities and the results of these activities:

e. What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to intentional program violations or fraud? Check and describe all that apply:

i. **[x]** Disqualify the client. Describe this process, including a description of the appeal process for clients who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **Rule 6M-9.400, F.A.C., requires the ELC to provide written advance notice of the intended action to suspend or terminate benefits to the recipient to be affected and it must clearly advise of the allegations, the basis of the allegations, the intended action, and the date the action is to be imposed. The ELC shall send the written advance notice at least 14 calendar days before the intended action. The length of time for which the recipient's benefits are suspended or the date of the termination of benefits shall be proportionate to the alleged offense committed, consistent with suspensions or terminations issued to other recipients who allegedly committed comparable offenses, and may also consider prior offenses, as appropriate. A suspension or termination shall not be applied against recipients with a valid at-risk referral. If the recipient believes that the issue was not resolved by the ELC, the recipient may file a formal written appeal for review by the executive director of the ELC that must be postmarked or emailed before the date of the intended action, whichever is later. If the recipient files a timely appeal, he or she will not be suspended or terminated from the program until the written decision of the executive director or the original date of the intended action, whichever is later. The executive director of the ELC or other executive staff person designated by the ELC board must respond to the recipient, in writing, within 30 days of receiving the appeal with a decision as to whether the suspension or termination will be upheld or modified. The recipient who wishes to appeal the decision of the executive director of the ELC or other executive staff person designated by the ELC board may request further review by an appeals committee within 10 calendar days of the date of the executive director or other executive staff person designated by the ELC board's written response to the recipient's formal written appeal. The appeals committee shall be convened within 45 calendar days of receipt of the recipient's request for an appeal. The appellant shall be notified in writing of the appeals committee's determination within 10 days of the date of the meeting. The determination of the appeals committee shall be final.**

ii. **[x]**Disqualify the provider. Describe this process, including a description of the appeal process for providers who are disqualified. Describe the activities and the results of these activities based on the most recent analysis: **In accordance with s. 1002.91(4), F.S., the ELC may suspend or terminate the provider from participating in the SR Program when it has reasonable cause to believe the provider has committed fraud. If suspended, the provider shall remain suspended until the completion of any investigation by DEL, DFS, or any other state or federal**

agency, and subsequent prosecution or other legal proceeding. The provider may request in writing a review of the determination made by the ELC within five business days of receipt of notice of the determination, which the provider believes to be incorrect. If the ELC receives a request for a review hearing from the provider, the ELC must address the request by assigning a review hearing committee within three days of the request and must send a written response to the provider within five days of the request. The hearing must convene within 45 days of the request. Within five business days of receipt of the response to a request for a review hearing, the provider must inform the ELC of the preferred date and time of the hearing and whether the provider will meet in person or via a method of telecommunication. Following completion of the presentation by the provider and the ELC, the review hearing committee will vote regarding each of the provider's claims. A written notice of the review-hearing conclusion is given to the provider that states the outcome of each of the provider's claims and reasons supporting the committee's decision. The decision of the Review Hearing Committee is final.

iii. **[x]** Prosecute criminally. Describe the activities and the results of these activities based on the most recent analysis: **Parents and providers suspected of fraudulent activities are referred to the Office of Inspector General for staff to validate the referral within 72 hours of entry into the fraud referral system. If warranted, the referral is then submitted to DPAF for further investigation. If there is enough evidence to support legal action, then restitution and or criminal penalties could be imposed which may include removal from the SR program.**

iv. **[ ]** Other. Describe the activities and the results of these activities based on the most recent analysis:

Appendix 1: Lead Agency Implementation Plan

The Appendix will be available for Lead Agencies to use in CARS after the Plan approval letter is issued.

For each non-compliance, Lead Agencies must describe the following:

- **Action Steps:** List the action steps needed to correct the finding (e.g., update policy manual, legislative approval, IT system changes, etc.). For each action step list the:
    - ***Responsible Entity:*** Indicate the entity (e.g., agency, team, etc.) responsible for completing the action step.
    - ***Expected Completion Date:*** List the expected completion date for the action step.
- **Overall Target Date for Compliance:** List date Lead Agency anticipates completing implementation, achieving full compliance with all aspects of the findings. (Note: Compliance will not be determined until the FFY 2025-2027 CCDF Plan is amended and approved).

Appendix 1: Form

[Plan question with non-compliance and associated provision will pre-populate based on preliminary notice of non-compliance]

A. Action Steps for Implementation	B. Responsible Entity(ies)	C. Expected Completion Date
Step 1:		
Step 2 (as necessary):		
[Additional steps added as necessary]		
Overall Target Date for Compliance:		