Child Care and Development Fund (CCDF) Plan For Minnesota FFY 2019-2021

1 Define CCDF Leadership and Coordination with Relevant Systems

This section identifies the leadership for the CCDF program in each Lead Agency and the entities and individuals who will participate in the implementation of the program. It also identifies the stakeholders that were consulted to develop the Plan and who the Lead Agency collaborates with to implement services. In this section respondents are asked to identify how match and maintenance-of-effort (MOE) funds are identified. Lead Agencies explain their coordination with child care resource and referral (CCR&R) systems, and outline the work they have done on their disaster preparedness and response plans.

1.1 CCDF Leadership

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

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

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

a) Lead Agency or Joint Interagency Office Information:

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Name of Lead Agency: Minnesota Department of Human Services

Street Address: 444 Lafayette Road

City: Saint Paul

State: MN

ZIP Code: 55155

Web Address for Lead Agency: http://mn.gov/dhs/

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Emily

Lead Agency Official Last Name: Piper

Title: Commissioner

Phone Number: 651-431-2923

Email Address: emily.piper@state.mn.us

1.1.2 Who is the CCDF Administrator?

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

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Cindi

CCDF Administrator Last Name: Yang

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Title of the CCDF Administrator: Director of Child Care Services Division

Phone Number: 651-431-3828

Email Address: cindi.yang@state.mn.us

Address for the CCDF Administrator (if different from the Lead Agency):

Street Address: N/A

City: N/A

State: N/A

ZIP Code: N/A

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

CCDF Co-Administrator First Name: N/A

CCDF Co-Administrator Last Name: N/A

Title of the CCDF Co-Administrator: N/A

Description of the role of the Co-Administrator: N/A

Phone Number: N/A

Email Address: N/A

Address for the CCDF Co-Administrator (if different from the Lead Agency):

Street Address: N/A

City: N/A

State: N/A

ZIP Code: N/A

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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 it retains overall responsibility for the administration of the program (658D(b)). Administrative and implementation responsibilities undertaken by agencies other than the Lead Agency must be governed by written agreements that specify the mutual roles and responsibilities of the Lead Agency and other agencies in meeting the program requirements.

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

~	All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
	Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.
	 Eligibility rules and policies (e.g., income limits) are set by the: State or territory Local entity (e.g., counties, workforce boards, early learning coalitions). If checked, identify the entity and describe the type of eligibility policies the local entity(ies) can set.
	Other. Describe:

2. Sliding-fee scale is set by the:

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State or te	rritory
Local entit coalitions)	y (e.g., counties, workforce boards, early learning
If checked, ide	entify the entity and describe the type of eligibility policies the local
entity(ies) car	set.
Other.	
Describe:	
Describe.	
3. Payment rates	s are set by the:
☐ State or te	rritory
Local entit coalitions)	y (e.g., counties, workforce boards, early learning
If checked, ide	entify the entity and describe the type of eligibility policies the local
entity(ies) car	set.
Other.	
Describe:	
4. Other. List and	d describe other program rules and policies and describe (e.g., quality
	vement systems [QRIS], payment practices):
1.2.2 How is the CCDF p	rogram operated? In other words, which entity(ies) implement or
perform these CCDF ser	vices? Check all that apply
a) Who conducts el	igibility determinations?
CCDF Lead A	Agency
	ssistance for Needy Families (TANF) agency
-	r territory agency
	ment agencies, such as county welfare or social services
departments	5 - 1 - 1, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

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Child care resource and referral agencies
Community-based organizations
Other.
Describe
b) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
b) Who assists parents in locating child care (consumer education)?
CCDF Lead Agency
☐ TANF agency
Other state or territory agency
Local government agencies, such as county welfare or social services departments
Child care resource and referral agencies
Community-based organizations
Other.
Describe
c) Who issues payments?
▼ CCDF Lead Agency
☐ TANF agency
Other state or territory agency
Local government agencies, such as county welfare or social services departments
Child care resource and referral agencies
Community-based organizations
Cther.
Describe

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). Note: The contents of the

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written agreement may vary based on the role the agency is asked to assume or type of project, but must include at a minimum, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

Within Minnesota, counties and some tribes are responsible for determining eligibility for child care assistance. If the county or tribal agency subcontracts some or all of this administrative responsibility, it establishes contractual standards and monitors subcontracts developed with local agencies to administer the child care assistance program. There are 84 agencies representing 87 counties and some of the tribes that are responsible for the administration of the Child Care Assistance Program (CCAP) in Minnesota. Of those 84 agencies, 11 use a sub-contractor for all or part of administration of the CCAP. Counties and tribes are required to complete, submit and receive approval of a biennial Child Care Assistance Program County and Tribal Child Care Plan. This plan, in addition to Minnesota Statute and Rule, includes local policies and procedures used when administering the Minnesota Child Care Assistance Program. Current county and tribal plans are effective through 12/31/2019.

The Department of Human Services (DHS) supports the integrity of county and tribe administration by providing training, technical assistance, policy manuals, statewide administrative systems, case management review guidelines and county and tribe plan review.

The Department monitors spending of the Basic Sliding Fee annual allocations, case overrides and waiting list data at the local agency level. Follow up occurs when data is inconsistent or shows patterns that indicate technical assistance is required.

Minnesota participates once every three years in the federal Improper Payment (IP) error report process and conducts an in-depth review of a sample of individual cases throughout the state. Cases handled by subcontractors are included in the full population used to select the sample for the IP process and, if selected, are subject to the same in-depth review as other cases handled by a county or tribe. Minnesota also reviews a sample of cases from counties and tribes on an ongoing monthly basis, using the standards established in the Federal Error Report Data Collection Instructions to conduct the reviews. Based on the ongoing reviews, performance is measured tied to the error rate at the local agency level.

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Minnesota provides follow up to the local agency whenever a payment error is determined as part of our performance management plan.

DHS maintains CCDF grant contracts with the sub-recipient agencies comprising the child care resource and referral system for the purpose of assisting parents in locating child care. These contracts contain language requiring compliance with federal, State and Department guidelines. The agencies certify that they will follow Department guidelines when the contracts are signed. They must also submit work plans and budgets which are included as attachments to the contract and must be approved by the Department to receive funding. Any requested changes to the work plans and budgets must be submitted to the Department for prior approval. The agencies must also submit to the Department the reports for any outside audits that have been completed.

In addition, the Department has established performance measures for these grant contractors based on the contract work plans which the Department uses to evaluate the work and performance of the agencies based on the established measures. Examples of these performance measures include the number of unique visitors to ParentAware.org and the number of promotional activities held to increase awareness of ParentAware.org and parent education services.

The Department requires those agencies to submit regularly scheduled financial reports based on timelines that are included in the contract language (i.e. financial reports are submitted quarterly or more frequently for grant contracts). These reports and related administrative data compiled by the Department are monitored ongoing as part of a desk review process. The Department also requires annual onsite monitoring visits with these agencies and maintains ongoing communication and technical assistance with the agencies throughout the contract period.

1.2.4 Lead Agencies must assure 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 must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

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Assure by describing how the Lead Agency makes child care information systems available to public agencies in other states to the extent practicable and appropriate.

The Department has developed and/or supports the following child care information systems and information technology using CCDF funds: ParentAware.org, Develop, MEC2, ELICI, and Licensing Information Lookup. More detailed information on each system is listed below.

If requested, code or software would be provided to other public agencies. One example of how this would be accomplished is the Develop Data System, which is part of the Insight Consortium. Software code and functionality are shared with other states' public agencies who are members of the Consortium.

- ParentAware.org Developed by an external vendor, The Nerdery. Serves as the parent friendly web-search tool as required for parents and the public looking for child care or community supports. For Providers, provides information on how to apply to be Parent Aware Rated, and update certain information about their businesses.
- Develop (Insight) Developed by an external vendor, New World Now, LLC. Combines a professional development Registry for individual practitioners with Quality Improvement & Rating process for early care and education programs.
- MEC2 Developed internally by MN.IT services. Administers the Child Care Assistance Program.
- Electronic Licensing Inspection Checklist Information (ELICI) tool Developed internally by MN.IT services. Serves as a monitoring tool for licensors to use during monitoring inspections and collects provider compliance data.
- Licensing Information Lookup (LIL) Developed internally by MN.IT services. Serves as a web-search tool for the public to use to learn more information about DHS licensed programs, including licensed capacity, license terms, and compliance history.

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

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

Data on individuals that is collected, maintained, used or disseminated by DHS, including data about individuals receiving CCDF assistance, is classified as private data on individuals and cannot be disclosed unless there is specific authority that creates an exception to non-disclosure. See Minnesota Statutes 13.46, subdivision 2.

Once a family has been determined eligible for assistance, the information that can be shared with the child care provider is the family name, when the application was approved, hours of care authorized for each child, maximum rate that can be paid, how payments will be made, notification of changes to the authorization, and notification when the family's redetermination is due. No other information can be shared with the provider unless the parent signs a release.

The only information about providers receiving CCDF funds that can be shared beyond the information publicly available for all licensed providers is whether or not the provider is registered to receive CCDF funds and information about their Parent Aware quality rating status, as identified in the Parent Aware application form.

1.3 Consultation in the Development of the CCDF Plan

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

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

https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

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- (2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).
- (3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

Consultation

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

1.3.1 Describe the Lead Agency's consultation in the development of the CCDF plan.

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

Members of the Minnesota County Social Service Administrators (MACSSA) have been engaged at various levels in the planning process, as well as implementation process for changes to state policy, procedures, and systems stemming from the Child Care and Development Fund reauthorization. The Department has engaged with a MACSSA Work Group on a monthly basis regarding changes to licensing requirements and practices as well as changes to background study requirements and practices. County licensing and CCAP staff have participated in dozens of meetings with child care providers and DHS staff related to planning and implementation of the CCDF plan.

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

Staff from the Department of Human Services shared information about the plan with the Governor's Early Learning Council in writing and at a meeting of the council. Members of the council provided feedback on the plan with a specific emphasis on disaster preparedness, market rate survey, professional development and the use of early learning guidelines.

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

State staff met with members of the eleven federally recognized tribes to discuss sections of the plan that they requested to be consulted about. These included background studies, provider reimbursement rates, professional development, and health and safety requirements. State representatives will continue to meet quarterly with tribal representatives to discuss implementation issues related to the above mentioned topics and any other topics at their request.

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

The Department engaged multiple other stakeholders in the plan development process. This included the state departments of Education and Health, Head Start programs, non-profit agencies including current grantees, private foundations, and parents. The Department engaged and consulted with child care providers in every region of the state through in-person stakeholder meetings, as well as electronic communications. This engagement occurred through a combination of email and face-to-face meetings, including the required public hearing.

To highlight, Department staff participated in over 35 in-person stakeholder meetings with about 2,200 child care providers between July 2017 and March 2018 to discuss changes to state licensing and background study requirements needed to bring Minnesota into compliance with federal law and to support the Department's development of the CCDF Plan. Half of these meetings were held in Greater Minnesota. CCAP participated in a small number of the meetings as requested and available.

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

Reminder:

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

a) Date of the public hearing. 04/23/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held, please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a). 03/19/2018

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

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

Notice was provided in State Register, on the DHS website, and via email list communications. See https://go.usa.gov/xnMXj, https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/ccdf-implementation/, and/or https://mn.gov/dhs/assets/Public-hearing-State-Register_tcm1053-334182.pdf.

DHS follows the Americans with Disabilities Act (ADA) policy for creating accessible documents, allowing those with disabilities to access the content of public documents. Minnesota's CCDF Plan follows these standards.

This information is available in accessible formats for people with disabilities by calling (651) 431-3809 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. The hearings were held at the Minnesota Department of Human Services building in St. Paul, Minnesota. They were live-streamed online (via web telepresence),

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iTV sites were available in Greater Minnesota, and an archived digital recording of audio and video was available to public on-demand (at viewer's convenience) for 60 consecutive days.

- e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.) Minnesota's proposed 2019-21 CCDF Plan was published on the Child Care and Development Fund page on department's public website: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/ccdf-implementation/
- f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? The public comment period on Minnesota's proposed 2019-21 CCDF Plan ran from April 11, 2018 to May 25, 2018. An internal planning group comprised of state staff from Child Care Assistance, Child Development Services, Background Studies, and Child Care Licensing met monthly to review feedback from online comments as well as comments in the public hearing and other stakeholder meetings and determined how to incorporate suggestions into the development of the plan.
- 1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: https://www.acf.hhs.gov/occ/resource/pi-2009-01)
 - a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

The department's webpage link is: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/child-care-and-early-education/ccdf-implementation/.

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

Describe:

All participants in various CCDF Plan stakeholder groups and advisory committees

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received notice of, and link to, Minnesota's proposed 2019-21 CCDF Plan. They were also informed of the process for providing comments, and invited to the CCDF Plan public hearing.

Working with child care resource and referral agencies.

Describe:

All participants in various CCDF Plan stakeholder groups and advisory committees received notice of, and link to, Minnesota's proposed 2019-21 CCDF Plan. They were also informed of the process providing comments, and invited to the CCDF Plan public hearing

Providing translation in other languages.

Describe:

There is not an option for translation at this time.

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

Describe:

Minnesota used an email address designated for the Child Care and Development Fund at dhs.ccdfreform@state.mn.us to garner engagement and sent emails to announce Minnesota's proposed 2019-21 CCDF Plan. DHS used email lists, comprised of key stakeholders, to announce Minnesota's proposed 2019-21 CCDF Plan, its public hearing, as well as links to the live online stream and video recording of the event itself.

Providing notification to stakeholders (e.g., provider groups, parent groups).

Describe:

Notice of Minnesota's proposed 2019-21 CCDF Plan and public hearing and was provided in Minnesota's State Register and via email communications.

Other.

Describe:

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1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

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

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

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

☑ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns. Describe the coordination goals and process:

DHS coordinates with county and tribal human services agencies to implement CCAP to provide technical assistance and direction for program implementation of child care

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subsidies to the greatest benefit of the family. DHS provides guidance on how to layer funding streams to promote continuity of care and maximize the family's benefits. County and tribal agencies submit plans to MN DHS every two years outlining their methods for coordinating with other community-based programs and service providers to maximize public and private community resources to provide flexible, family-focused services to families with young children and to facilitate transition into kindergarten.

☑ (REQUIRED) 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 goals and process:

DHS has representation on and coordinates with the Minnesota Early Learning Council on early childhood issues including defining a unified network of public and private support services that prepare young children for success in school and life. During the plan period, DHS will seek coordination with the Early Learning Council on all required activities.

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

Describe the coordination goals and process, including which tribe(s) was consulted: DHS coordinates with the White Earth Nation and Red Lake Nation who administer CCAP in lieu of counties for tribal members and descendants and/or residents of the reservation. The goal is to increase access to the CCAP program so that families fully participate when eligible and/or coordinate with other tribal programs when applicable.

DHS also oversees consumer education, child care workforce and quality initiatives, coordinates with tribal early childhood programs through a grant contract with Leech Lake Tribe to operate the Minnesota Tribal Resources for Early Childhood Care (MNTRECC). MNTRECC delivers services and support to tribal child care programs throughout the state, creates a unified voice in matters of American Indian child care issues and helps facilitate partnerships between tribal child care, other early childhood program sand the Minnesota Child Care Aware system. DHS, other state agencies

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and community-based organizations regularly collaborate with and seek input from MNTRECC on implementation of early care and education policies and procedures.

- N/A-There are no Indian tribes and/or tribal organizations in the State.
- ☑ (REQUIRED) State/territory agency(ies) responsible for programs for children
 with special needs, including early intervention programs authorized under the
 Individuals with Disabilities Education Act (Part C for infants and toddlers and and
 Part B, Section 619 for preschool).

Describe the coordination goals and process:

DHS coordinates regularly with the Early Childhood Special Education Program at the Minnesota Department of Education (MDE) on the development and implementation of Parent Aware, Minnesota's Quality Rating and Improvement System, consumer education and the Child Care Assistance Program. Minnesota's goal in this work is to ensure alignment around policies and procedures that relate to infants and toddlers with disabilities, such as curriculum and assessment review, processing consumer information and making it available on www.parentaware.org. Help Me Grow is an included resource on www.parentaware.org.

Minnesota also provides consumer education print materials that include contacts for Help Me Grow, the Center for Inclusive Child Care and early childhood screening. DHS issues Parent Aware Ratings to early childhood programs serving infants and toddlers, which allows these programs to accept Early Learning Scholarships for some eligible infants and toddlers, and allows them to receive higher CCAP rates for quality (Three and Four Star Rated programs).

DHS holds a contract with the Center for Inclusive Child Care (CICC), to provide training specific to infants and toddlers with special needs for licensed child care providers as well as program specific consultation and inclusion coaching services for those providers serving infants and toddlers with disabilities and their families. DHS coordinates with staff at MDE and CICC to approve special needs rates and link services for children with special needs to appropriate school district and other resources with the goal of providing access to comprehensive full day services.

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DHS coordinates with the Minnesota Department of Education (MDE) Head Start Collaboration Specialist to expand access to full day services and continuity of care for children who may quality to receive CCAP. DHS also coordinates regularly with the Minnesota Head Start Collaboration Director and other staff at MDE on the development and implementation of Parent Aware policies and procedures that relate to Head Start programs with the goal of ensuring alignment in areas such as curriculum and assessment review and processing and making consumer information available on Ratings. DHS issues Parent Aware Ratings to Head Start programs, allowing them to accept Early Learning Scholarships and higher CCAP rates for Three- and Four-Star Rated programs.

(REQUIRED) State agency responsible for public health, including the agency responsible for immunizations.

Describe the coordination goals and process:

DHS coordinates with the Minnesota Department of Health during public health emergencies to support continuity of care and throughout the year when necessary to provide guidance for providers and local CCAP administrative agencies on public health best practices. DHS also coordinates with staff from the Minnesota Department of Health on the development and implementation of Parent Aware program policies and quality standards.

(REQUIRED) State/territory agency responsible for employment services/workforce development.

Describe the coordination goals and process:

DHS coordinates with DHS Economic Assistance and Employment Supports Division (EAESD) to ensure that county and tribal agencies, job counselors at local agencies and others are coordinating efforts to support TANF families and other low-income families. DHS policy staff coordinate policy development, procedures, manuals and staff training to ensure that policies are aligned. DHS staff regularly attend cross-division meetings with Employment Services policy and front line staff and supervisors to ensure broad understanding and alignment of CCAP and TANF policies.

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(REQUIRED) State/territory agency responsible for public education, including prekindergarten (preK).

Describe the coordination goals and process:

DHS coordinates with staff at the Minnesota Department of Education (MDE) to increase access and continuity of care when families qualify for multiple programs, such as Head Start and/or Early Learning Scholarships. DHS also coordinates regularly with the MDE on the development and implementation of Parent Aware program policies and procedures that relate to public preschool programs. We approach this work with the goal of ensuring alignment around policies and procedures related to areas such as curriculum and assessment review, and processing and making consumer information available on Parent Aware Ratings.

DHS also issues Ratings to public preschool programs, which allows them to accept Early Learning Scholarships. In addition, coordination occurs on activities related to the development and delivery of professional development opportunities including, but not limited to, the release of the new Knowledge and Competency Framework for Early Childhood Professionals.

DHS also participates in an advisory group for the Early Learning Scholarships, which are administered by MDE, to coordinate data-sharing and outreach, and advice on Early Learning Scholarship policies related to access and continuity of care for children.

DHS is responsible for directly licensing child care centers and monitoring county licensure of family child care programs. On-going coordination occurs between Licensing, Background Studies, Child Development Services and Child Care Assistance Program program staff with the goals of system alignment so that providers, staff and families working with or supported by each system have the same information and access to available information and resources.

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Describe the coordination goals and process:

DHS coordinates with the Child and Adult Care Food Program (CACFP) to share program data and to advise on CACFP program policy development.

☑ (REQUIRED) McKinney-Vento state coordinators for homeless education and other agencies providing services for children experiencing homelessness and, to the extent practicable, local McKinney-Vento liaisons.

Describe the coordination goals and process:

The Minnesota Department of Human Services (DHS) Child Care Assistance Program (CCAP) coordinated with the Minnesota Interagency Council on Homelessness and the Minnesota Department of Education (MDE) to design an expedited application process for families applying for CCAP. The process has yet to receive legislative approval.

Describe the coordination goals and process:

DHS coordinates with DHS Economic Assistance and Employment Supports Division (EAESD) to ensure that county and tribal agencies, financial workers at local agencies and others are coordinating efforts to support TANF families and other low-income families. DHS CCAP policy staff coordinate policy development, procedures, manuals and staff training to ensure that policies are aligned.

DHS CCAP staff regularly attend cross-division meetings with Minnesota Family Investment Program (MFIP - Minnesota's TANF program) policy and front line staff and supervisors to ensure broad understanding and alignment of CCAP and TANF policies. Application and eligibility processes for families are aligned so that workers who talk with families and process eligibility are informed about the Child Care Assistance Program and about encouraging families to use parentaware.org, Minnesota's Consumer Education website. The goal is to ensure that families who receive TANF get the information they need to apply for the CCAP and understand their options for selecting quality care.

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Describe the coordination goals and process:

DHS is responsible for Medicaid and the state Children's Health Insurance Program. DHS staff coordinate to ensure accurate information about the programs are shared with low-income families that apply for CCAP.

The Minnesota Department of Human Services (DHS) is responsible for Children's Mental Health. Coordination occurs across divisions with the goal of system alignment so that providers, staff and families working with or supported by each system have the same information and access to available information and resource. Some of this work involves staff from the Minnesota Department of Health and Minnesota Department of Education. Through a pilot program, mental health consultation is provided to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. This mental health consultation focuses on building child care provider capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges.

Describe the coordination goals and process:

DHS coordinates with Child Care Resource and Referral (CCR&R) agencies in Minnesota via grant contracts with the goal of implementing and continuously improving the following programs and services -- the Parent Aware Quality Rating and Improvement System, training, grants to child care providers to improve quality and provision of consumer education to parents about quality care and education options.

(REQUIRED) Statewide afterschool network or other coordinating entity for out-of-school time care (if applicable).

Describe the coordination goals and process:

DHS collaborated with Ignite Afterschool and other out-of-school time care providers in the development of a Certification protocol for license exempt providers to ensure that all providers serving school age children and receiving state subsidy funds through CCAP met federal health and safety requirements. DHS staff have continued

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to meet with out-of-school time care providers across the state to facilitate the implementation of new policies.

DHS worked with Emergency Management and Response staff in Minnesota on the development of the Minnesota State Child Care Emergency Plan. DHS Licensing staff presented at the Childcare Emergency and Disaster Assistance Planning conference. Goals included increasing awareness of child care needs in the event of an emergency and collaboration on development of emergency plan processes for the state.

The following are examples of optional partners a state might coordinate with to provide services. Check all that apply.

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

Describe

The Department of Human Services (DHS) coordinates with the Minnesota Department of Education (MDE) and local Head Start grantees to expand access to full day services and continuity of care for children who may qualify to receive CCAP and Early Head Start services. DHS also coordinates with Early Head Start Child Care Partnership grantees to explore options for helping early care and education programs work toward meeting both the Head Start performance standards and the measures included in the Parent Aware Quality Rating and Improvement System.

State/territory institutions for higher education, including community colleges

Describe

The Department of Human Services (DHS) coordinates with staff at the Higher Education Office and some higher education institutions with the goal of providing families information about eligibility for CCAP and the Post-Secondary Grant Program offered by the Higher Education Office in Minnesota. DHS also coordinates with higher education institutions on the development of training curriculum, articulation of non-credit based training, and the promotion of T.E.A.C.H. Early Childhood scholarships to

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provide access to coursework through higher education institutions.

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

Describe

The Department of Human Services (DHS) coordinates with state and local organizations providing and advocating for school-age and youth developmental services, including school districts, park and recreation programs, the Minnesota Association for the Education of Young Children (MnAEYC) and the Minnesota School-Age Care Alliance (MnSACA), and other organizations that provide before and afterschool programming, especially as it relates to the certification of license-exempt child care programs, to ensure that school-age programs that are license-exempt can continue to receive payments when they care for children who receive CCAP by meeting minimum standards.

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

Describe

The Department of Human Services (DHS) coordinates with the Minnesota Department of Health (MDH) to ensure that information about maternal and childhood home visiting programs is accurate and available to families through the comprehensive consumer education website and other family communications. DHS and MDH also coordinate outreach strategies for these programs.

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

Describe

The Minnesota Department of Health (MDH) is responsible for Early and Periodic Screening, Diagnostic and Treatment, known as Child and Teen Checkups in Minnesota. The Minnesota Department of Human Services (DHS) coordinates with Child and Teen checkups staff to ensure accurate information about the programs are shared with low income families that apply for CCAP.

State/territory agency responsible for child welfare.

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Describe

The Department of Human Services (DHS) is responsible for Child Safety and Permanency (CSP). DHS staff coordinate to ensure that county and tribal agencies and other staff involved in child welfare are aware of resources available under CCDF. Minnesota has implemented North Star Care for Children, a benefit program for families involved in foster care, relative care and adoptions. This program includes benefits for some child care costs and the two divisions work together to share applicable information so that families can be referred appropriately and child care expense funds can be fully maximized.

State/territory liaison for military child care programs.

Describe

The Department of Human Services (DHS) works with the statewide office of the Child Care Aware system to share information through their website with families about military child care programs. Child Care Aware of Minnesota also works with Child Care Aware of America to refer families to military child care programs.

Provider groups or associations.

Describe

DHS coordinates with provider groups to share information and obtain feedback during phases of various policy and program development. DHS also responds to requests for information and/or attends provider group meetings and presents information and/or listens to concerns. Sometimes this is done in cooperation with county, tribal or other local agencies.

Parent groups or organizations.

Describe

Other.

Describe

The Department of Human Services (DHS) coordinates with organizations serving refugee and immigrant families who speak languages other than English through a contract with one of the organization included in Minnesota's CCR&R system. That contract funds provision of a toll-free hotline and translators to ensure these families

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can access consumer education resources.

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

Optional Use of Combined Funds:

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

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

https://www.acf.hhs.gov/sites/default/files/occ/acf_im_ohs_15_03.pdf).

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

- No (If no, skip to question 1.5.2)
- Yes. If yes, describe at a minimum:
 - a) How you define "combine"

A child care program layers funds from a variety of different funding streams to serve individual children.

b) Which funds you will combine

CCDF direct services funds are layered with funding for programs administered through the Department of Education including: Head Start, Early Head Start, and Early Learning Scholarships.

c) Your purpose and expected outcomes for combining funds, such as extending the day or year of services available (i.e., full-day, full-year programming for working families), smoothing transitions for children, enhancing and aligning quality of services, linking comprehensive services to children in child care or developing the supply of child care for vulnerable populations

Expected outcomes of layering CCDF direct service funds with funding for Head Start, Early Head Start, and Early Learning Scholarships include: extended day and extended year services for children, increased continuity of care by reducing the impact of breaks in Child Care Assistance Program authorization, reduced financial barriers for families to access high quality care, increased ability for programs to maintain quality due to more stable funding, and increased incentives for providers to serve children participating in the Child Care Assistance Program.

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

Funds are combined at the child care program level. There are specific Child Care Assistance Program and Head Start financial policies that apply when the child attends either a part or full-day Head Start or Early Head Start program and is also eligible for the Child Care Assistance Program. These policies are designed to ensure that Child Care Assistance Program and Head Start/Early Head Start funds are not

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being used to cover the same expenses. The Department of Human Services and Department of Education staff worked together to develop county and Head Start grantee/provider guidance that reflects these policies.

Early Learning Scholarships provide income-eligible families financial support for their child to attend a quality early childhood program. Scholarships are not counted as income for the Child Care Assistance Program. Scholarships can be used with the Child Care Assistance Program by covering costs not reimbursed by the Child Care Assistance Program. Examples of uses of scholarship funds include copayments, activity fees, rates not covered by the Child Care Assistance Program maximum rates, and breaks in Child Care Assistance Program authorization or additional hours of attendance not paid by the Child Care Assistance Program.

e) How are the funds tracked and method of oversight

Child Care Assistance Program policies require that providers keep financial records. Providers receive information about tracking third party payments, which includes Early Learning Scholarships and Head Start, and are required to do so by statute. Providers do not regularly submit their financial records for review, but financial records are sometimes requested and reviewed as part of a provider audit or fraud investigation. Guidance has been sent to Early Learning Scholarships administrators, Head Start grantees and counties about the interactions between the programs for families and the requirements that apply to providers.

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

Note:

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

Use of PreK for Maintenance of Effort: The CCDF final rule clarifies that public preK funds may also serve as maintenance-of-effort funds as long as the state/territory can describe how it will coordinate preK and child care services to expand the availability of child care while using

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public preK funds as no more than 20 percent of the state's or territory's maintenance of effort or 30 percent of its matching funds in a single fiscal year (FY) (98.55(h)). If expenditures for preK services are used to meet the maintenance-of-effort requirement, the state/territory must certify that it has not reduced its level of effort in full-day/full-year child care services (98.55(h)(1); 98.15(a)(6)).

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

	N/A - The territory is not required to meet CCDF matching and MOE requirements
V	Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.
	If checked, identify the source of funds:
	General revenue funds.
	If known, identify the estimated amount of public funds that the Lead Agency will receive: \$ 106,000,000 in FY 2019
	Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)). If checked, are those funds:
	donated directly to the State?
	donated to a separate entity(ies) designated to receive private donated funds?
	If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:
	If known, identify the estimated amount of private donated funds that the Lead Agency will receive: \$
	State expenditures for preK programs are used to meet the CCDF matching funds requirement.

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

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

- -- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: \$
- -- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

State expenditures for preK programs are used to meet the CCDF
maintenance-of-effort requirements. If checked,
The Lead Agency assures that its level of effort in full-day/full-year child care
services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).
□ No
☐ Yes

- -- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:
- -- Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent):
- -- If the percentage is more than 10 percent of the MOE requirement, describe how the State will coordinate its preK and child care services to expand the availability of child care:
- -- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: \$

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1.6 Public-Private Partnerships

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

1.6.1 Identify and describe the entities with which and the levels at which the state/territory is partnering (level-state/territory, county/local, and/or programs), the goals of the partnerships, the ways that partnerships are expected to leverage existing service-delivery systems, the method of partnering, and examples of activities that have resulted from these partnerships (98.16(d)(2)).

Minnesota has many examples of how the state works with public agencies, tribal organizations, private entities, faith-based organizations and community-based organizations to increase the supply and quality of child care services.

Minnesota has a unique relationship with its tribal counterparts in building a coordinated statewide early childhood system. Through a grant contract funded with CCDF quality set-aside funds, DHS funds Minnesota Tribal Resources for Early Childhood Care (MNTRECC). MNTRECC delivers services and support to Tribal Child Care programs throughout the state, creates a unified voice in matters of Native American child care issues, and encourages partnerships between Tribal Child Care, other early childhood programs and the Minnesota CCR&R or Child Care Aware system. This work has allowed MNTRECC to leverage private foundation support for quarterly planning meetings and trainer conferences.

In an effort to support Minnesota's Quality Rating and Improvement System (QRIS), Parent Aware, and to increase the supply of Rated programs, the Department continues to engage with private businesses and several philanthropic foundations through an ongoing

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relationship with Minnesota's Start Early Funders Coalition. As a result, since 2012, \$14 million in private funding has been invested in local communities and in statewide efforts to support Parent Aware. Local CCR&R agencies and other community organizations have used these funds for trainings, coaching, provider quality improvement grants, direct monetary incentives such as gift cards and stipends, communication strategies for English Language Learner communities, Parent Aware information sessions, staff support, and other outreach efforts. While some strategies were initially specifically aimed at increasing participation in Parent Aware by licensed family child care providers, the overall effect of the efforts has been tremendous in garnering additional support and buy-in from school districts, Head Start, and generally the community at large. The Department of Human Services will continue to partner with the Start Early Funders Coalition to ensure that private funding efforts complement and leverage federal and state investments in Minnesota's Quality Rating and Improvement System.

The Department of Employment and Economic Development (DEED) implemented a Request for Proposal for grants funded with a state appropriation to increase the supply of quality child care in communities statewide. The recipients from the first round of grants in 2017 created 313 child care slots and 54 child care jobs, while retaining an additional 306 child care slots. It is estimated that a total of 972 new child care slots will be created once all the grant projects are completed. A new round of grant recipients were announced for implementation in 2018 – 2019. The Department provides advice and assistance to DEED in developing Requests for Proposals and reviewing proposals.

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

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

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- 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 Section 619 and Part C of the Individuals with Disabilities Education Act:
- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;
- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

Note: Use 1.7.1 to address if a state/territory funds a CCR&R organization, what services are provided and how it is structured and use section 7.6.1 to address the indicators of progress met by CCR&R organizations if they are funded by quality set-aside funds.

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

No. The state/territory	does not fund a CCR8	R organization(s)) and has no	plans
to establish one.				

✓ Yes. The state/territory funds a CCR&R system. If yes, describe the following:

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a) What services are provided through the CCR&R organization?

For the federal fiscal year 2019-21 CCDF Plan period, DHS continues to fund Minnesota's CCR&R system through grant contracts with state and local organizations using CCDF quality set-aside and state General Fund resources.

The contracts require CCR&R organizations to provide a wide array of services for parents, child care and early childhood programs and the public as described in Minnesota Statute 119B.219 and in federal law. The primary service CCR&R organizations provide for parents is assistance with searching for care for their children, through the management of the state's online search tool, ParentAware.org and phone referrals at the State's toll free number (1-888-291-9811). The information shared includes information on quality, the types of child care options available that could meet their needs, child development, early learning screening, supports and connections for referrals for developmental concerns, financial assistance for child care, housing, energy assistance and other basic needs.

CCR&R organizations document information from phone contacts regarding needs, including noting if the parent is specifically looking for care to accommodate their child's special needs.

Through an online Provider Business Update tool, providers are able to add information about their program regarding openings by age groups, costs, languages spoken at the program, accessibility, specialized training or experience in caring for children with special needs and other topics. This information is used to help families find needed care.

Annually, Child Care Aware of America creates state fact sheets combining American Community Survey data with local information from Minnesota about licensed slots to help determine supply and demand. Information regarding the "desired slots" (which may be different from licensed slots), reported by child care providers through the Provider Business Update tool, is utilized in another analysis completed on a biannual basis. This analysis looks at the number of quality slots available throughout the state.

CCR&R organizations also partner and collaborate with a diverse range of

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organizations to share information, such as early childhood and school age advocacy organizations, Tribes, counties, services delivery organizations, training organizations, institutes of higher education, home visiting organizations and organizations primarily serving low income and non-English language speaking individuals. To the extent possible, CCR&R organizations also partner with local education agencies, who are responsible for administering services under 619 and Part C of the Individuals with Disabilities Act. In addition, the organizations comprising the Minnesota CCR&R agencies are instrumental in implementing Parent Aware, Minnesota's QRIS.

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

Minnesota's CCR&R system, called Child Care Aware, is divided into District level services, of which there are five; Regional level services, of which there are 13; one tribal District and a statewide coordinating office, Child Care Aware of Minnesota. Each District is comprised of multiple Regions. District offices coordinate and deliver professional development opportunities for child care and early childhood programs, distribute grants for programs to improve their quality and recruit programs for Minnesota's QRIS. Regional offices are funded to provide coaching to programs who are participating in Minnesota's QRIS, to establish meaningful partnerships with organizations in their community, and to support family, friend and neighbor caregivers. The tribal District office, Minnesota Tribal Resources for Early Childhood Care (MNTRECC), provides technical assistance and supports to Tribal child care programs in Minnesota, and facilitates collaboration between Tribal child care programs and Minnesota's CCR&R system.

The statewide coordinating office supports standardization and coordination of CCR&R system services and data collection, including for children with disabilities and supply and demand information for child care services. They also provide management of the state's online parent search tool and phone referrals for parents searching for care for their children, which includes information on quality, a full range of child care options, child development and financial assistance (including specifically, child care assistance). The statewide office also provides training and education scholarships and an online learning program. Additionally, some CCR&R programs contract with county agencies to administer child care assistance.

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1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children'including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)'through a Statewide Disaster Plan that, for a State, is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(I)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

1.8.1 Describe how the Statewide Child Care Disaster Plan was developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care or similar coordinating body:

The Minnesota State Child Care Emergency Plan was developed in collaboration with many partners. When the Department of Human Services set out to develop a statewide child care emergency plan in summer 2015, the Department's Emergency Management Division provided crucial connections, guidance, and resources to develop this plan. This team connected Department staff with the Department of Public Safety – Homeland Security and Emergency Management (HSEM). The HSEM team and its colleagues introduced DHS to emergency management's staff, processes, organizations, and responsibilities. Further, the HSEM team connected Department staff with the Association of Minnesota Emergency Managers (AMEM). Public and private sector emergency managers from AMEM volunteered to review and edit multiple drafts of Minnesota's state plan. Child Care Aware of Minnesota, on behalf of local and state resource and referral agencies, also provided feedback and reviewed appropriate sections of the plan.

In addition to these individuals and organizations above, a workgroup comprised of 29 individuals, including family child care and center-based providers, provider organizations,

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state government staff, a representative from Child Care Aware of Minnesota, and a representative of the Governor's Early Learning Advisory Council, reviewed the Statewide Child Care Disaster Plan and provided feedback. Additionally, the Department received excellent feedback from the Department of Health and Department of Education.

In an effort to further formalize connections and engagement regarding child care emergency preparedness, Department staff also sit on a Child Care Emergency Preparedness Advisory Group, facilitated by Child Care Aware of Minnesota, which works in partnership with Child Care Aware of America and regional child care resource and referral agencies to provide trainings, resources, publications, and tools from to support emergency preparedness and response in Minnesota.

1.8.2 Describe how the Statewide Disaster Plan includes the Lead Agency's guidelines for the continuation of child care subsidies and child care services, which may include the provision of emergency and temporary child care services during a disaster and temporary operating standards for child care after a disaster:

The Minnesota State Child Care Emergency Plan provides instructions and guidelines to parents/guardians, providers, county and tribal CCAP agencies, county and tribal licensing agencies, county and tribal emergency managers, Child Care Aware or CCR&R agencies, as well as the Department's Licensing Division, Child Care Assistance Program, Child Development Services unit, and Emergency Management Division, to support and facilitate the continuation of child care subsidies and services during and after an emergency or disaster. Minnesota's plan provides information about how individuals and organizations that support child care subsidies and services should prepare for and respond during disasters and emergencies.

While Minnesota does not have temporary operating standards for licensed child care programs for after a disaster, the Department has the authority to issue a variance to permit a provider impacted by a disaster to continue to operate legally and by temporary standards.

The Department also has the authority to temporarily waive Child Care Assistance Program requirements in declared disaster areas.

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1.8.3 Describe Lead Agency procedures for the coordination of post-disaster recovery of child care services:

The Minnesota State Child Care Emergency Plan includes procedures for the coordination of post-disaster recovery of child care including instructions for:

- When an unlicensed provider wants to help provide child care after an emergency: An unlicensed provider should be referred to the county/tribal licensing agency to ask about rules regarding providing care without a license. Further, an unlicensed provider should be referred to the local CCAP agency if they want to register to provide care to children receiving child care assistance. If criteria is met, the provider is authorized.
- When a licensed provider is unable to follow all licensing requirements: The licensed provider should be referred to their licensor to request a variance from the licensing requirements that the provider is unable to follow due to the emergency or disaster.
- When an unlicensed provider is unable to follow all CCAP program requirements: The
 provider should be referred to the local CCAP agency, who will determine whether it is
 appropriate to request a temporary waiver to program rules in response to the
 emergency from the Department.
- When a family requests child care assistance: Families should be referred to their local CCAP agency to apply for child care assistance.
- When a family is searching for care: Families should be referred to their local Child Care Aware agency, who will assist in finding care. Families can also use the statewide hotline at (888) 291-9811.

1.8.4 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place-evacuation; relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions:

Licensed child care centers, licensed family child care providers, and certified licenseexempt centers are required to complete an emergency plan using a template developed by the Department. The emergency plan template requires providers to identify their procedures for evacuation, relocation, shelter-in-place, lockdown, communications with and reunification

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of families, continuity of operations, and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions. State and county licensors are responsible for monitoring providers' compliance with completing an emergency plan.

Minnesota has policies in effect that require legal nonlicensed providers to self-attest to review health and safety information, including information related to emergency preparedness and response planning for emergencies. Legal nonlicensed providers receive a health and safety resource list which includes resources for preparing and planning for emergencies, including a resource with an emergency plan template, which addresses all of the components required for an emergency preparedness plan (relocation; shelter-in-place; lockdown; communications with and reunification of families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions). Minnesota will proceed with non-legislative options for monitoring unrelated legal nonlicensed providers' compliance with health and safety requirements, including emergency procedures beginning September 30, 2018.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws, including establishment of emergency procedures.

Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws, including establishment of emergency procedures.

1.8.5 Describe how the Lead Agency ensures that providers who receive CCDF funds have the following procedures in place for child care staff and volunteers-emergency preparedness training and practice drills as required in 98.41(a)(1)(vii):

Licensed child care centers, licensed family child care providers, and certified license-exempt centers are required to complete an emergency plan, train all caregivers, staff, and volunteers on the emergency plan, and complete practice drills, such as fire drills. Documentation of training and practice drills is also required. State and county licensors are responsible for monitoring providers' compliance with completing emergency

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preparedness training and practice drills. The Child Care Aware system in Minnesota provides training and technical assistance to providers to help them comply with these requirements.

Minnesota has policies in effect that require legal nonlicensed providers to self-attest to review health and safety information, including information related to emergency preparedness and response planning for emergencies. Legal nonlicensed providers receive a health and safety resource list which includes resources for preparing and planning for emergencies, including a resource with an emergency plan template. Legal nonlicensed providers who are not related to all the children on child care assistance that they care for must take training in health and safety practices, including emergency preparedness, within 90 days of caring for an unrelated child. Minnesota will proceed with non-legislative options for monitoring unrelated legal nonlicensed providers' compliance with health and safety requirements, including emergency practice drills beginning September 30, 2018.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including training and drills in emergency preparedness.

Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including training and drills in emergency preparedness.

1.8.6 Provide the link to the website where the statewide child care disaster plan is available:

https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7415-ENG

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2 Promote Family Engagement through Outreach and Consumer Education

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

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

In this section, Lead Agencies will delineate the consumer and provider education information related to child care, as well as other services, including developmental screenings, that is made available to parents, providers, and the general public and the ways that it is made available. This section also covers the parental complaint process and the consumer education website that has been developed by the Lead Agency and the manner in which it links to the national website and hotline. Finally, this section addresses the consumer statement that is provided to parents supported with CCDF funds.

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

The Lead Agency is required to describe how it provides outreach and services to eligible families with limited English proficiency and persons with disabilities and to facilitate the participation of child care providers with limited English proficiency and disabilities in the CCDF

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program (98.16(dd)). Lead Agencies are required to develop policies and procedures to clearly communicate program information, such as requirements, consumer education information, and eligibility information, to families and child care providers of all backgrounds (81 FR 67456).

Check the strategies the Lead Agency or partners utilize to provide outreach and ices to eligible families for whom English is not their first language. Check all that y.
 ✓ Application in other languages (application document, brochures, provider notices) ✓ Informational materials in non-English languages ✓ Website in non-English languages ✓ Lead Agency accepts applications at local community-based locations ✓ Bilingual caseworkers or translators available ✓ Bilingual outreach workers ✓ Partnerships with community-based organizations ✓ Other. Describe:
Check the strategies the Lead Agency or partners utilize to provide outreach and ices to eligible families with a person(s) with a disability. Check all that apply.
 □ Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities ☑ Websites that are accessible (e.g. Section 508 of the Rehabilitation Act) □ Caseworkers with specialized training/experience in working with individuals with disabilities □ Ensuring accessibility of environments and activities for all children ☑ Partnerships with state and local programs and associations focused on

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4	Partnerships with state and local IDEA Part B, Section 619 and Part C providers
	and agencies
V	Availability and/or access to specialized services (e.g. mental health, behavioral specialists, therapists) to address the needs of all children
	Other.
	Describe:

2.2 Parental Complaint Process

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

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

Minnesota does not have a statewide hotline through which parents can submit complaints about child care providers.

For licensed family child care, parents can contact the county licensing agency to report concerns. Each family child care license certificate includes the statement, "To report concerns about your child's care, contact [county licensing agency name and phone number]," and the license certificate is required to be posted in a prominent location in the family child care program. In addition, each family child care provider is required to inform parents of the provider's policies, and of the procedures, for reporting maltreatment or licensing complaints to the county.

For licensed child care centers, parents can contact the Department (DHS) to report concerns, either by calling the Licensing Division or submitting a description of their concern in writing. The Licensing Division has a main telephone number as well as an Intake

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Hotline. A parent can make a report through either of these numbers to speak directly to a child care licensor or an intake worker. Child care centers are required to post the number for the Licensing Division in a visible place in the facility and each child care center license includes the statement "To report concerns about your child's care, contact DHS Licensing at (651) 431-6500." Centers are required to post their license in a prominent location in the facility. Parents can also access the telephone number through the Licensing Division's child care center webpage. In addition, each child care center is required to inform parents of the center's policies and procedures for reporting suspected child maltreatment or licensing complaints to DHS.

For certified license-exempt centers, parents can contact the county agency to report concerns. The county or tribal agency name, address and phone number are included on eligibility notices that the family receives. Depending on the complaint, the county or tribal agency must contact the Department of Human Services (DHS) Licensing Division to report any allegations of maltreatment or possible certification violations. Parents can also contact the Department directly to report concerns, by either calling the Licensing Division or submitting a description of their concern in writing. The Licensing Division has a main telephone number as well as an Intake Hotline. A parent can make a report through either of these numbers to speak directly to a child care licensor or an intake worker.

For legal nonlicensed providers, parents can contact the county or tribal agency to report concerns. The county or tribal agency name, address and phone number are included on eligibility notices that the family receives.

2.2.2 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints regarding CCDF providers, including whether the process includes monitoring:

For licensed family child care

The county agency reviews each complaint received to determine whether the reported concern is either a possible licensing violation or maltreatment. If maltreatment is alleged, the county child protection unit conducts an investigation. If licensing violations are alleged, the county licensing staff conduct an investigation.

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When there are allegations of maltreatment or possible licensing violations, the child protection unit investigator or county licensor determines whether an onsite investigation is warranted. If licensing violations are substantiated, the county issues a correction order. If maltreatment is substantiated, or if there are serious or chronic licensing violations, the county submits a recommendation to DHS for a licensing action and DHS determines whether an action will be issued.

For licensed child care centers

Each report received by DHS is reviewed and assessed to determine if the concern being reported involves possible licensing violations, maltreatment, or if it falls under the jurisdiction of another agency. If maltreatment is alleged, the report is investigated by a DHS investigator. If licensing violations are alleged, the report is investigated by a DHS child care center licensor. If the concerns fall within the jurisdiction of another agency, such as the health department or fire marshal, the concerns are referred to the appropriate agency.

When there are allegations of maltreatment or possible licensing violations, the DHS investigator or DHS licensor determines whether an onsite investigation is warranted. When maltreatment is substantiated, or if there are serious or chronic licensing violations, a licensing action will be issued. When licensing violations are substantiated through an investigation of alleged licensing violations, a correction order or licensing sanction action is issued.

For certified license-exempt centers

Each report received by DHS is reviewed and assessed to determine if the concern being reported involves possible certification violations, maltreatment, or if it falls under the jurisdiction of another agency. If maltreatment is alleged, the report is investigated by a DHS investigator. If certification violations are alleged, the report is investigated by a DHS certified center specialist. If the concerns fall within the jurisdiction of another agency, such as the health department or fire marshal, the concerns are referred to the appropriate agency.

When there are allegations of maltreatment or possible certification violations, the DHS investigator or DHS certified center specialist determines whether an onsite investigation is warranted. If maltreatment is substantiated, or if there are serious or chronic certification violations, DHS has the authority to de-certify the center. When certification violations are

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substantiated through an investigation of alleged certification violations, a correction order will be issued.

For legal nonlicensed providers

The county or tribal agency must report complaints concerning the health or safety of children in care within 24 hours to the appropriate agency. The appropriate agency could include the child protection agency, the county public health agency, local law enforcement, or other agencies. Each local agency has different internal processes to screen, substantiate and respond to complaints, as procedures are determined at the local level. The local agency policies and procedures are included in the biennial County and Tribal Child Care Fund Plan. The local agency could choose to end the provider's authorization to receive child care subsidy payments immediately if they determine the report indicates imminent risk to the children in care.

Each local agency also sets standards for unsafe care. If the substantiated complaint meets the unsafe care standards set in the local agency's child care fund plan, the provider's authorization to receive child care subsidy payments can be terminated. Monitoring is not required by the local or lead agency in order to terminate authorization for payments though may be part of the process for other agencies that substantiate the complaint (i.e. child protection, public health or local law enforcement).

2.2.3 Describe the Lead Agency's process and timeline for screening, substantiating and responding to complaints for non-CCDF providers, including whether the process includes monitoring:

For non-CCDF licensed family child care providers

The county agency reviews each complaint received to determine whether the reported concern is either a possible licensing violation or maltreatment. If maltreatment is alleged, the county child protection unit conducts an investigation. If licensing violations are alleged, the county licensing staff conduct an investigation.

When there are allegations of maltreatment or possible licensing violations, the child protection unit investigator or county licensor determines whether an onsite investigation is

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warranted. If licensing violations are substantiated, the county issues a correction order. If maltreatment is substantiated, or if there are serious or chronic licensing violations, the county submits a recommendation to DHS for a licensing action and DHS determines whether a licensing action will be issued.

For non-CCDF licensed child care centers

Each report received by DHS is reviewed and assessed to determine if the concern being reported involves possible licensing violations, maltreatment, or if it falls under the jurisdiction of another agency. If maltreatment is alleged, the report is investigated by a DHS investigator. If licensing violations are alleged, the report is investigated by a DHS child care center licensor. If the concerns fall within the jurisdiction of another agency, such as the health department or fire marshal, the concerns are referred to the appropriate agency.

When there are allegations of maltreatment or possible licensing violations, the DHS investigator or DHS licensor determines whether an onsite investigation is warranted. When maltreatment is substantiated, or if there are serious or chronic licensing violations, a licensing action will be issued. When licensing violations are substantiated through an investigation of alleged licensing violations, a correction order or licensing action is issued.

For non-CCDF, non-licensed providers

Non-CCDF, non-licensed providers are not under the jurisdiction of the Lead Agency. The appropriate authority (for example, child safety and permanency, the police, health department, etc.) is responsible for screening, substantiating and responding to complaints for these providers. Each of these agencies has different internal processes to screen, substantiate and respond to complaints, as procedures are determined at the local level and monitoring may be included.

2.2.4 Certify by describing how the Lead Agency maintains a record of substantiated parental complaints:

For licensed family child care

Substantiated complaints are maintained in the program's licensing record, which is maintained by the county licensing agency. Additionally, when a complaint is substantiated,

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the full results of the monitoring visit are made available in a plain language format on the Department's Licensing Information Lookup webpage, including the date of the visit, type of visit (i.e., investigation), and outcome of visit (i.e., licensing violations were found). The monitoring information also includes a description of the violation(s), a citation to the relevant requirement(s), and a description of how each violation was corrected (including whether the violation was corrected on-site or if the violation is under appeal).

For licensed child care centers

Substantiated complaints are maintained in the program's licensing record and licensing database at DHS. Each report is entered into the database when received and updated to reflect the findings of the investigation when the investigation is completed. In addition, each investigative report and documentation gathered during the course of the investigation to support the findings is maintained electronically in the program's licensing record. Information about substantiated licensing violations is also available to the public on the Department's Licensing Information Lookup, in the form of a Correction Order.

For certified license-exempt centers

Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified. Upon certification, substantiated complaints will be maintained in the program's certification record and database at DHS. Each report is entered into the database when received and updated to reflect the findings of the investigation when the investigation is completed. In addition, each investigative report and documentation gathered during the course of the investigation to support the findings is maintained electronically in the program's certification record. Information about substantiated certification violations will be made available to the public on the Department's Licensing Information Lookup in the same manner as described for licensed family child care.

For legal nonlicensed providers

The county or tribal agency must maintain a record of substantiated complaints for at least 3 years. Substantiated child maltreatment allegations must be maintained for 10 years. County and tribal agencies identify their process for maintaining a record of substantiated complaints in their County and Tribal Child Care Fund Plan.

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

For licensed family child care programs

Substantiated parental complaints, like all substantiated complaints, are either included in a correction order as a licensing violation or in a licensing action. Licensing actions issued to providers are posted on the Department's Licensing Information Lookup webpage. Members of the public can request from the county licensing agency to see the correction orders issued to the provider. Additionally, when a complaint is substantiated (including parental complaints), the full results of the monitoring visit are made available in a plain language format on the Department's Licensing Information Lookup webpage, including the date of the visit, type of visit (i.e., investigation), and outcome of visit (i.e., licensing violations were found). The monitoring information also includes a description of the violation(s), a citation to the relevant requirement(s), and a description of how each violation was corrected (including whether the violation was corrected on-site or if the violation is under appeal).

For licensed child care centers

Substantiated parental complaints, like all substantiated complaints, are either included in a correction order as a licensing violation, in an investigative memorandum as a maltreatment finding, or in a licensing action. Correction orders, investigative memorandums, and licensing actions, all of which are issued directly to providers, are posted on the Department's Licensing Information Lookup webpage and accessible on individual provider listings on the consumer education website, ParentAware.org.

For certified license-exempt centers

Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified. Beginning in 2019, all substantiated violations arising in certified license-exempt centers, including substantiated parental complaints, will be posted using a plain language format to the Department's Licensing Information Lookup webpage, in the same manner as described for licensed family child care.

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For legal nonlicensed providers

For legal nonlicensed providers, members of the public may request to see the record of substantiated complaints for legal nonlicensed providers registered by their county agency. County and tribal agencies identify their process for releasing substantiated complaints in their County and Tribal Child Care Fund Plan.

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

Minn. Stat. 245A.04, subd. 5 and 245A.145, subd. 2 (Licensed child care centers)

Minn. Stat. 245A.145, subd. 2 and 245A.16 (Licensed family child care)

Minn. Stat. 245H.04 (Certified license-exempt centers)

Minn. Rules 3400.00120, subp. 2 and CCAP Policy Manual §11.9 (Legal nonlicensed providers)

2.3 Consumer Education Website

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

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To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

<u>ParentAware.org</u>, Minnesota's consumer-friendly website, allows multiple ways to search for providers, defines complex terms in plain language, and provides responses to frequently asked questions. Feedback gathered during a period of user testing by the web designer has been incorporated into the website.

Additionally, <u>ParentAware.org</u> has undergone a full accessibility review, following Web Content Accessibility Guidelines 2.0 AA Level of Conformance and is in compliance with Section 508 of the US Rehabilitation Act of 1973.

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

ParentAware.org provides a web translation in Spanish, Somali and Hmong languages for parents and providers seeking information on the availability of child care and early childhood services.

As described in 2.1.1, Think Small, a Child Care Aware agency, provides live phone interpretive services to providers and parents who speak Hmong, Spanish, and Somali through its grant contract with DHS. Families who speak languages other than English can access these services through the toll-free telephone number on the website. Child Care Language Line staff conduct outreach activities in communities in order to enhance awareness of the availability of language line services. In addition, DHS itself provides language line services in more than one hundred forty languages.

Informational flyers and other marketing materials with the website and toll-free phone

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number, including videos have been translated into Hmong, Spanish and Somali languages and distributed to parents and community members so that they can make informed decisions in selecting quality child care programs for their children.

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

<u>ParentAware.org.</u>has undergone a full accessibility review, following Web Content Accessibility Guidelines 2.0 AA Level of Conformance and is in compliance with Section 508 of the US Rehabilitation Act of 1973.

2.3.4 Lead Agency processes related to child care.

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

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

http://parentaware.org/learn/health-safety-in-licensed-child-care-programs/

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

http://parentaware.org/learn/health-safety-in-licensed-child-care-programs/

The page includes information for licensed and certified license-exempt providers and will be updated to include procedures for legal nonlicensed providers. Minnesota has not started conducting monitoring and inspections of unlicensed family providers that receive CCAP payments. Policies will be established effective 10/1/2018 and will be

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communicated in a bulletin and policy manual. Once the department implements policies, DHS will add procedural information to the consumer education website.

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

https://mn.gov/dhs/general-public/background-studies/faqs/ccdbg/

2.3.5 List of providers

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

a) Provide the website link to the searchable list of child care providers: http://parentaware.org/search/

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

License-exempt center-based CCDF providers
License-exempt family child care (FCC) CCDF providers
License-exempt non-CCDF providers
Relative CCDF child care providers
Other.
Describe

Tribally licensed providers

c) Identify what informational elements, if any, are available in the searchable results. Note: Quality information (if available) and monitoring results are required on the website

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but are not required to be a part of the search results.

Licensed Providers

- Contact Information
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

Other information includes whether the program accepts child care assistance payments and/or is eligible to receive Early Learning Scholarships, program's license status (licensed, certified, or license-exempt), license/certification number, optional pricing and openings information, curriculum, assessment, environmental factors, such as if the program is accessible, and a map to the program.

License-Exempt, non-CCDF Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

Other information includes whether the program accepts child care assistance payments and/or is eligible to receive Early Learning Scholarships, optional pricing and openings information, curriculum, assessment, environmental factors, such as if the program is accessible, and a map to the program.

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License-Exempt CCDF Center Based Providers Contact Information Enrollment Capacity Years in Operation Provider Education and Training Languages Spoken Quality Information Monitoring Reports Other. Describe: Other information includes whether the program accepts child care assistance payments and/or is eligible to receive Early Learning Scholarships, program's license status (licensed, certified, or license-exempt), license/certification number, optional pricing and openings information, curriculum, assessment, environmental factors, such as if the program is accessible, and a map to the program.

License-Exempt CCDF Family Child Care ☐ Contact Information ☐ Enrollment Capacity ☐ Years in Operation ☐ Provider Education and Training ☐ Languages Spoken ☐ Quality Information ☐ Monitoring Reports ☑ Other.

Describe:

Minnesota does not post information about license-exempt CCDF family child care. These providers can only care for related children and/or the children from one unrelated family so they are not considered part of the public child care market. Monitoring reports are available from the local registering agency upon request.

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Relative CCDF Providers
Contact Information
☐ Enrollment Capacity
☐ Years in Operation
☐ Provider Education and Training
☐ Languages Spoken
Quality Information
☐ Monitoring Reports
✓ Other.
Describe:
Minnesota does not post information about license exempt CCDF relative
providers. These providers are exempt from monitoring.
Other.
Describe:
Tribally licensed family child care and center based providers are included on
ParentAware.org.
Contact Information
Enrollment Capacity
Years in Operation
Provider Education and Training
✓ Languages Spoken
Quality Information
☐ Monitoring Reports
✓ Other. Describe:
Minnesota does not post information about license exempt CCDE family shift

Minnesota does not post information about license-exempt CCDF family child care. These providers can only care for related children and/or the children from one unrelated family so they are not considered part of the public child care market. Monitoring reports are available from the local registering agency upon request.

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

) How does the Lead Agency determine quality ratings or other quality information to nclude on the website?	
☑ Quality rating and improvement system	
✓ National accreditation	
☐ Enhanced licensing system	
Meeting Head Start/Early Head Start requirements	
Meeting prekindergarten quality requirements	
School-age standards, where applicable	
Other.	
Describe	

b) For what types of providers are quality ratings or other indicators of quality available?✓ Licensed CCDF providers.

Describe the quality information:

For any of the types that are either Accredited or Rated: A provider is shown as being Accredited, Rated or Accredited and Rated. If Accredited, the Accrediting bodies are listed; if Rated, the Rating level (with description) is listed. Providers also can provide additional information, such as the Assessment and Curriculum used at their program.

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✓ Licensed non-CCDF providers.
Describe the quality information:
Participating programs receive a Rating of One-, Two-, Three-, or Four-Star based on
demonstrated use of practices that best prepare children for kindergarten.
✓ License-exempt center-based CCDF providers.
Describe the quality information:
Public School Prekindergarten programs meeting School Readiness, Voluntary
Prekindegarten or School Readiness Plus requirements are eligible to apply for the
highest QRIS rating level, Four-Star.
License-exempt FCC CCDF providers.
Describe the quality information:
✓ License-exempt non-CCDF providers.
Describe the quality information:
Public School Prekindergarten programs meeting School Readiness, Voluntary
Prekindegarten or School Readiness Plus requirements are eligible to apply for the
highest QRIS rating level, Four-Star.
Relative child care providers.
Describe the quality information:
Other.
Describe

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include 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. The reports must be in plain language and be

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timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

The Department uses the following definition of plain language, which was set forth by Executive Order 14-07: "Plain Language" is a communication, which an audience can understand the first time they read or hear it.

In April 2018, the Department issued <u>Guidelines for the Posting of Child Care Licensing Information</u>, which describes the way that the results of monitoring and inspections will be displayed on the webpage Licensing Information Lookup. Providers and parents can access these guidelines online and can provide feedback directly to the Department. Additionally, Department staff will be attending stakeholder meetings with licensed providers in fall 2018 to gather feedback about the readability of the plain language summaries.

b) Are monitoring and inspection reports in plain language?	
☐ If yes,	
include a website link to a sample monitoring report.	

If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

Minnesota posts monitoring and inspection reports in plain language for two of its four provider types. Additional detail is provided below about how monitoring and inspection information is posted and/or made available for each provider type.

Minnesota's consumer education website, <u>ParentAware.org</u>, allows consumers to

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search for child care by program name. All licensed family child care programs, licensed child care centers, and certified license-exempt centers have a program-specific page on Parent Aware. From a program's specific page on Parent Aware, a consumer can access information from DHS's Licensing Information Lookup webpage, which shows the program's compliance history, (i.e., monitoring results and any actions taken by the Department against the program's license).

For licensed family child care

The full results of monitoring visits are made available in a plain language format on the Department's Licensing Information Lookup webpage, including the date of the visit, type of visit, and outcome of visit (i.e., whether any licensing violations were found). If violation(s) are found, there is a description of the violation(s), a citation to the relevant requirement(s), and a description of how each violation was corrected (including whether the violation was corrected on-site or if the violation is under appeal). A link to a sample monitoring report is available in the Guidelines for the Posting of Child Care Licensing Information (

https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7698-ENG), page 15.

For licensed child care centers

Currently, the actual monitoring reports issued to providers are available on the Department's Licensing Information Lookup webpage, including the date of the inspection, the type of visit, and outcome of visit (i.e., whether any licensing violations were found). If no violations were found during a visit, a "Licensing Review Report" is posted. If violations were found during the visit, a "Correction Order" is posted, which provides a description of the violation(s), a citation to the relevant requirement(s), and the corrective action ordered.

For certified license-exempt centers

Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified. The Department is in the process of certifying license-exempt centers.

Certified centers will be monitored at least annually. After each monitoring visit, the full results of the monitoring visit will be made available in a plain language format on the

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Department's Licensing Information Lookup webpage, in the same manner as family child care (see sample monitoring report above). The monitoring information will include the date of the visit, the type of visit, and outcome of visit (i.e., whether any certification violations were found). If violations were found, the monitoring information will also include a description of the violation(s), a citation to the relevant requirement, and a description of how the violation was corrected (including whether the violation was corrected on site).

Legal nonlicensed providers

Unlicensed family providers, known as legal nonlicensed providers, that participate in Minnesota's Child Care Assistance Program will be monitored at least annually beginning October 1, 2018. After each visit, monitoring reports demonstrating compliance with health and safety requirements will be available upon request from the local agency. Minnesota does not intend to share information about these providers on the consumer education website. Unlicensed family providers are only subject to monitoring visits if they are caring for unrelated children and are only permitted to care for one unrelated family. Because they cannot legally care for additional unrelated children, they are not considered part of the public child care market. Monitoring reports will be in plain language and consist of checkboxes showing that the provider complied.

A draft checklist has been published as an optional document that is shared with providers and families that choose unlicensed family providers. This checklist is available at https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5192B-ENG

- c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:
 - Date of inspection
 - Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

For each visit made to licensed family child care programs, licensed child care centers, and, eventually for certified license-exempt centers, all violations (including health and safety violations and those that resulted in fatalities or serious injuries) are

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prominently displayed in the monitoring results posted to the Department's Licensing Information Lookup.

For licensed family child care

The full results of monitoring visits are made available in a plain language format on the Department's Licensing Information Lookup webpage, including the date of the visit, type of visit, and outcome of visit (i.e., whether any licensing violations were found). If violation(s) are found, there is a description of the violation(s), a citation to the relevant requirement(s), and a description of how each violation was corrected (including whether the violation was corrected on-site or if the violation is under appeal). Additionally, each violation is flagged by a "category" (i.e., Sanitation and Health, Physical Environment, Children's Records, Crib Safety, etc.).

When there are serious and/or reoccurring violations, the Department may take a licensing action against the program (i.e., fine, conditional license, suspend, or revoke the license). The licensing action details the reason the Department is taking the action, including any health and safety violations and/or the occurrence of a serious injury and/or death.

For licensed child care centers

When there are licensing violations, the provider is issued a correction order, which includes a description of each violation found during the monitoring visit, including health and safety violations and/or the occurrence of a serious injury or death. Additionally, when there are serious and/or reoccurring violations, the Department may take a licensing action against the program (i.e., fine, conditional license, suspend, or revoke the license). The licensing action details the reason the Department is taking the action, including any health and safety violations and/or the occurrence of a serious injury and/or death. Correction orders and licensing actions are posted to Licensing Information Lookup.

Note: Licensed family child care providers and licensed child care centers may receive a fix-it ticket for certain violations. Violations eligible for a "fix-it ticket" are considered low risk violations that do not imminently endanger the health, safety, or rights of children in care, as determined by the Department. When these violations are corrected on site or within 48 hours in accordance with state law, they are not listed in

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monitoring results posted to Licensing Information Lookup.

For certified license-exempt centers

Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified. The Department is in the process of certifying license-exempt centers.

Certified centers will be monitored at least annually. After each monitoring visit, the full results of monitoring visits will be made available in a plain language format on the Department's Licensing Information Lookup webpage, including the date of the visit, type of visit, and outcome of visit (i.e., whether any certification violations were found). If violations are found, the monitoring information will include a description of the violation(s), a citation to the relevant requirement, and a description of how the violation was corrected (including whether the violation was corrected on site). Additionally, when there are serious and/or reoccurring violations, the Department may take an action against the program (i.e., decertify the program). The action will detail the reason the Department is taking the action, including any health and safety violations and/or the occurrence of a serious injury and/or death.

For legal nonlicensed providers

Legal nonlicensed providers that participate in Minnesota's Child Care Assistance Program must report all serious injuries, suspected maltreatment and deaths to the local agency. The local agency must determine if the reports need to be reported to the appropriate investigating authority (child welfare, local law enforcement) for monitoring or other action. The local agency must also determine if the report meets the agency's definition of unsafe care and/or present an imminent risk to the children in care. The agency can terminate the provider's authorization to receive child care subsidy payments if the incident meets the definitions of unsafe care or imminent risk. Parents could request information about serious injuries, suspected maltreatment or death from the local agency. The local agency will release in accordance with data privacy rules in Minnesota Statute 13.46. These reports are not required to be posted at the unlicensed child care site.

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

Describe

For licensed family child care

If violation(s) are found, the following information is posted to Licensing Information Lookup: a description of the violation(s), a citation to the relevant requirement(s), and a description of how each violation was corrected (including whether the violation was corrected on-site or if the violation is under appeal). Additionally, when there are serious and/or reoccurring violations, the Department may take a licensing action against the program (i.e., fine, conditional license, suspend, or revoke the license). The licensing action details the reason the Department is taking the action, including any health and safety violations and/or the occurrence of a serious injury and/or death. The licensing action is posted to Licensing Information Lookup.

For licensed child care centers

Correction orders, which are issued directly to the providers, include a description of each violation found during the visit and the corrective action ordered. Additionally, when there are serious and/or reoccurring violations, the Department may take a licensing action against the program (i.e., fine, conditional license, suspend, or revoke the license). The licensing action details the reason the Department is taking the action, including any health and safety violations and/or the occurrence of a serious injury and/or death. The licensing action is posted to Licensing Information Lookup.

For certified license-exempt centers

Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified. The Department is in the process of certifying license-exempt centers.

Certified centers will be monitored at least annually. After each monitoring visit, the full results of monitoring visits will be made available in a plain language format on the Department's Licensing Information Lookup webpage, including the date of the visit, type of visit, and outcome of visit (i.e., whether any certification violations were found). If violations were found, the monitoring information will include a description

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of the violation(s), a citation to the relevant requirement, and a description of how the violation was corrected (including whether the violation was corrected on site).

For legal nonlicensed providers

Legal nonlicensed providers that participate in Minnesota's Child Care Assistance Program are not subject to corrective action plans. During annual monitoring, providers must demonstrate compliance with all health and safety standards at the visit or within 15 days of the visit. If a program is not in compliance and cannot document their compliance within 15 days, their authorization to receive child care subsidy payments is terminated.

d) The process for correcting inaccuracies in reports.

After every visit at a licensed family child care program or licensed child care center, a licensor either issues directly to the provider: (1) a correction order listing any violations or (2) a "no violation" letter and/or Licensing Review Report (when there were no violations found). Information from the visit is posted to Licensing Information Lookup. Inaccuracies can be identified either by the provider or the licensing staff upon reviewing a recently completed monitoring report. Regardless as to who discovers an inaccuracy in the report, DHS Licensing will:

For licensed family child care

If only some of the violations were issued in error, DHS Licensing will issue an amended correction order directly to the provider and will update the violation information posted to Licensing Information Lookup. If all violations listed in the correction order were incorrectly cited, DHS Licensing will issue a "no violations letter" directly to the provider and any prior violation information will be entirely removed from the monitoring information posted to Licensing Information Lookup.

For licensed child care centers

If only some of the violations were issued in error, DHS Licensing will issue an amended correction order directly to the provider and will post the amended correction order to Licensing Information Lookup. If all violations listed in the correction order were incorrectly cited, DHS Licensing will issue a "Licensing Review Report" and will post that report to Licensing Information Lookup.

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For certified license-exempt centers

Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified.

The Department will conduct monitoring visits at certified centers at least annually. After every visit, a certification specialist will issue to the provider: (1) a correction order listing any violations or (2) a "no violation" letter (when there were no violations found). Information from the visit will be posted to Licensing Information Lookup. If there is an error in the correction order, the Department will issue an amended correction order directly to the provider and will update the violation information posted on Licensing Information Lookup. If all violations listed in the correction order were incorrectly cited, DHS will issue a "no violations letter" directly to the provider and any prior violation information will be entirely removed from the monitoring information posted to Licensing Information Lookup.

For legal nonlicensed providers

Corrective Action reports are not posted for legal nonlicensed providers that participate in Minnesota's Child Care Assistance Program so there is no process to correct reports.

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.

All licensed providers can appeal the findings of a visit by requesting reconsideration of a correction order. Information about how to appeal is included in every order that is issued to a provider. A request for reconsideration must be in writing and received by the Department of Human Services within 20 calendar days after the receipt of the correction order. The provider may submit written information to support the request. The Department reviews the information submitted from both the provider and licensor, and issues a written response. It is the Department's internal policy and practice to issue a written response to the provider within 45 calendar days after receipt of the request for reconsideration.

For licensed family child care

There is a feature on the webpage Licensing Information Lookup that indicates if a

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violation is under appeal. If the violation is determined to be unfounded during the appeal, the Department will remove the violation entirely from Licensing Information Lookup at the time the Department issues the amended order to the provider.

For licensed child care centers

If a violation is determined to be unfounded during the appeal, the Department will reissue the provider an amended correction order. If, as a result of the appeal, there are no violations, the Department will issue a "License Review Report," which indicates that there were no violations. The amended correction order or License Review Report is posted to Licensing Information Lookup.

For certified license-exempt centers

Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified.

Certified license-exempt center can appeal findings of a visit by requesting reconsideration of a correction order. Certified centers will be able to request reconsideration in the same manner as licensed providers and violations will be removed from Licensing Information Lookup in the same manner as described for family child care.

For legal nonlicensed providers

Corrective Action reports are not posted for legal nonlicensed providers that participate in Minnesota's Child Care Assistance Program so there is no process to appeal findings. Families can appeal the termination of their provider's registration.

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

For licensed family child care

Visits are conducted using an electronic licensing tool (ELICI). At the end of a visit, ELICI generates either a "no violations letter" or a correction order, which is directly issued to

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the provider. The full results of the visit is automatically posted to Licensing Information Lookup seven (7) days following the date the "no violations letter" or a correction order is issued directly to the provider.

For licensed child care centers

After every visit at a licensed child care center, a licensor either issues to the provider: (1) a correction order listing any violations or (2) a Licensing Review Report (when there were no violations found). Correction orders and Licensing Review Reports are posted to Licensing Information Lookup the same day that they are issued directly to the provider. For serious and/or reoccurring violations, the Department may take a licensing action against the center (i.e., fine, conditional license, suspend or revoke the license). These types of actions are generally issued to the provider within 90 days from the visit date, though it may take longer to finalize results for more complicated reviews.

For certified license-exempt centers

Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified. Upon certification, visits will be conducted using an electronic licensing tool (ELICI). At that time, the full results of monitoring visits will be posted to Licensing Information Lookup in the same manner as is done for family child care.

For legal nonlicensed providers

Reports are not posted for legal nonlicensed providers that participate in Minnesota's Child Care Assistance Program. These providers are not considered part of the public child care market.

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

For licensed child care centers, licensed family child care programs, and, eventually, certified license-exempt centers

Monitoring information is automatically removed from the webpage Licensing Information Lookup after four (4) years and is available after that in accordance with state law and the Department's records retention schedule.

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For legal nonlicensed providers

Reports for legal nonlicensed providers that participate in Minnesota's Child Care
Assistance Program are not posted publicly on the website and therefore not maintained.
Local agencies must maintain records of participating child care providers in accordance with internal records retention timelines.

h) Any additional providers on which the Lead Agency chooses to include reports. Note Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.
License-exempt non-CCDF providers
Relative child care providers
Other.
Describe

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

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

Licensed child care centers and certified license-exempt centers must submit reports of serious injuries and deaths of children occurring in child care to the Department of Human Services - Licensing Division within 24 hours.

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Licensed family child care providers must submit reports of serious injuries and deaths of children occurring in child care to their local county licensing agency immediately. County licensing agencies are required to report deaths and serious injuries requiring hospitalization to the Department of Human Services - Licensing Division immediately and must report aggregate serious injury information to the Licensing Division quarterly.

Legal nonlicensed providers must submit reports of serious injuries and deaths of children occurring in child care to their local agency administering child care assistance. Local agencies administering child care assistance are required to report aggregate numbers of serious injuries and deaths to the Department of Human Services - Child Care Assistance Program quarterly.

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

Substantiated child abuse, referred to as "child maltreatment determined" under Minnesota law, means that by a preponderance of evidence, one or more of the following acts or omissions occurred:neglect, physical abuse, sexual abuse, mental injury, emotional harm, medical neglect, and/or threatened injury. (See Minn. Stat., section 626.556).

- c) The definition of "serious injury" used by the Lead Agency for this requirement. A serious injury is an injury that requires treatment by a physician or dentist.
- d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

 http://parentaware.org/learn/serious-injuries-deaths-maltreatment-in-child-care/
 Please note that this site currently has information for licensed child care centers, licensed family child care, license-exempt centers, and legal nonlicensed providers.

 Information about serious injuries was not collected in 2017.

2018 data will be posted in early 2019.

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

A toll-free number, prominently displayed on ParentAware.org, directs families looking for care to live support to help them, and this support is available in English, Hmong, Somali and Spanish. Additionally, providers can find their local CCR&R agency at http://parentaware.org/programs/join-us/.

Families who choose to call the toll-free number will speak to someone who will help the family determine their child care needs in order to be given the most useful information. Upon completion of a call, the family is sent a packet of information in their preferred language, which includes:

- Parent Toolkit: "A Guide to Finding the Right Place for Your Child"
- The referral listing of child care options that best meet the parent's needs
- A listing of all licensing phone numbers
- Additional Resources that includes county CCAP phone numbers
- "Bridge to Benefits" insert
- DHS "Resources for Minnesota Families with Children" brochure
- MDE brochure on Early Learning Scholarships

A special outreach referral follow up call may be made to the family, depending on their individual needs

A live on-line chat feature is currently being built on ParentAware.org as well.

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

A link to the Minnesota Department of Human Services website is included on the home page of ParentAware.org. A toll-free number, prominently displayed on ParentAware.org,

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directs families looking for assistance to live support to help them.

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

ParentAware.org

2.3.12 Other. Identify and describe the components that are still pending per the instructions on

CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

Section 2.3.7

For certified license-exempt centers: Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified. The Department will monitor certified centers at least annually. After each monitoring visit, the full results of the monitoring visit will be made available in a plain language format on the Department's Licensing Information Lookup webpage, including the date of the visit, the type of visit, and outcome of visit (i.e., whether any certification violations were found). If violations were found, the monitoring information will also include a description of the violation(s), a citation to the relevant requirement, and a description of how the violation was corrected (including whether the violation was corrected on site).

For legal nonlicensed providers: Minnesota has not yet implemented annual monitoring for legal nonlicensed providers. Once implemented, Minnesota does not intend to post monitoring results or other information about these providers on Minnesota's consumer education website. These providers are limited to caring for only related children and/or the children from one unrelated family and are not considered part of the public child care market. Monitoring results will be shared with families and the public upon request when available.

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Section 2.3.8

The Department is gathering serious injury data and plans to post aggregate data on serious injuries beginning in early 2019. Systems will be in place to ensure ongoing compliance with Section 2.3.8 at that time.

For certified license-exempt centers: Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified. Certified centers are required to report to the Department information about serious injuries, deaths, and maltreatment. The Department will post aggregate data specific to certified centers beginning in 2019.

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

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The Department collects and disseminates the above information to parents, providers and the general public in several ways. Available online in PDF format, a DHS publication, Resources for Minnesota Families with Children (DHS-6650), includes all the required information. The document has been printed and other state agencies, CCR&R agencies and other non-profit and philanthropic organizations have been notified via email, mail and in-person of its availability. It has been translated into multiple languages, and meets accessibility guidelines.

Counties, tribes and sub-contracted agencies also share the required information with families through a DHS publication, (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). This document is sent to any family that applies for or inquiries about child care assistance. The document includes information about the child care assistance program, child care resource and referral services, early childhood health and development screening, Head Start, school-district services for families and children, and other financial and service resources for families and children. Families can also be connected to additional services and programs through their county workers when applying for child care assistance or other public assistance programs and can link to "Do You Need Help Paying for Child Care?" (DHS-3551) when applying for public assistance programs through ApplyMN, Minnesota's online web application.

The Child Care Aware of Minnesota website, ChildCareAwareMN.org, refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the well-being of families and individuals by linking them to additional financial resources. ApplyMN, Minnesota's online web application, also refers families to Bridge to Benefits for resource information about services and programs.

A primary source of information is Minnesota's Child Care Aware or CCR&R system, supported through grant contracts administered by DHS. Child Care Aware operates a toll-free hotline and websites (ParentAware.org and ChildCareAwareMN.org) for parents to search for child care and other resources and for the general public to access information about child care services. The websites include information on financial assistance, other child care services, how to choose a child care setting, and the full diversity of child care services, including family, friend and neighbor care, school-age care, Head Start and licensed programs. The information is made available in multiple languages. In addition, print materials for both parents and providers are available and distributed through the mail,

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community events and on request. A statement is also included on all child care assistance service authorization notices issued to families receiving CCDF subsidy child care assistance that refers parents to Minnesota's consumer education website, ParentAware.org.

Additionally, as part of the child care referral services offered through Child Care Aware of Minnesota, families receive the Parent Toolkit brochure which is specifically designed to assist parents in selecting quality child care programs that meet their individual family needs. The Parent Toolkit is available in print and on-line at http://parentaware.org/learn/parent-toolkit.

Information about the availability of child care services provided through CCDF and other programs for which the family may be eligible is shared with providers through the print document (also available online in PDF format) Child Care Assistance Program (CCAP) Provider Guide (DHS-5260).

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

In addition to grant contracts with the CCR&R system, DHS also partners with a diverse range of organizations and requires grantees to collaborate with other organizations. These include early childhood and school age advocacy organizations, tribes, counties, services delivery organizations, training organizations, institutes of higher education, home visiting organizations and organizations primarily serving low income and non-English language speaking individuals. DHS also partners with the Departments of Education and Health to ensure that, at a state level, dissemination of information is coordinated. Consumer education print resources developed by Minnesota are available to the public through the DHS eDocs service and many can be ordered in hard copy for no cost. Partners are invited to download or order copies to share with their clients.

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2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

▼ Temporary Assistance for Needy Families program:

Families receive information regarding Temporary Assistance for Needy Families (TANF) (in Minnesota, offered through the Minnesota Family Investment Program (MFIP)), through the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance or can apply for both Minnesota's child care subsidy and TANF program through ApplyMN, Minnesota's online web application. Information about TANF is also available to families, providers, and the general public in the print document (online in PDF format) Resources for Minnesota Families with Children (DHS-6650) and on Minnesota's consumer education website, ParentAware.org. Information about the TANF program is also shared with providers through the print document (also available online in PDF format) Child Care Assistance Program (CCAP) Provider Guide (DHS-5260).

Families receive information regarding Head Start and Early Head Start Programs, through the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance and through Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website ChildCareAwareMN.org. Information about Head Start and Early Head Start are also available to families, providers, and the general public in the print document (online in PDF format) Resources for Minnesota Families with Children (DHS-6650) and on ParentAware.org. Head Start and Early Head Start Programs

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participating in Parent Aware, Minnesota's Quality Rating & Improvement System (QRIS) for child care and early education program, are also listed on ParentAware.org. Information is also shared with providers through the print document (also available online in PDF format) Child Care Assistance Program (CCAP) Provider Guide (DHS-5260).

✓ Low Income Home Energy Assistance Program (LIHEAP):

Families receive information regarding Low Income Home Energy Assistance Program (LIHEAP) through the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance. Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website ChildCareAwareMN.org refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits, including LIHEAP. Information about LIHEAP is also available to families, providers, and the general public in the print document (online in PDF format) Resources for Minnesota Families with Children (DHS-6650) and on ParentAware.org. Information is also shared with providers through the print document (also available online in PDF format) Child Care Assistance Program (CCAP) Provider Guide (DHS-5260).

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

Families receive information regarding Supplemental Nutrition Assistance Program (SNAP) through the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551) Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance or can apply for both Minnesota's child care subsidy program and SNAP program through ApplyMN, Minnesota's online web application. Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website ChildCareAwareMN.org refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the

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well-being of families and individuals by linking them to public work support programs and tax credits, including SNAP. Information about SNAP is also available to families, providers, and the general public in the print document (online in PDF format)

Resources for Minnesota Families with Children (DHS-6650) and on ParentAware.org

Information is also shared with providers through the print document (also available online in PDF format) Child Care Assistance Program (CCAP) Provider Guide (DHS-5260).

Women, Infants, and Children Program (WIC) program:

Families receive information regarding Women, Infants, and Children Program (WIC) through the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance. Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website ChildCareAwareMN.org, refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits, including WIC. Information about WIC is also available to families, providers, and the general public in the print document (online in PDF format) Resources for Minnesota Families with Children (DHS-6650) and on ParentAware.org. Information is also shared with providers through the print document (also available online in PDF format) Child Care Assistance Program (CCAP) Provider Guide (DHS-5260).

Families receive information regarding Child and Adult Care Food Program (CACFP) through the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Information about CACFP is also available to families, providers, and the general public in the print document (online in PDF format) Resources for Minnesota Families with Children (DHS-6650) and on ParentAware.org. Information is also shared with providers through the print document (also available online in PDF format) Child Care

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Assistance Program (CCAP) Provider Guide (DHS-5260).

Medicaid and Children's Health Insurance Program (CHIP):

Families receive information regarding Medicaid and Children's Health Insurance Program (CHIP) through the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Parents can also be connected through their eligibility workers when applying for child care assistance. Child Care Aware of Minnesota, Minnesota's CCR&R System, on their website ChildCareAwareMN.org refers families who need economic assistance to Bridge to Benefits, a multi-state project by Children's Defense Fund-Minnesota to improve the well-being of families and individuals by linking them to public work support programs and tax credits, including Medicaid and CHIP. Information about Medicaid and CHIP is also available to families, providers, and the general public in the print document (online in PDF format) Resources for Minnesota Families with Children (DHS-6650) and on ParentAware.org. Information is also shared with providers through the print document (also available online in PDF format) Child Care Assistance Program (CCAP) Provider Guide (DHS-5260).

☑ Programs carried out under IDEA Part B, Section 619 and Part C:

Families receive information regarding programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA) through the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. Information about programs carried out under Section 619 and Part C of the Individuals with Disabilities Education Act (IDEA) is also available to families, providers, and the general public in the print document (online in PDF format), Resources for Minnesota Families with Children (DHS-6650) and on ParentAware.org. These services can be accessed through Help Me Grow, an interagency initiative of the State of Minnesota (Department of Education, Department of Health and Department of Human Services) partnering with all local service agencies to provide referral services and child development information for parents and providers across the state. Information is also shared with providers through the print document (also available online in PDF format) Child Care

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2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

Through Parent Aware Star Ratings and ParentAware.org, Minnesota ensures that information about research and best practices in child development is available to parents, providers and the general public. As a consumer education tool, ParentAware.org provides parents with free tools and resources to help them make informed choices about quality care and education opportunities. Parent Aware Ratings help parents, providers and the public easily identify child care and early education programs using research-based best practices to prepare children for kindergarten. Parents, providers and the general public can view providers' Ratings on ParentAware.org or get information through a toll-free hotline.

Child care providers who participate in the Parent Aware Quality Rating and Improvement System can access coaching, training and resources about research and best practices in child development. Rated programs demonstrate alignment of teaching practices with Minnesota's early learning standards, the Early Childhood Indicators of Progress (ECIPS). In addition, a category of Parent Aware standards on health and well-beingincludes three indicators of program quality related to Nutrition and Play -- offering healthy food, sharing information with families on the importance of providing healthy meals and snacks, and completion of the Go NAP SACC self-assessment tool (https://gonapsacc.org/) along with the requirements that child care providers seeking a higher Rating describe goals and strategies to address nutrition and active play practices. Documented participation in the Child and Adult Care Food Program (CACFP) is an option to meet one of the indicators.

Further, six courses in nutrition and obesity prevention have been developed by DHS, which meet Parent Aware training requirements. In addition, obesity prevention and/or nutrition courses are included in both the Minnesota Child Care Credential and the Minnesota Infant

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Toddler Credential. Several nationally recognized nutrition and obesity curricula, sponsored by the Minnesota Department of Health, are offered in Minnesota. Training curriculum on nutrition and obesity prevention is also available for child care providers, statewide. This curriculum is developed by independent curriculum writers, some of whom are professional nutritionists or dietitians. Training delivery is also subsidized by DHS and delivered through the Child Care Aware system statewide to providers so that they can embed healthy nutrition practices into their program standards. Training is offered both online and classroom style.

In addition to Parent Aware Ratings, Minnesota also makes other information about research and best practices in child development available to parents, providers and the general public through web content and printed materials, such as Resources for Minnesota Families with Children (DHS-6650), Do You Need Help Paying for Child Care? (DHS-3551) and on ParentAware.org. For example, information on best practices regarding physical health and development can be found at parentaware.org/learn/food-and-nutrition-programs, as well as in the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). Minnesota partners with county, tribal and subcontracted agencies that administer CCAP to distribute this information. All materials published by the Department of Human Services are available through eDocs, a repository that contains forms and documents produced by the agency in multiple languages. The eDocs search allows clients, county and tribal workers, providers, employees and other stakeholders to easily access current versions of documents. The Department also funds and ensures the availability of a toll-free hotline through a grant to Child Care Aware of Minnesota for parents and members of the public seeking live support in accessing this information.

Through this on-line and print information, parents and providers with concerns about a child's development can access additional materials and refer children who may need assistance through Help Me Grow. Help Me Grow provides resources for families to look at developmental milestones, to learn if there are concerns, and to take the lead in seeking additional support or in referring their child for a comprehensive, confidential screening at no cost. Parents can access Help Me Grow developmental information and referral services through the internet or a toll-free hotline.

In coordination with DHS and other partners, the Minnesota Department of Education has developed Early Childhood Indicators of Progress for children ages birth until Kindergarten entry. Standards address child development across several domains including physical and

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movement development. Minnesota's standards were revised and expanded in 2016. In addition to revised standards, practice briefs for early childhood professionals and a parent guide for the standards have been developed.

Key examples of how DHS supports parent and family engagement are the grant contracts with Child Care Aware of Minnesota or CCR&R agencies and the Center for Inclusive Child Care. These contracted agencies are required to make available research-based information and resources which address child development, including physical development, nutrition and physical activity, to parents, providers and the general public via written materials and through a website presence. In addition, Child Care Aware participates in local community events providing information to parents and families on child development topics. Trainings have been developed for child care providers on parent and family engagement strategies. These trainings are delivered in a variety of formats to meet the providers learning needs, including in-person trainings and through online learning options.

2.4.5 Describe how information on the Lead Agency's policies regarding the socialemotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

Parents

DHS makes information on social emotional development and behavioral guidance available to parents through a grant contract to the Center for Inclusive Child Care, which provides consultation, technical assistance and support to parents. In addition, the Department promotes and is involved in coordinated efforts to support Help Me Grow, a resource for parents supported by the Minnesota Department of Education (MDE), which addresses issues related to social emotional development. A description of and link to Help Me Grow is found on http://parentaware.org/learn/more-statewide-resources/ and the DHS publication Resources for Minnesota Families with Children (DHS-6650).

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With DHS support, Child Care Aware of Minnesota, Minnesota's CCR&R System, provides parent education statewide through the Child Care Aware statewide office. As part of child care referral services, the system provides families with the Parent Aware Toolkit brochure which is specifically designed to assist parents in selecting quality child care programs that meet their individual family needs, including those programs which focus on the healthy social emotional development of children in their care.

Families interested in applying for child care assistance receive information about resources available to support children with special needs, including social emotional and behavioral needs, in the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). There are resources available to support eligible children with special needs, including social emotional and behavioral needs, who receive child care assistance. The Child Care Assistance Program (CCAP) pays providers higher reimbursement rates for children with special needs if requested by the parent and the provider, if the provider incurs higher costs and can demonstrate that specialized services are provided. Higher rates can be approved for entire programs serving populations considered at risk or individual children. Providers and parents received information about the higher rates in print materials that can be sent to them or accessed on the web. DHS provides referrals to additional supports and services to families and providers who request higher rates for children with special needs.

Providers

DHS provides leadership in the area of social emotional development and behavioral guidance strategies through development and delivery of curriculum training and coaching for child care providers. All training developed by the DHS in content areas of social emotional development and child behavior guidance is informed by the Pyramid Model. These trainings are available to both licensed child care providers in family and center-based settings as well as legally non-licensed providers caring for Child Care Assistance Program (CCAP) children and families.

The State of Minnesota has policies, licensing standards and training requirements for child care centers and family child care programs related to child growth and development and behavior guidance specific to training on social emotional development as well as developmentally appropriate behavior guidance. Child Care Center Laws & Rules Chapters 245A, 245C, 626.556, and 9503, and Family In-home Child Day Care Laws and Rules

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Chapters 245A, 245C, 626.556, and 9502, both address behavior guidance methods, standards, and general requirements. In addition, training requirements for both Family Child Care (FCC) and Center-based Care (CCC) include an annual training requirement that can include, "...interactions with children, including training in establishing supportive relationships with children, guiding them as individuals and as part of a group."

The Minnesota Department of Education (MDE) is lead on several initiatives addressing social emotional development and managing challenging behaviors through the following models: Pyramid Model; Family Guided Routines Based Intervention; Reaching Potentials through Recommended Practices. DHS partners with MDE to ensure consistent strategies are shared between school districts and Head Start with child care programs in implementation of these models.

Through a pilot program, mental health consultation is provided to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. This mental health consultation focuses on building child care provider capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges.

Benefits of the pilot include:

- Reduced staff stress and turnover in child-serving agencies
- Decrease mental health symptoms in young children
- Reduce the educational disparities experienced by children of color
- Reduce the expulsion of children from childcare and early learning
- Increase early learning staff competence in addressing trauma, adversity and early childhood and family mental health conditions

Finally, providers registering with the Child Care Assistance Program (CCAP) receive information about resources available to support children with special needs, including social emotional and behavioral needs, through the print document (also available online in PDF format) Child Care Assistance Program (CCAP) Provider Guide (DHS-5260).

General Public

The Department of Human Services supports the dissemination of information about socialemotional/behavioral development and early childhood mental health to the general public via organizations such as the Center for Inclusive Child Care, the Minnesota Department of Education (MDE) Help Me Grow initiative and the Minnesota Association for Infant & Early Childhood Mental Health, a membership organization which, through education and

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advocacy, promotes the social emotional and mental health of children and support for caregivers.

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

The Department of Human Services (DHS) utilizes the Building a Comprehensive State Policy Strategy to Prevent Expulsion from Early Learning Settings tool from the Child Care State Capacity Building Center to assess and evaluate existing policy options in Minnesota to prevent suspension and expulsion. The six key strategies outlined in the tool are used as the framework to look at current strategies as well as identify potential gaps. Minnesota will be establishing an advisory group of state and local early childhood and community members to further strengthen Minnesota's policy approaches, specifically focusing on addressing gaps identified through continued use of the Building a Comprehensive State Policy Strategy to Prevent Expulsion from Early Learning Settings tool. Once the advisory group has completed its work, the tool will be shared more broadly with families, providers and the general public.

Minnesota's current policies and strategies to prevent the suspension and expulsion of children birth to age 5 in child care and other early childhood programs receiving CCDF funds, along with how these policies and strategies are shared with families, providers and the general public, include:

Clear Goals and Data Progress Monitoring

Minnesota's Early Childhood Indicators of Progress (ECIP) include social emotional indicators which describe developmentally appropriate expectations. The ECIP's are foundational to all professional development and coaching services offered to the early childhood workforce. The ECIP's are made available to parents, providers and the public through the Minnesota Department of Education website:

https://education.mn.gov/MDE/dse/early/ind/. The ECIP's are shared in multiple professional

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development courses as well as a resource document utilized by coaches and consultants in their work with child care programs.

DHS has identified this as an area needing work moving forward and may utilize the early childhood systems reform consultation from BUILD, as appropriate, as well as resources from the Aspen Institute's Ascend, two-generation framework.

Fair and Appropriate Policies

Licensing requirements prohibit use of corporal punishment, emotional abuse, or discriminatory practices. Requirements addressing behavior guidance standards, ratios, group size, program plans for curriculum and special needs requirements to develop individual plans are also included in licensing requirements. At enrollment, licensed child care centers are required to share with families the "program plan," which describes the program's policies around supervision, educational methods, and stated objectives to promote physical, intellectual, social and emotional development of children, as well as the program policies, such as the behavior guidance policy. At enrollment, licensed family child care providers are required to discuss behavior guidance with the families, and provide the families a summary of child care licensing requirements that providers must comply with.

The public school statute, Pupil Fair Dismissal Act and the federal Head Start Performance Standards each address suspension and expulsion in their respective settings. Information about the Pupil Fair Dismissal Act (PFDA which applies to K-12 students) is made available to parents and the public through the Minnesota Department of Education website: https://education.mn.gov/MDE/fam/disc/. Each school board shall establish uniform criteria for student dismissal and adopt written policies and rules to implement the PFDA fair and consistently. School boards adopt discipline policies that outline their discipline system and they create student codes of conduct or handbooks building administrators use to enforce rules outlined in the discipline policy. Codes of conduct or handbooks are distributed to students and their parent/guardian at the beginning of each school year. Copies are also made available in building administrative offices.

The Head Start Program Performance Standards (2016) prohibit programs from expelling or un-enrolling children from Head Start because of a child's behavior. Head Start programs must develop policy and procedures to clearly communicate with all staff, families and community partners the Preventative Guidance and Discipline practices and Expulsion and

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Suspension Policies. Programs are required to partner with families, consult with specialists, help the child and family obtain additional services as appropriate, and take all possible steps to ensure the child's successful participation in the program.

Strong Family Partnerships

Licensing requirements for centers include parent conferences, require information to parents at enrollment, daily communications with parents of infants and toddlers and a developmental assessment be completed twice annually and shared at parent conferences.

Minnesota's Parent Aware Quality Rating and Improvement System, Parent Aware, includes a category of Standards and Indicators on Relationships with Families, including required training on family partnerships. All QRIS levels require evidence the program demonstrates respect and ongoing two-way communication. Programs hold conversations with families to learn about each child's interests and routines, family traditions, religion, language and expectations. This information is used to create a program that is sensitive to the child's culture and provide a curriculum that meets the child's individual needs, fostering sensitive caregiving and strengthening a sense of belonging for all children in the program. All QRIS levels also require programs to link families to supportive services based on the family's strengths, resources, priorities and concerns. At higher quality Star-levels, programs are required to demonstrate ways they share information with families (including those that do not speak English), offer a variety of family involvement activities and opportunities for families to provide input into decisions that impact the program. Another Parent Aware Standards and Indicators category, Assessment and Planning for Each Individual Child, requires regular observation and formal assessment at all QRIS levels. At higher quality levels programs are required to provide child assessments to families, ask for input into the child's learning goals, and develop a plan to partner with families and service providers of children with special needs.

DHS funds the Center for Inclusive Child Care to provide services to programs and parents to develop strategies to support children at risk of expulsion. Resources are available to parents, providers and the public through the Center for Inclusive Child Care's website: https://www.inclusivechildcare.org/resource-library and are shared through the coaching services offered.

Universal Developmental and Behavioral Screening

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On-line and print materials on early childhood developmental screening and Help Me Grow are made available to families, providers and the public through a variety of sources, including Child Care Assistance Program, Child Care Aware of Minnesota, and the Center for Inclusive Child Care.

Licensed child care centers are required to assess and document each child's developmental progress and share this information with parents at conferences. Licensed family child care providers are required to share information on behavior guidance with families at time of admission. Information about licensing requirements is available on the Department's webpage: https://mn.gov/dhs/partners-and-providers/licensing/help-for-providers-by-license-types/child-care-and-early-education/.

Federal Head Start Performance Standards require screening within the first 45-days of enrollment.

Highly Skilled Workforce

Minnesota's Knowledge & Competency Framework (KCF) includes social-emotional content and is aligned with Minnesota's Early Childhood Indicators of Progress, which are foundational to the professional development system and Minnesota's Parent Aware Quality Rating and Improvement System. In addition, the Pyramid Model is used as a basis for professional development and coaching supports. A wide range of approved professional development is available on behavior guidance, inclusion strategies, behavior support plans, etc. This training can be applied toward licensing and/or Parent Aware training requirements.

The Minnesota Knowledge & Competency Framework is available to parents, providers and the public through the Minnesota Department of Education website: https://education.mn.gov/MDE/dse/early/know/. Versions are available for those working with infants and toddlers, family child care providers and preschool-age children in center and school programs. The KCF's are shared through various professional development events as well as utilized by coaches and consultants in their work with child care programs.

Licensing requirements for child care centers include staff qualifications and specify required training on behavior guidance and child development and learning. Licensing requirements for family child care regulations includes training requirements, including pre-service and ongoing training on child development and behavior guidance. Information about licensing

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requirements is available on the Department's webpage: https://mn.gov/dhs/partners-and-providers/licensing/help-for-providers-by-license-types/child-care-and-early-education/.

The federal Office of Head Start and Office of Child Care jointly fund and make available to states training related to social-emotional content.

Minnesota is creating an implementation plan for 5 of the 13 recommendations on Transforming the Workforce. Plans include creating pathways to advance education and careers, enhancing and supporting Institutes of Higher Education, providing high quality field placements and support for cooperating teachers, coordinating data systems that house workforce information and finding a backbone organization to be responsible for the implementation of the plan. Information on this plan has been shared for feedback through multiple community meetings, an on-line survey and is available on the Transforming Minnesota's Early Childhood Workforce website at https://ecworkforcemn.org/minnesotas-workforce-report-details/.

Access to Specialized Consultation

DHS provides funding to grantees to deliver a variety of specialized services, including coaching/consultation, to child care programs.

Services available include:

- Coaching on inclusion of children with special needs and/or challenging behaviors
- Pilot program offering Mental Health Consultation services to staff in licensed child care programs
- Children's Mental Health supports to assess and treat early childhood mental health issues

Funding is available through a regional grant program which may be used to pay for additional consultation beyond what is available free of charge to the programs

Consultation services are promoted through a variety of means including direct marketing to child care programs, website postings, cross-agency promotion and during professional development opportunities.

The Minnesota Department of Education provides funding to support:

- Early Childhood Special Education Centers of Excellence provide consultation to school-bases programs

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- Early Learning Scholarship funding which can be used by early childhood programs to provide additional supports for children and staff.

2.5 Procedures for Providing Information on Developmental Screenings

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

2.5.1 Certify by describing:

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

The Department collects and disseminates the information about developmental screenings to parents, providers and the general public in several ways. Available online in PDF format, the document, Resources for Minnesota Families with Children (DHS-6650) includes all the required information. The document has been printed and other state agencies, CCR&R agencies and other non- profit and philanthropic organizations have been notified via email, mail and in-person of its availability. It has been translated into multiple languages, and meets accessibility guidelines.

Eligible parents also receive the required information through the print document (also available online in PDF format) <u>Do You Need Help Paying for Child Care?</u> (<u>DHS-3551</u>).

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Parents can also be connected to consumer education information on existing resources and services available for conducting developmental screenings through their eligibility workers when applying for child care assistance or can apply for financial assistance through ApplyMN, Minnesota's online web application. Information is shared with providers through the print document (also available online in PDF format) Child Care Assistance Program (CCAP) Provider Guide (DHS-5260).

Child care providers receive developmental screening and resource information through DHS state-developed training which is offered though Child Care Aware of Minnesota and specifically addresses child care provider identification and referral of children who have developmental concerns. In addition, through the Department's grant contract with the Center for Inclusive Child Care (CICC), information and resources are disseminated to child care programs regarding screenings and referral processes. Coaching services are also available through CICC to assist programs and families as they navigate the referral process and identify strategies to support the child within the child care program.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). For children age birth to three years old, the primary providers of developmental screenings are Early and Periodic Screening, Diagnostic and Treatment (EPSDT) (called Child and Teen Checkups in Minnesota (C&TC)), clinic providers, and the local public health Follow Along Program which is offered by the majority of Minnesota's counties. C&TC is a comprehensive child health program which is provided to children and teens, from birth through 20 years old, who are enrolled in Medical Assistance (MA) or MinnesotaCare.

For children ages three to kindergarten entrance, Minnesota has a requirement that children participate in a comprehensive screening process. The Early Childhood Health and Developmental screening program is provided by school districts to meet this requirement for health and development. Additional programs which focus on high-risk families and offer developmental screenings include family home visiting, Head Start and Early Head Start. Early Childhood Health and Developmental Screening is offered

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throughout the year by local school districts.

In Minnesota, school districts may offer developmental screening prior to conducting an evaluation to determine whether a child is eligible for services provided under Section 619 and Part C of the Individuals with Disabilities Act. This is an optional activity for local school districts. Early Childhood Screening is offered throughout the year by local school districts.

DHS includes information about services for children with disabilities, including the referral process, in written Child Care Assistance Program materials that are distributed to families and providers. The lead agency does not typically initiate referrals on behalf of families but provides the resources and contact information necessary for families or their providers to begin the referral process. If lead or local agency staff were concerned about a child's development, they could refer the child to the school district via http://helpmegrowmn.org/HMG/GetHelpChild/HowRefer/index.html and completing the online referral form. Information on these services is also available to families through websites such as Help Me Grow and Parent Aware.org. Child care providers are made aware of services and the referral process through written communications from DHS as well as through state-developed training opportunities.

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

Eligible parents receive the required information through the print document (also available online in PDF format) Do You Need Help Paying for Child Care? (DHS-3551). Parents can also be connected through their eligibility workers when applying for child care assistance or can apply for financial assistance through ApplyMN.

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

The Department of Human Services (DHS) administers this program, statewide. At the state level, staff from both DHS and the Minnesota Department of Health (MDH) provide consultation and technical assistance to community-based screening programs.

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For children ages three to the start of kindergarten, Minnesota has a state-mandated Early Childhood Health and Developmental screening program, through which local school districts provide health and developmental screening. Additional programs which focus on high-risk families and offer developmental screenings include family home visiting, Head Start and Early Head Start. Early Childhood Health and Developmental Screening is offered throughout the year by local school districts. In Minnesota, school districts may offer developmental screening as a part of a child's eligibility determination for services provided, under Section 619 and Part C of the Individuals with Disabilities Act. This is an optional activity for local school districts.

Finally, DHS, in coordination with the Departments of Education and Health, developed a specific Parent Aware quality measure related to screening. Child Care programs participating in Parent Aware are required to provide parents with contact information and/or assistance in accessing the following services: dental, mental health, early childhood special education, early childhood screening, Child Care Assistance Program (CCAP), Minnesota Family Investment Program (MFIP), Medical Assistance (MA), MinnesotaCare, and other public health services.

e) How child care providers receive this information through training and professional development.

DHS has developed and ensures delivery of training to specifically address child care provider identification and referral of children who have developmental concerns. Participants in these trainings are informed of the benefits of screening and the strategies used to support parents in seeking specialized services for their child. Information on local referral contacts, and how to make an appropriate referral (including follow-up), is also addressed.

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

Screening is included as a "core early intervention service" in Minnesota Statutes, Section 125A.27(2). Early childhood screening, or evidence of a comparable screening by non- school provider (e.g. Head Start, Child and Teen Checkups/Early and Periodic Screening, Diagnostic and Treatment (EPSDT)), or health care provider), is required for entrance in Minnesota's public schools, or within 30 days of enrollment into kindergarten, in Minnesota Statutes 121A.17. Minnesota Rule 3400.0035, Subp. 1 requires agencies

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that administer child care assistance funds to respond to inquiries for child care assistance with resource information including information on early childhood screening.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

A statement is included on all child care assistance service authorization notices issued to families receiving CCDF child care assistance that refers parents to Minnesota's consumer education website, ParentAware.org, to find provider specific information including health and safety reports, inspection dates, and provider quality information. ParentAware.org provides information about child care health and safety standards, one click access to licensed providers' licensing records, and provider-specific ratings for participating programs. The consumer education website also provides information about financial aid programs and tax relief plans designed to make high-quality care more affordable including CCDF subsidies, information about how to submit complaints about licensed providers, and a toll-free hotline and link to child care resource and referral services.

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ParentAware.org meets federal and state requirements for accessibility for persons with disabilities and web content is written in plain language and is translated into multiple languages. Information and additional assistance can be accessed in multiple-languages through a toll-free hotline.

b) What is included in the statement, including when the consumer statement is provided to families.

Minnesota meets the consumer statement requirements by referring families the ParentAware.org where required information is available. The referral is included on all child care assistance service authorization notices issued to families receiving CCDF child care assistance. Service authorization notices are mailed to families when child care assistance is initially authorized and any time changes to authorized care occur, including when families begin using a new child care provider.

On ParentAware.org, families can find information about their provider including: health and safety requirements providers are required to meet (through licensing or certification requirements), licensing or regulatory requirements met by the provider, date the provider was last inspected, history of violations of these requirements, voluntary quality standards met by the provider through information about their quality rating participation and/or status in Minnesota's QRIS, Parent Aware Ratings, role of the Child Care Assistance Program including its goal of promoting equal access, how to submit complaints about providers and how to access child care resource and referral and other community-based supports for families with children and/or families in poverty.

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

The consumer statement referral included on the service authorization notice states: "You can find more information about child care providers on ParentAware.org, including health and safety reports, inspection dates, and provider quality information. If you need help finding this information, ask your worker." The consumer statement referral is included on all child care assistance service authorizations sent to families. Service authorization notices are generated through MEC² (Minnesota's CCAP eligibility, authorization and billing system). The language directs families to Minnesota's consumer education website ParentAware.org. The website can be linked to at

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3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

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

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

3.1 Eligible Children and Families

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

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3.1.1 Eligibility criteria based on a child's age

a) The CCDF program serves children
from 0
(weeks/months/years)
through 12
years (under age 13). Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).
b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))
✓ Yes,
and the upper age is 14
(may not equal or exceed age 19).
If yes, Provide the Lead Agency definition of physical and/or mental incapacity: Children ages 13 and 14 years old, who have a documented disability are eligible to receive assistance. Physical or mental incapacity includes a child identified under federal and state special education law as deaf or hard of hearing, blind or visually impaired, deafblind, or having a speech or language impairment, a physical impairment, other health disability, developmental cognitive disability, an emotional or behavioral disorder, specific learning disability, autism spectrum disorder, traumatic brain injury, or severe multiple impairments, and who needs special education and related services, as determined by the rules of the commissioner.
c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B)) No. Yes
and the upper age is

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(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?"residing with":

In the same home and includes children temporarily absent from the household in settings such as schools, foster care and residential treatment facilities, and adults temporarily absent from the household in settings such as schools, military service or rehabilitation programs. An adult family member who is not in an authorized activity under this chapter (Minnesota Statutes 119B) may be temporarily absent for up to 60 days.

"in loco parentis":

Legal guardians and their spouses and eligible relative caretakers and their spouses. Minnesota Statutes identify an eligible relative caregiver as a person who is a caregiver of a dependent child receiving a Minnesota Family Investment Program grant but who is not a member of the assistance unit. A legal guardian is identified as a person who has been appointed or accepted as a guardian according to Minnesota Statutes, section 260C.325, 525.615, or 525.6165, or under tribal law.

3.1.2 Eligibility criteria based on reason for care

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working":

For non-TANF participants, Minnesota defines a person as "working" if he or she is employed or self-employed at the minimum wage or above for at least an average of 20 hours a week, or at least an average of ten hours a week if a full-time student. A person is also defined as "working" if he or she is participating in job search activities while seeking employment.

For TANF participants, a person is defined as "working" if he or she is participating in

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activities in an approved Employment Plan that assist a participant in preparing for or seeking employment. These activities include employment, self-employment, job search/job readiness activities, volunteer activities, community service programs, work experiences activities, orientations and hearings, social service activities and other activities to prepare for or seek employment that are approved in an Employment Plan.

A person is also defined as "working" during applicable meal, break and travel time.

"Job training":

For non-TANF participants, "job training" is included as an activity under "education". Job training and educational programs include remedial or basic education or English as a second language instruction, a program leading to a general equivalency or high school diploma, post-secondary programs excluding post-baccalaureate programs, and applicable study time.

For TANF participants, a person is job training if he or she is participating in job training activities in an approved Employment Plan. The job training activities in the Employment Plan must be approved based on the training needs of the participant, and meet federal and state requirements for employment plans, to receive federal reimbursement for child care services.

"Education":

For non-TANF participants, Minnesota defines "education" as an approved educational program in accordance with the standards established in a county or tribe's child care assistance fund plan. Educational programs include remedial or basic education or English as a Second Language instruction, a program leading to a general equivalency or high school diploma, post-secondary programs excluding post-baccalaureate programs, and applicable study time.

For TANF participants, Minnesota defines "education" as education activities in an approved Employment Plan. The education activities in the Employment Plan must be approved based on the education needs of the participant, and meet federal and state requirements for employment plans, to receive federal reimbursement for child care services.

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"Attending job training or education" (e.g. number of hours, travel time):

There are no minimum hour requirements for job training or education. The participant must provide proof of their education status, which may include a class schedule. For non-TANF participants, a person must be making satisfactory progress as determined by the education program. In addition to instructional time, a person is also defined as "attending job training or education" during applicable meal, break and travel time.

3.1.2 Eligibility criteria based on reason for care

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

No.

If no, describe the additional work requirements:

Yes.

If yes, describe the policy or procedure:

Non-TANF participants who want to receive child care assistance for education and training must have an approved educational program in accordance with the standards established in a county or tribe's child care assistance fund plan. Educational programs include remedial or basic education or English as a Second Language instruction, a program leading to a general equivalency or high school diploma, post-secondary programs excluding post-baccalaureate programs, and applicable study time.

TANF participants who want to receive child care assistance for education and training, must have the education or training in an approved Employment Plan. The education activities in the Employment Plan must be approved based on the education needs of the participant, and meet federal and state requirements for employment plans, to receive federal reimbursement for child care services.

3.1.2 Eligibility criteria based on reason for care

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eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)
□ No.
✓ Yes.
If yes, describe the policy or procedure. (including any differences in eligibility at initial
eligibility determination vs. redetermination of eligibility):
At application and redetermination, job search is an eligible activity. Job search is
limited to 240 hours per year. Care is authorized for 20 hours per week for 3 months (if
a parent requests fewer than 20 hours per week, care can be authorized for more than
3 months, until the 240 hours is used). If the parent begins working (employed or self-
employed at the minimum wage or above for at least an average of 20 hours a week,
or at least an average of ten hours a week if a full-time student) or attending job
training or education by the end of the job search period, eligibility continues. If the
parent subsequently stops working or attending job training or education, they are
eligible for Extended Eligibility (see 3.3.2).
TANF families that have job search in an approved Employment Plan are not subject
to the 240-hour limit; care is authorized according to the needs identified in their
Employment Plan. If the parent stops participating in their Employment Plan activities,
they are eligible for Extended Eligibility (see 3.3.2).
and and englate for Extended Englant, (ede energy.
3.1.2 Eligibility criteria based on reason for care
d) Does the Lead Agency provide child care to children in protective services?No.
Yes. If ves:

c) Does the Lead Agency consider seeking employment (engaging in a job search) an

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

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

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definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?
□ No
☐ Yes
iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?
□ No
Yes
iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?
□ No
☐ Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

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

Minnesota Statutes 119B, Subd. 15 defines "Income" as earned or unearned income defined under 256P.01 and public assistance cash benefits, including the Minnesota family investment program, diversionary work program, work benefit, Minnesota supplemental aid, general assistance, refugee cash assistance, at-home infant child care subsidy payments, and child support and maintenance distributed to the family.

Earned income defined under 256P.01 means cash or in-kind income earned through the receipt of wages, salary, commissions, bonuses, tips, gratuities, profit from employment activities, net profit from self-employment activities, payments made by an employer for regularly accrued vacation or sick leave, severance pay based on accrued leave time, payments from training programs at a rate at or greater than the state's minimum wage, royalties, honoraria, or other profit from activity that results from the client's work, service, effort, or labor. The income must be in return for, or as a result of, legal activity.

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Unearned income defined under 256P.01 means interest and dividends from investments and savings; capital gains as defined by the Internal Revenue Service from any sale of real property; proceeds from rent and contract for deed payments in excess of the principal and interest portion owed on property; income from trusts, excluding special needs and supplemental needs trusts; interest income from loans made by the participant or household; cash prizes and winnings; unemployment insurance income; retirement, survivors, and disability insurance payments; nonrecurring income over \$60 per quarter unless earmarked and used for the purpose for which it is intended; retirement benefits; cash assistance benefits; tribal per capita payments unless excluded by federal and state law; income and payments from service and rehabilitation programs that meet or exceed the state's minimum wage rate; income from members of the United States armed forces unless excluded from income taxes according to federal or state law; and spousal support.

The following are deducted from income: funds used to pay for health insurance premiums for family members, and child or spousal support paid to or on behalf of a person or persons who live outside of the household.

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

	(a) (b)		(c)	(d)	
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI	
1					
2	5663	4814	2662	47	
3	6996	5946	3288	47	
4	8328	7079	3914	47	

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	(a)	(b)	(c)	(d)
5	9661	8211	4540	47

c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03.

- d) SMI source and year. SMI Year 2019 published by the U.S. Department of Health and Human Services, Low Income Home Energy Assistance, available at: https://www.acf.hhs.gov/ocs/resource/state-median-income-estimates-for-optional-use-in-fy-2018-and-mandatory-use-in-fy-2019
- e) Identify the most populous area of the State used to complete the chart above.

The income eligibility limits are the same for all families within the state. There is no variation based on where a family lives. Therefore the most populous area of the state was not used to complete the chart above.

- f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 10/08/2018
- g) Provide the citation or link, if available, for the income eligibility limits. https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6413G-ENG
- 3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).
 - a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

Minnesota requires family members to certify that family assets do not exceed \$1,000,000 by checking off a certification box on their application and annually thereafter on their redetermination form. Policy and form updates were made as of October 1,

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 b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services? ☑ No. ☑ Yes. If yes, describe the policy or procedure and provide citation: 	
3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)). At application and redetermination families must cooperate with child support enforcement for all minor children in their home with an absent parent. Citation: Minnesota Statutes 119B.09, Subd. 1.	
3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.	ł
 ☑ Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules ☑ Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP) 	
☐ Establishing minimum eligibility periods greater than 12 months ☐ Using cross-enrollment or referrals to other public benefits ☐ Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services	

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

High quality child care providers receive a weekly authorization for children ages zero to five (not yet in kindergarten), if their parents are eligible for at least 30 hours of care per week. This allows for more consistent child care schedules for young children and their families, and more stable funding for high quality child care providers.

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

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

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

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

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

 a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.
N/A - The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.
The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
Describe the policies and procedures.
Provide the citation for this policy or procedure.
The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.
Provide the second tier of eligibility for a family of three.
67 percent of SMI.

Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family:
 The Minnesota Cost of Living Study provides an estimate of a basic-needs cost of living in Minnesota by county, region and statewide. The study examines living

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costs in seven cost categories: food, housing, health care, transportation, child care, other necessities, and net taxes.

According to the annual report for 2017, a family of three needs to earn an estimated family income of \$55,200 per year to maintain a simple living that meets basic needs for health and safety. For a three-person household, the Child Care Assistance Program exit level of 67 percent of SMI is \$54,115. This amount is approximately the same as the amount needed to meet basic needs according to the annual report for 2017.

ii. 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:

About 80 percent of families on the Basic Sliding Fee program have incomes less than 47 percent of SMI and about 20 percent of families have incomes less than 67 percent of SMI. This shows most low-income families do not experience rapid income growth. Between application and redetermination, family income can increase about 40 percent before income would exceed 67 percent of SMI.

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

Families are only required to report income increases during the graduated phase-out period if their family income exceeds 85 percent of SMI. Child care authorizations continue without interruption throughout the 12 month eligibility period if family income remains at or below 85 percent of SMI. At redetermination, family eligibility and child care needs are assessed. Eligibility and child care authorization continue when family income is at or below 67 percent of SMI and other eligibility criteria are met.

iv. Provide the citation for this policy or procedure: Minnesota Statutes 119B.09, subd. 1.

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Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

1.7 b) To help families transition from assistance, does the Lead Agency gradually djust copays for families eligible under the graduated phase-out period?
✓ No
☐ Yes
i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.
ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)
□ No. □ Yes.
Describe:

3.1.8 Fluctuation in earnings.

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

Average	the	family's	earnings	over	а	period	of time	(i.e.	12	mont	hs).
Describe:											

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Request earning statements that are most represent income.	ative of the family's monthly
Describe:	
Deduct temporary or irregular increases in wages from income level. Describe:	om the family's standard

Other.

Describe:

Annual income of the applicant family is the current monthly income of the family multiplied by 12 or the income for the 12-month period immediately preceding the date of application, or income calculated by the method which provides the most accurate assessment of income available to the family. The same process is used at redetermination.

The most accurate assessment of income available to the family accounts for fluctuations in income and temporary increases in income which are not expected to continue in the future. Temporary changes in income are counted only for the portion of time the family receives the higher income over the entire 12-month annualization period. Copays are not allowed to increase during the 12-month period and eligibility would not be impacted. Citation: Minnesota Statutes 119B.09, subd. 4.

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

Applicant identity.

Describe:

The applicant must provide a valid source of identification, such as a driver's license or birth certificate, to confirm that they are the person applying for child care

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assistance. Documentation is required at application. Families can sign a written statement to self-verify their identity if other documentation is not available.

Applicant's relationship to the child.

Describe:

The applicant must provide adequate documentation, such as a birth certificate or other verification, to confirm the relationship of the applicant to the child for whom they are requesting child care assistance. Documentation is required at application. Families can sign a written statement to self-verify their relationship to child if other documentation is not available.

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

Describe:

The applicant must provide valid documentation of the child's name, age, and citizenship status (if applicable). Documentation is required at application. Families can sign a written statement to self-verify the child's information if other documentation is not available.

Work.

Describe:

The applicant must provide documentation that verifies their work and earnings, including verification of an employment schedule for some families. Documentation of a Minnesota Family Investment Program (MFIP)/Diversionary Work Program (DWP)-approved employment plan may be verified from the MFIP employment service counselor. Documentation is required at application and redetermination. Families can sign a written statement to self-verify some work information if other documentation is not available.

✓ Job training or educational program.

Describe:

The applicant must provide documentation that verifies their enrollment in a job training or educational program, including verification of an education schedule for some families. Documentation of a Minnesota Family Investment Program

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(MFIP)/Diversionary Work Program (DWP)-approved employment plan may be verified from the MFIP employment service counselor. Documentation is required at application and redetermination. Families can sign a written statement to self-verify some training or educational program information if other documentation is not available.

Family income.

Describe:

The applicant must provide documentation of income, such as pay stubs or an employer statement. Documentation is required at application and redetermination.

Household composition.

Describe:

The applicant must provide valid documentation that supports the relationship of persons living together to determine the family size (household composition). Documentation is required at application. Families can sign a written statement to self-verify their relationships if other documentation is not available.

Applicant residence.

Describe:

The applicant must provide adequate documentation of their residency, such mail addressed to them or a lease with the current address. Documentation is required at application. Families can sign a written statement to self-verify their address if other documentation is not available.

Other.

Describe:

The applicant must provide documentation of the citizenship and immigration status of all children for whom child care assistance is requested. A child who is participating in child care in a setting subject to public educational standards (such as in Head Start, pre-kindergarten, or school-age care programs operated under public educational standards) is exempt from this requirement. Verification of the child's citizenship status is required when the child does not attend Head Start or a public education school. Documentation is required at application. Families can sign a written statement to self-

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verify their child's citizenship or immigration status if other documentation is not available.

3.1.10 Wh	nich strategies,	if any, w	vill the Lead	d Agency	use to a	assure the	timeliness	of
eligibility	determination	s upon r	eceipt of ap	plication	ıs?			

▼ Time limit for making eligibility determinations
Describe length of time:
Applications must be processed within 30 cale

Applications must be processed within 30 calendar days from the date of receipt and a notice of approval or denial of assistance must be mailed to the applicant. The application process response time may be extended by 15 calendar days if the applicant is informed of the extension. Citation: Minnesota Statutes 119B.025, subd. 1.

Track and monitor the eligibility determination process
Other.
Describe:
None

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

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

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

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency

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to determine whether the parent has a demonstrated inability to obtain needed child care.

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

- a) Identify the TANF agency that established these criteria or definitions: DHS is the TANF and Child Care Lead Agency
- b) Provide the following definitions established by the TANF agency:

"Appropriate child care":

The provider of care is a licensed or legal non-licensed provider according to state standards.

And: The provider of care is able to meet a demonstrated need for language-specific care.

And: The care is appropriate to the child's age and special needs. Special needs means a child who has a hearing impairment, visual disability, speech or language impairment, physical disability, other health impairment, mental disability, emotional/behavioral disorder, specific learning disability, autism, traumatic brain injury, multiple disabilities, or deaf/blind disability and needs special instruction and services as determined by the Department of Education.

Counties should also accommodate demonstrated needs for culturally specific services as resources allow.

"Reasonable distance":

The total commuting time to the child care provider and to work does not exceed 2 hours round trip.

"Unsuitability of informal child care":

That the provider does not meet standards regarding health and safety of the child that would be applied to legal non-licensed providers.

"Affordable child care arrangements":

The provider does not charge in excess of the maximum amount the county is allowed to pay, as established in a rate schedule (Standard Maximum Rates (DHS-6441B)).

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c) How are parents who receive TANF benefits informed about the exception to the
individual penalties associated with the TANF work requirements?
✓ In writing
✓ Verbally
Other.
Describe:

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

Combined Manual 28.18.02 MFIP Good Cause - Child Care.

3.2 Increasing Access for Vulnerable Children and Families

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

Note:

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

3.2.1 Describe how the Lead Agency defines:

a) "Children with special needs":

Children with special needs are those who due to a disability require specialized training, services or environmental adaptations. A disability is defined as a functional limitation or health condition that interferes with a child's ability to walk, talk, see, hear, breathe or learn. A special need may be any special medical, developmental, and/or atypical behavior or condition that requires additional support to help the child successfully grow and develop to his or her full potential.

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Children with special needs may also include children with environmental or familial factors that create barriers to the child's optimal achievement. This could include a federal or state disaster, limited English proficiency, history of abuse or neglect, determination that children are at risk of abuse or neglect, family violence, homelessness, age of mother, level of maternal education, mental illness, developmental disability, parental chemical dependency or history or substance abuse.

b) "Families with very low incomes":

Families with household income less than or equal to 47 percent of the SMI guidelines, adjusted for family size, at program entry and equal to or greater than 67 percent of the SMI, adjusted for family size, at program exit.

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

a) Identify how services are prioritized for children with special needs. Check all that apply:
Prioritize for enrollment
Serve without placing these populations on waiting lists
■ Waive copayments
Use grants or contracts to reserve slots for priority populations
☐ Other.
Describe:
b) Identify how services are prioritized for families with very low incomes. Check all that apply:
Prioritize for enrollment
Serve without placing these populations on waiting lists

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✓ Waive copayments
Pay higher rates for access to higher-quality care
Use grants or contracts to reserve slots for priority populations
✓ Other.
Describe:
Child care subsidies are guaranteed to TANF families and families transitioning off
TANF.
c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:
Prioritize for enrollment
Serve without placing these populations on waiting lists
☐ Waive copayments
Pay higher rates for access to higher-quality care
Use grants or contracts to reserve slots for priority populations
✓ Other.
Describe:
Children experiencing homelessness may be considered a child with a special

Children experiencing homelessness may be considered a child with a special need based on environmental or familial factors that create barriers to the child's optimal development. Counties and tribes can prioritize these children by allowing higher reimbursement rates to be paid. The special needs rate must be identified in the county or tribe's biennial Child Care Fund Plan.

The Department of Human Services has proposed prioritizing children experiencing homelessness by waiving activity requirements for three months and processing applications within five days for homeless families. These proposals would prioritize services for homeless families receiving TANF and living in counties without waiting lists for Basic Sliding Fee child care. These proposals have not yet been enacted. Minnesota intends to reintroduce legislation in the 2019 legislative session.

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

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Prioritize for enrollment
Serve without placing these populations on waiting lists
☐ Waive copayments
Pay higher rates for access to higher-quality care
Use grants or contracts to reserve slots for priority populations
Other.
Describe:

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

Non-TANF families are prioritized for the Basic Sliding Fee child care program.

First priority is for families who do not have a high school diploma or General Equivalency Diploma or who need remedial or basic skill courses to pursue employment or education leading to employment. Within first priority, priority is given to minor parents, then parents under 21 years old and then other parents.

Second priority is for families who previously received TANF and have completed the their transition year (the first year after their TANF case closed).

Third priority is for families who move from one county to another and are eligible for Portability Pool.

Fourth priority is for families in which one parent is a veteran.

Fifth priority is for all other non-TANF families. Counties can choose to prioritize families within the fifth priority in their county or tribe's biennial Child Care Fund Plan.

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

Non-TANF families are prioritized for the Basic Sliding Fee child care program. In counties or tribes where there is not sufficient funding a waiting list is maintained for Basic Sliding Fee child care. Families are served from the waiting list based on their priority (first, second, third, fourth, and fifth), and then based on the length of time they have been on the waiting list. For example, all families in the fourth priority must be served before families in fifth priority are served.

In counties or tribes where there is sufficient funding to serve all families there is no waiting list and these priorities are not used.

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

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

Procedures are pending statutory approval to permit the enrollment of children experiencing homelessness while required documentation is obtained. The Department of Human Services has proposed that applications from homeless families be processed within five days of receipt, prior to receiving verifications. Families would have up to three months to provide verifications.

This proposal has not yet been enacted. Minnesota intends to reintroduce legislation in the 2019 legislative session.

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The current policies and procedures for homeless families are the same as the policies and procedures for other families. Families must submit documentation of all eligibility factors before their application for assistance can be approved. Applications must be processed within 30 calendar days from the date of receipt and a notice of approval or denial of assistance must be mailed to the applicant. The application process response time may be extended by 15 calendar days if the applicant is informed of the extension.

- b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.
 - Lead Agency accepts applications at local community-based locations
 - Partnerships with community-based organizations
 - Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
 - Other

A partner agency, the Minnesota Department of Education, provides Early Learning Scholarships to help pay the fees for children attending child care and early education programs participating in the QRIS, Parent Aware. Children who have experienced homelessness in the last 24 months are prioritized for these scholarships as outlined in Minnesota Statutes, section 124D.165.

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

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

Note:

Any payment for such a child during the grace period shall not be considered an error or

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improper payment (98.41(a)(1)(i)(C)(2)).

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

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

Children who are homeless have 30 days after enrollment in child care to show that they meet the immunization requirements or are exempt from the immunization requirements. Licensed child care providers and child care programs receiving payment through the Child Care Assistance Program must follow this policy.

Provide the citation for this policy and procedure. http://www.health.state.mn.us/divs/idepc/immunize/laws/homeless.pdf

Children who are in foster care.

Children who are in foster care or are waiting to be placed in foster care have 30 days after enrollment in child care to show that they meet the immunization requirements or are exempt from the immunization requirements. Licensed child care providers and child care programs receiving payment through the Child Care Assistance Program must follow this policy. Note: Foster care parents are not eligible to receive assistance through the Child Care Assistance Program for their foster children.

Provide the citation for this policy and procedure.

http://www.health.state.mn.us/divs/idepc/immunize/laws/homeless.pdf

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

A resource document specific to children who are homeless or in foster care was developed in coordination with the Minnesota Department of Health. This document provides information about requirements and free or low-cost shots available through the Minnesota Vaccines for Children Program. It also directs child care providers to contact their licensor if they need more information.

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c) Does the Lead Agency establish grace periods for other children who are no
experiencing homelessness or in foster care?
□ No.
✓ Yes.
Describe:
Legal non-licensed home providers have a 90-day grace period to collect

3.3 Protection for Working Families

immunization records.

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

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a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences a temporary change in activity.

Minnesota's Legislature passed multiple changes for the Child Care Assistance Program during the 2017 legislative session. The changes took effect from September through December 2017 and include the following items.

Eligible families receive 12 months of child care assistance. This establishes the 12-month eligibility period. For most families, minimal changes during the 12-month eligibility period have little or no impact on eligibility or child care authorization. If a family reports an income decrease or a new household member, their copayment may decline. If a family reports an income increase their copayment is not allowed to increase. During the 12-month eligibility period, family income may increase up to 85 percent of SMI without impacting eligibility.

For most families, temporary breaks in the parent's authorized activity do not impact eligibility or the amount of child care authorized during the 12-month eligibility period.

Certain families are considered Schedule Reporters. This includes families who: use two providers, or use a legal non-licensed provider, or a parent works at a child care center licensed by Minnesota. These families must continue to report changes in their activity schedule, including temporary changes. Their authorized hours are adjusted upward or downward based on their new schedule. Copayment fees are not allowed to increase for Schedule Reporter families. Schedule Reporter families are able to use the medical leave policy which allows child care authorization to continue for up to 215 hours if the parent is unable to care for their children while on a medical leave, the leave is documented by a physician or licensed psychologist and the parent plans to return to their activity within 90 days. Current data reflect that approximately 15% of CCAP cases include Schedule Reporters.

Authorized activities are now the same across Minnesota's child care assistance subprograms; this allows eligibility and child care authorization to continue during the 12-month eligibility period when a family's child care assistance subprogram changes.

During the 12-month eligibility period, families who do not pay their copayment fee or fail

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to comply with a repayment agreement to pay their copayment fee will have their eligibility terminated and their child care authorization will end.

Redeterminations occur 12 months after initial eligibility is approved. At redetermination, families must meet all eligibility requirements. The income limit at redetermination is 67 percent of SMI. If the family does not meet eligibility requirements, then their child care authorization ends and their case is closed with a 15-day notice. At redetermination: the parent must be engaged in an authorized activity; family income must be at or below 67 percent of SMI; and, the parent must be cooperating with child support enforcement if other parents of the children in the family are not residing with the family.

The following items were not enacted in 2017 or 2018. The department is planning to propose these items again in the 2019 legislative session. Minnesota has not implemented 12-month eligibility for the families that experience the following situations:

Minnesota did not get required legislative approval to allow eligibility or child care authorization to continue until the next redetermination when a child turns 13 or a child with a special need turns 15 during the family's 12-month eligibility period.

Minnesota did not get required legislative approval to allow eligibility or child care authorization to continue when a family receives TANF for less than three months out of the last six months. If the family does not meet the three-month requirement and there is no funding for the Basic Sliding Fee sub-program in their area, then their eligibility and authorized child care will end. This may happen during the 12-month eligibility period.

Minnesota did not get required legislative approval to allow eligibility or child care authorization to continue until redetermination when a family receiving assistance under Minnesota's Basic Sliding Fee sub-program moves to a county or tribal servicing area with a waiting list. These families will receive up to eight months of continued eligibility and child care authorization. At the end of the eight months, if the family's name has not come to the top of their new county or tribe's waiting list, then their eligibility and authorized child care end. This may happen during the 12-month eligibility period.

b) How does the Lead Agency define "temporary change?"

Temporary changes include, but are not limited to:

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- a medical leave,
- seasonal employment fluctuations,
- a school break between semesters,
- a student holiday,
- need to care for a family member,
- a reduction in work, training, or education hours, while still engaged in the activity, or
- any cessation of work or attendance at a training or education program that is not permanent.

A change is considered temporary until the parent knows the change is a permanent change.

A change in residence is also considered a "temporary change" for purposes of continuing eligibility during the 12-month eligibility period. Families who move during their 12-month eligibility period continue to be eligible for continued assistance except when a family receiving assistance under Minnesota's Basic Sliding Fee sub-program moves to a county or tribal servicing area with a waiting list. These families will receive up to eight months of continued eligibility and child care authorization. At the end of the eight months, if the family's name has not come to the top of their new county or tribe's waiting list, then their eligibility and authorized child care end. The department is planning to again propose in the 2019 legislative session that these families continue receiving assistance.

c) Provide the citation for this policy and/or procedure.

119B.025, subd. 3 (redeterminations)

119B.025 subd. 4 (changes in eligibility)

119B.09, subd. 1 (income limits, child support cooperation, copayment fee required to be paid)

119B.095 (child care authorizations and temporary breaks)

119B.10 (parent activity requirements)

119B.12, subd. 2 (copayment fee)

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance

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at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

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

- a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?
 - No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
 - Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:
 - i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

Families receive a 3-month period of extended eligibility (which can be used for job search) when the parent's work or education ends permanently during the first nine months of the 12-month eligibility period. If a parent's work or education ends permanently during the last three months of the 12-month eligibility period, eligibility continues for the remainder of the 12-month eligibility period. At redetermination, the parent must be engaged in a qualifying activity and meet other eligibility requirements to be determined eligible and have child care authorized. There is no limit to the number of extended eligibility periods a family can receive during their 12-month eligibility period.

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ii. Describe what specific actions/changes trigger the job-search period.

Extended eligibility begins when a family reports the parent's activity has permanently ended. Sometimes, a change that started out as a temporary break becomes a permanent end. Extended eligibility begins when the parent knows their activity has permanently ended.

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

Extended eligibility begins the day the activity permanently ended. For parents whose work or education ends permanently during the first nine months of the 12-month eligibility period, extended eligibility is three months. For parents whose work or education ends permanently during the last three months of the 12-month eligibility period, eligibility continues for the remainder of the 12-month eligibility period.

iv. Provide the citation for this policy or procedure.

Minnesota Statutes 119B.095.

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

	lot applicable.
ШΕ	xcessive unexplained absences despite multiple attempts by the Lead Agency
0	r designated entity to contact the family and provider, including the prior
n	otification of a possible discontinuation of assistance.

- i. Define the number of unexplained absences identified as excessive:
- ii. Provide the citation for this policy or procedure:
- A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

Minnesota Statutes 119B.025, subd. 1 and Minnesota Child Care Assistance Program Policy Manual 8.1.15.

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

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

A family member intentionally provides false information to wrongfully obtain or attempt to obtain child care assistance or to help another person to receive or attempt to receive benefits they were not eligible for. The family member must be found guilty of wrongfully obtaining or attempting to obtain child care assistance by federal court, state court, or an administrative hearing determination or waiver, through a disqualification consent agreement, as part of an approved diversion plan under Minnesota Statutes, section 401.065, or as part of a court-ordered stay with probationary or other conditions.

Citations: Minnesota Statutes 256.98, subd. 8 and Minnesota Rules 3400.0183, subp 3.

3.3.3 Change reporting during the 12-month eligibility period.

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

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

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a) Does the Lead Agency require families to report a non-temporary change in a parent's
eligible activity?
□ No
▼ Yes

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

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

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

Describe:

Household composition, citizenship or immigration status, family status, custody schedule, families considered to be schedule reporters must report all changes in parental activity schedules. These requirements are implemented.

☑ Changes that impact the Lead Agency's ability to contact the family.
Describe:

Address changes must be reported. This requirement is implemented.

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

Child starts or stops attending care with a provider. This requirement is implemented.

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

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M Phone
☑ Email
Online forms
Extended submission hours
Postal Mail
▼ FAX
✓ In-person submission
Other.
Describe:

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

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

Families are notified about the changes they must report and are allowed to report all changes. The following changes must be reported: non-temporary changes in a parent's eligible activity, household composition, citizenship or immigration status, family status, custody schedule, address, child starts or stops attending care with a provider, and families considered to be schedule reporters must report all changes in parental activity schedules. Families are identified as a schedule reporter when a child attends care with a legal-nonlicensed provider, a child uses two providers, or a parent is employed by a DHS licensed child care center. Current data reflect that approximately 15% of CCAP cases include Schedule Reporters. These policies are implemented.

ii. Provide the citation for this policy or procedure.

Minnesota Statutes 119B.025, subd. 4 and Minnesota Statutes 256P.07.

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3.3.4 Prevent the disruption of employment, education, or job training activities

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

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

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

■ Advance notice to providers of pending redetermination
Pre-populated subsidy renewal form
Online documentation submission
Cross-program redeterminations
Extended office hours (evenings and/or weekends)
✓ Other.

Describe:

Two or more methods of applying for child care assistance must be available to applicants in each county. Methods of applying include, but are not limited, to: online applications, faxed applications, mailed applications, emailed applications, and dropping off applications at a county or tribal office. The same methods to submit a completed redetermination form are available with the exception of an

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online redetermination form. Verifications can also be submitted at a county or tribal office, by regular mail, email and fax. These policies are implemented.

3.4 Family Contribution to Payments

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

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

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

a) Fill in the chart based on the most populous area of the State (area serving highest

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number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co- Payment for a Family of This Size Based on the Income Level in	The Co- Payment in Column (b) is What	Highest Initial or First Tier Income Level Before a Family Is	What Is the Monthly Co-	The Co- Payment in Column (e) is What Percenta ge of the Income in Column (d)?
1						
2	1029	5	0.5%	2662	136	5.1%
3	1299	5	0.4%	3288	168	5.1%
4	1569	5	0.3%	3914	200	5.1%
5	1839	5	0.3%	4540	232	5.1%

- b) What is the effective date of the sliding-fee scale(s)? 10/08/2018
- c) Identify the most populous area of the state used to complete the chart above.

The sliding-fee scale is statewide and not based on the most populous area of Minnesota.

d) Provide the link to the sliding-fee scale: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6413G-ENG

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

3.4.2 How will the family's contribution	on be calculated	, and to who	m will it be	applied?
Check all that apply.				

			The	fee	is	а	dollar	amount	and
--	--	--	-----	-----	----	---	--------	--------	-----

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The fee is per child, with the same fee for each child.
☐ The fee is per child and is discounted for two or more children.
The fee is per child up to a maximum per family.
No additional fee is charged after 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:
Cther.
Describe:
The fee is a percent of income and:
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 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

Utner.

Describe:

At initial application, the parent fee is established for the family's 12-month eligibility period. At redetermination, if the family remains eligible, the parent fee is recalculated and is established for the next 12-month eligibility period. A parent fee shall not increase during the 12-month eligibility period. Payment of part or all of a family's parent fee directly to the family's child care provider on behalf of the family by a source other than the family (as might occur if a family is receiving an Early Learning Scholarship) shall not affect the family's eligibility for child care assistance, and the amount paid shall not be counted in the family's income. Child

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care providers who accept third-party payments must maintain family specific documentation of payment source, amount, and time period covered by the payment.

Calculation of Copayment The copayment fee is a dollar amount per family. The family's contribution is based on the family's income and family size. Families with income less than 75 percent of federal poverty guidelines (FPG) are not assessed any copayment. Families with income of 75 percent FPG to less than 100 percent FPG pay a copayment of \$2.00 per biweekly period. Starting at 100 percent of the FPG, the income ranges are based on percent of the state median income, with each income range assigned a copayment amount. The copay amount assigned to each income range is based on a percentage of the income amount at the top of that particular income range. Families with incomes starting at 100 percent of the FPG pay 2.61 percent of the income at the top of the range. The percent paid gradually increases to 14 percent at the exit income range at redetermination, which is 67 percent SMI. The percent paid reduces to 11 percent, during the 12-month eligibility period, for families with income above 67 percent SMI and below 85 percent SMI.

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

✓ No.
Yes, check and describe those additional factors below.
Number of hours the child is in care.
Describe:
Lower co-payments for a higher quality of care, as defined by the state/territory.
Describe:

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Other.	
Describe:	

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

Г	No, the Lead Agency does not waive family contributions/co-payments.
	Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.
	Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.
	Describe the policy and provide the policy citation.

Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

Families with income less than 75 percent of federal poverty guidelines (FPG) are not assessed any copayment. Families with income of 75 percent FPG to less than 100 percent FPG pay a copayment of \$2.00 per biweekly period.

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

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in

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the child's own home In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide responses that closely match the CCDF categories of care.

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

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

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

Minnesota uses certificates and does not offer the option of grants or contracts. When a parent applies for the Child Care Assistance Program (CCAP), they are given the "Do You Need Help Paying for Child Care?" booklet, which outlines the types of providers they may choose, and how to access the Child Care Aware services. If a family has applied for CCAP and has not chosen a provider, they are sent a notice to contact their worker when a provider has been selected. Once the family selects a provider, the local agency issues a Service Authorization to the family and the provider.

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The family's Service Authorization includes: the name of the provider, the children in the family that are authorized for subsidy payments, when payments begin, the hours per biweekly period that care is authorized, the applicable maximum rates that CCAP will pay for each child, the family's next scheduled redetermination, a referral to consumer statement information on the state's consumer education website, appeal rights, contact information for the family's child care worker, instructions for scheduling care with their child care provider, the family's copayment amount and information about copayment and other charge payment requirements, information about billing and absent days, reporting requirements for families, including what to do if the family has concerns about their provider, and how the family will be notified of future changes.

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

Certificate that provides information about the choice of providers	
Certificate that provides information about the quality of providers	
Certificate not linked to a specific provider, so parents can choose a provider	ny
Consumer education materials on choosing child care	
☑ Referral to child care resource and referral agencies	
Co-located resource and referral in eligibility offices	
☐ Verbal communication at the time of the application	
Community outreach, workshops, or other in-person activities	
Other.	

Describe:

Minnesota is a state-supervised, county or tribally administered state so local approaches may be provided in addition to those items described above.

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4.1.3 Child care services available through grants or contracts.

a) In addition to offering certificates, does the Lead Agency provide child care services
through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if
every provider is simply required to sign an agreement to be paid in the certificate program.
✓ No. If no, skip to 4.1.4.
Yes, in some jurisdictions but not statewide.
If yes, describe how many jurisdictions use grants or contracts for child care slots.
Yes, statewide. If yes, describe:
i. How the Lead Agency ensures that parents who enroll with a provider who has a
grant or contract have choices when selecting a provider:
ii. The type(s) of child care services available through grants or contracts:
iii. The entities that receive contracts (e.g., shared services alliances, CCR&R
agencies, FCC networks, community-based agencies, child care providers):
iv. The process for accessing grants or contracts:
v. How rates for contracted slots are set through grants and contracts:
vi. How the Lead Agency determines which entities to contract with for increasing
supply and/or improving quality:
vii. If contracts are offered statewide and/or locally:

- 4.1.3 Child care services available through grants or contracts.
- b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

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Programs	
	to serve children with disabilities
Programs	to serve infants and toddlers
Programs	to serve school-age children
Programs	to serve children needing non-traditional hour care
Programs	to serve children experiencing homelessness
Programs	to serve children in underserved areas
Programs backgrour	that serve children with diverse linguistic or cultural
Programs	that serve specific geographic areas
Urban	
Rural	
Other	
Describe	
N/A.	
	are services available through grants or contracts.
c) Will the Lea	are services available through grants or contracts. ad Agency use grants or contracts for child care services to increase the cific types of care? Check all that apply.
c) Will the Lea	ad Agency use grants or contracts for child care services to increase the
e) Will the Lea	ad Agency use grants or contracts for child care services to increase the cific types of care? Check all that apply.
c) Will the Leaquality of spe Programs Programs	ad Agency use grants or contracts for child care services to increase the cific types of care? Check all that apply. to serve children with disabilities
c) Will the Leaquality of spe Programs Programs Programs Programs	ad Agency use grants or contracts for child care services to increase the cific types of care? Check all that apply. to serve children with disabilities to serve infants and toddlers
c) Will the Leaquality of spe Programs Programs Programs Programs Programs	ad Agency use grants or contracts for child care services to increase the cific types of care? Check all that apply. to serve children with disabilities to serve infants and toddlers to serve school-age children
c) Will the Leaquality of spe Programs Programs Programs Programs Programs Programs	ad Agency use grants or contracts for child care services to increase the cific types of care? Check all that apply. to serve children with disabilities to serve infants and toddlers to serve school-age children to serve children needing non-traditional hour care
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c) Will the Leaquality of spe Programs Programs Programs Programs Programs Programs Programs Programs Programs Urban Rural	ad Agency use grants or contracts for child care services to increase the cific types of care? Check all that apply. to serve children with disabilities to serve infants and toddlers to serve school-age children to serve children needing non-traditional hour care to serve homeless children to serve children in underserved areas that serve children with diverse linguistic or cultural
c) Will the Leaquality of spe Programs Programs Programs Programs Programs Programs Programs Programs Programs Urban	ad Agency use grants or contracts for child care services to increase the cific types of care? Check all that apply. to serve children with disabilities to serve infants and toddlers to serve school-age children to serve children needing non-traditional hour care to serve homeless children to serve children in underserved areas that serve children with diverse linguistic or cultural

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

Notices to parents and providers include this policy statement. Providers must attest to the unlimited access provision when they register with the Child Care Assistance Program.

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

	No.
V	Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
	Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.
	Describe:

Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

All providers registered for the Child Care Assistance Program must be 18 years of age.

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

Describe:

The parent's activity is during times when out-of-home care is not available or when the family lives in an area where out-of-home care is not available. The family must demonstrate that they worked with the Parent Aware agency to search for options for care.

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Г	Restricted to care by relatives.
	Describe:
4	Restricted to care for children with special needs or a medical condition.
	Describe:
	If the child has a verified disability or illness that would place the child or other
	children at risk or create a hardship for the child and family to take the child out of
	the home to a child care center or home.
Г	Restricted to in-home providers that meet additional health and safety
	requirements beyond those required by CCDF.
	Describe:

Describe:

Other.

Providers must pass background studies and take First Aid and CPR before being authorized to care for children. Additionally, if caring for children under the age of 5, they must take training in Preventing Abusive Head Trauma and if caring for children under the age of 1, they must take training in Preventing Sudden Unexpected Infant Death Syndrome. If the provider is not related to at least one child, they must take an orientation training within 90 days of caring for the unrelated child that covers all health and safety requirements required by CCDF.

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs

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used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08). Advance approval is not required if the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care'such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up to date data.
- Describe the estimated reporting burden and cost to conduct the approach.

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4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

✓ MRS
Alternative methodology.
Describe:
Both.
Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

a) State Advisory Council or similar coordinating body:

On June 16, 2015, DHS staff gave a presentation to the Early Learning Council about the 2016 MRS scheduled to start in January 2016 and conclude by end of May 2016. The presentation and discussion covered background information about Minnesota's MRS, detailed information about the data collection and data analysis processes, and information about how CCAP maximum payment rates are set. The Council was supportive of the MRS efforts.

b) Local child care program administrators:

DHS staff did not consult with local child care program administrators regarding the 2016 MRS.

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c) Local child care resource and referral agencies:

DHS staff consult on a regular basis with Minnesota's Child Care Aware or CCR&R System throughout the MRS process. The Child Care Aware system is responsible for conducting the MRS in Minnesota. We partner with their staff to develop the survey forms, phone scripts and online tool used to field the MRS. We work closely together throughout the survey period and after the survey fielding is complete, we have a period of reflection about what worked well and what could be improved for the next survey. We met with local CCA agencies in May 2015 to debrief and identify strategies for improvement for the 2016 MRS survey scheduled for January 2016 - May 2016.

d) Organizations representing caregivers, teachers, and directors:

DHS staff did not consult with organizations representing caregivers, teachers, and directors regarding the 2016 MRS.

e) Other. Describe:

The MRS data collection and analysis methods were significantly revised in 2009 based on the recommendations of researchers at the University of Minnesota and Oregon State University. The researchers were contracted to evaluate Minnesota's methods of collecting and analyzing MRS data. A committee of stakeholders advised on the research study and the implementations of these recommendations. These stakeholders included local child care program (county) administrators, CCR&R agencies, child care providers, state legislators, and advocates for child care and low income families. The 2016 MRS benefitted from this collaborative work.

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

Minnesota conducts the MRS biennially in accordance with state statute and federal

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regulations. The 2016 MRS is Minnesota's most recently completed MRS. The survey population included all licensed child care providers. Minnesota's Child Care Aware system maintains a database of all licensed family child care and licensed center-based providers including those preschools and school based providers that are licensed. The database is updated daily.

The phone and mail implementation of the 2016 MRS was administered by the Child Care Aware system. For the 2016 MRS, the State utilized a web survey with 24-hour access, to allow for online responses and accommodate child care provider business schedules.

Provider price data was collected and analyzed separately for licensed family child care and licensed center providers. Provider prices were requested and analyzed for four age groups (infant, toddler, preschool, school age) and three units of time (hourly, daily, weekly).

Providers were also surveyed for additional price units (e.g. monthly or after-school). These price units are monitored for their utilization in the child care market.

Counties were grouped into county price clusters based on the price data collected. Price data in these county groups were then analyzed and reported together. This analysis method permits sensitivity to regional differences in child care prices while addressing issues presented by counties with few child care providers reporting prices.

The Child Care Aware system achieved a 73 percent response rate for licensed family child care and a 63 percent response rate for licensed center programs for the 2016 survey. Minnesota considers this a statistically valid and reliable response rate based on the report "Study of Market Prices: Validating Child Care Market Rate Surveys". A program reporting at least one weekly, daily or hourly rate during the survey counted towards the response rate.

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

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a) Geographic area (e.g., statewide or local markets). Describe:

The 2016 MRS methodology surveyed the entire licensed child care provider population. Response rates were assessed for each county and provider type.

b) Type of provider. Describe:

The 2016 MRS methodology included separate data collection and analyses of prices charged by licensed family child care and licensed center care. In addition, the collection of price data in three units of time (hourly, daily and weekly) allowed for differences in pricing practices across provider types.

c) Age of child. Describe:

The 2016 MRS methodology included collection and analyses of child care price data for four age groups (infant, toddler, preschool, school age).

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

Information on provider quality designations was available in administrative data sources and collected during the 2016 MRS. The rates of providers eligible for the quality differentials were compared to the applicable quality maximums to assess the extent to which subsidy maximum rates aligned with the prices of high quality providers.

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

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

- a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 08/03/2016
- b) Date the report containing results was made widely available no later than 30 days after the completion of the report. 03/24/2017
- c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.
- <u>2016 Market Rate Survey (MRS)</u> results are posted on the department's public website: <u>Child care and early education: News, reports, workgroups page</u>. Results were shared with colleagues at the Department of Education and the Child Care Aware system's statewide office shared these results through their email newsletter and website.
- d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

DHS did not include a section regarding the stakeholder views and comments in the 2016 MRS report.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be

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comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

a) Infant (6 months), full-time licensed center care in the most populous geographic region

Rate \$ 268 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 22.7

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

Rate \$ 162.99 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 26.9

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

Rate \$ 225 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 22.2

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

Rate \$ 156.17 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 30.6

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 201.00 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 20.7

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 141.96 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 22.6

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g) School-age child (6 years), full-time licensed center care in most populous geographic region

Rate \$ 186.14 per weekly unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 45.5

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 131.45 per weekly unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 35.9

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

Full-time care is defined as the weekly maximum rate. Anything less than full-time care is considered part-time care.

- j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 02/03/2014
- k) Identify the most populous area of the state used to complete the responses above. Hennepin County
- I) Provide the citation or link, if available, to the payment rates. Minnesota Statutes 119B.13, subd. 1. The percentiles are based on the 2016 MRS, which is the most recent completed MRS. https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6441B-ENG m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

All standard and quality differential maximum rates are set by the state Legislature. In addition, state policy allows counties to establish higher at-risk rates to certain providers caring for children defined as special needs due to inclusion in at-risk populations.

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

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for special needs children).

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

Differential rate for <i>non-traditional hours</i> .
Describe:
☑ Differential rate for children with special needs, as defined by the state/territory.

Describe:

Special Needs Rates are established on an as-needed basis for individual children, separately from the standard hour base rates. Special Needs Rates are approved by DHS and are based on the child's needs, the provider's description of services and the provider's related costs. Children with an approved Special Needs Rate may be paid at a higher rate than what the center charges for private, full-paying clients without special needs but must never be greater than what the provider would charge for similar services provided to a child with a disability paying privately. A rating scale is used to determine the maximum Special Needs Rate that may be paid, based on one of three levels of need in relationship to the standard county maximum rate for that provider type and age of the child. Level one is 1.75 times the standard county maximum rate. Level two is 2.5 times the standard county maximum rate. Level three is 3.0 times the standard county maximum rate.

In addition, CCAP policies allows counties to establish higher at-risk rates to certain providers caring for children defined as special needs due to inclusion in at-risk populations. When four or more providers offer the same type of care for the same specified special needs population, the 75th percentile is calculated in the geographic area. Counties identify the special needs rates that are paid in their biennial Child Care Fund Plan.

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Differential rate for <i>infants and toddlers</i> . Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.
Describe:
☐ Differential rate for <i>school-age programs</i> . 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:
Differential rate for higher quality, as defined by the state/territory. Describe:
Minnesota Statutes, section 119B.13 subdivision 3a, establishes a provider accreditation and credential differential for a family child care provider or child care center which allows the provider to be paid a 15 percent differential above the standard hour maximum rate, up to the actual provider charge, if the provider or center holds a current early childhood development credential or is accredited. Minnesota Statutes, section 119B.13 subdivision 3b allows highly-Rated providers participating in Minnesota's QRIS, Parent Aware, to be paid for a differential above the maximum rate, up to the actual provider charge. Providers with a Three-Star Parent Aware Rating can be paid a 15 percent differential. Those with a Four-Star Rating can be paid a 20 percent differential.
Minnesota Statutes section 119B.13 subdivision 3c allows payments to be made at the weekly rate for some children attending high quality child care. High-quality is defined as those providers that qualify for tiered reimbursement. Providers may be paid the maximum weekly rate, not to exceed the provider's charge, when a child is age birth to five years old, but not yet in kindergarten, and when the applicant's authorized hours are 30 or more.
Other differential rates or tiered rates. Describe:
☐ Tiered or differential rates are not implemented.

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4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

- 4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):
 - a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

Families using subsidy access a full range of providers including licensed child care providers, providers meeting quality standards, license-exempt centers and legal nonlicensed providers. There are limitations on use of in-home care (see response to 4.1).

The full range of providers are participating in the CCDF system. In SFY 2017, 68 percent of children attended licensed centers, 18 percent attended licensed family child care, 10 percent attended license-exempt centers and 3 percent attended legal nonlicensed providers.

Overall, families receiving subsidy make up a small portion of the child care market, approximately 10 percent. This level of participation has been consistent over time.

Prior to and during the 2017 legislative session, providers stated barriers to participation with the subsidy program include burdensome paperwork requirements for providers and families, increasing provider training requirements, delays in eligibility approvals, authorizations and payment processing, and low payment rates. The 2017 Legislature passed many of the policy changes needed to comply with the federal reauthorization requirements; these policy changes should improve many of these burdens. However, proposed increases to payment rates were not enacted in 2017 or 2018.

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b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology**. Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

Maximum reimbursement rates are set by the Minnesota State Legislature. Results of the Minnesota Provider Business Update are used to inform the rate setting process. One way this occurs is through legislative changes proposed by the Department of Human Services and approved by the legislature.

The department's 2013 legislative proposal was to set maximum rates at the greater of the 25th percentile of the 2011 market rate survey or the maximum rates in effect November 28, 2011. The proposal's effective date was February 3, 2014. The department developed this proposal prior to completion of the 2012 market rate survey analysis. The department used the most recent completed market rate survey available at that time, which was the 2011 market rate survey, to complete the legislative proposal work for the 2013 legislative session.

The 2013 Legislature passed the department's proposal which resulted in about half of the maximum rates being increased to the 25th percentile of the 2011 market rate survey effective February 3, 2014.

Legal-nonlicensed family-based providers are paid by the hour and rates are established at 68 percent of licensed family child care provider rates.

The department conducts biennial market rate surveys with the most recent survey conducted and analyzed in 2016. The market rate survey results are used to inform development of the department's legislative proposals. The department proposed maximum rate changes to use the most recent market survey in the 2016 and 2017 legislative sessions but the proposed legislation did not pass. A proposal to tie reimbursement rates to the most current market rate survey was passed but vetoed in the 2018 legislative session. Minnesota intends to reintroduce legislation in the 2019 legislative session.

The 2016 market rate survey results are posted on the department's public website:

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Child care and early education: News, reports, workgroups page. The 2016 results were shared with:

- Colleagues at the Department of Education, and
- Child Care Aware of Minnesota, the CCR&R statewide office, who shared these results through their email newsletter and website.

The department uses the price data gathered in each market rate survey to measure one type of access of the current maximum rates, the percent of provider prices that are fully covered by the applicable current maximum rate. The percent of prices fully covered is generated on a statewide, regional and county basis, separately for family child care and centers. This access measure is used to inform development of the department's legislative proposals. It is also provided to:

- Local advocacy groups, and
- Others upon request.

The department shares with legislative committees' information from market rate surveys in relation to current maximum rates. The purpose is to inform their discussions about setting new maximum rates. Information shared includes:

- 2016 market rate survey results, and
- percent of 2016 prices fully covered by current maximum rates.

The percent of 2016 provider prices fully covered by the standard (base) maximum rates, on a statewide basis, are 22% for licensed family child care and 29% for licensed child care centers.

The percent of 2016 provider prices eligible for the 15 percent quality differential and fully covered by that differential, on a statewide basis, are 45% for licensed family child care and 49% for licensed child care centers.

The percent of 2016 provider prices eligible for the 20 percent quality differential and fully covered by that differential, on a statewide basis, are 49% for licensed family child care and 35% for licensed child care centers.

The 15 percent and 20 percent quality differentials allow more of a provider's price to be fully covered by the quality differential maximums, increasing access to this portion of the provider market. In 2017, 48% of children ages zero to five receiving CCAP use

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providers eligible for the quality differentials, illustrating adequate payment rates.

The department includes the percent of provider prices that are fully covered in the annual Family Profile. This report includes statistical and demographic information about the Child Care Assistance Program in Minnesota. The Family Profile is posted on the department's public website: Child care and early education: News, reports, workgroups. Once published, the Family Profile is shared with partners in the local government and advocacy communities. It is also shared throughout the year upon request to other individuals.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

Minnesota does not have adequate data to assess how CCAP rates correspond to provider costs. Plans are underway to establish a cost-modeling methodology to undertake this analysis within the next year. At this time it is unknown the extent to which base payment rates help providers meet the CCDF requirements. The new requirements have not been in place long enough to assess impacts but some providers noted at the public hearing and in legislative testimony that overall costs of regulations affect the viability of their business. There has been a reduction in the number of family child care providers outside of the Minneapolis-St. Paul metropolitan area, but there is no evidence that the proportion of providers closing and were paid using CCDF funds is higher than those who are paid only by the private market.

The department includes information about the types of providers used by families receiving CCAP in the annual Family Profile. In SFY 2017, 86.7% of children receiving CCAP used licensed child care with 68.4% attending licensed centers and 18.3% attending licensed family child care. The base payment rates allow licensed child care programs to meet health, safety, quality, and staffing requirements. The Family Profile is posted on the department's public website: Child care and early education: News, reports, workgroups.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g.

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provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

Minnesota accounted for the higher cost of quality care by setting 15% and 20% quality differential maximum rates when legislation passed in 2013 and became effective in February and March of 2014. A new cost-modeling assessment using 2018 data is underway.

Child care providers holding accreditations or credentials identified in Minnesota Statute 119B.13 subdivision 3b, or who are currently Rated Three-Stars by Parent Aware, Minnesota's QRIS, are eligible for maximum rates set 15 percent higher than standard maximum rates. Providers Rated Four-Stars through Parent Aware are eligible for maximum rates set at a 20 percent differential. Providers are paid up to the quality differential maximum rates not to exceed the rates they charge private-pay.

The 2016 market rate survey shows Minnesota's 15 percent differential maximum rates cover approximately 45% of prices reported by licensed family child care providers and 49% of prices reported by licensed centers who are eligible to receive the 15 percent differential.

The 2016 market rate survey shows Minnesota's 20 percent differential maximum rates cover approximately 49% of prices reported by licensed family child care providers and 35% of prices reported by licensed centers who are eligible to receive the 20 percent differential.

The quality differential payment rates allow high quality child care programs to cover more of the cost to provide high quality care.

High-quality providers are participating in the State's subsidy system and families are able to access high-quality care. As of December 31, 2017, there were 1,047 licensed Child Care Centers and Family Child Care providers with high-quality Parent Aware Ratings, plus 286 Head Start/Early Head Start sites and 729 School-based Pre-K sites. In July 2017, about half (48 percent) of children ages 0 to 5 served in the subsidy program were cared for by providers meeting high quality standards through Parent Aware, accreditation or holding certain educational credentials (licensed family child care only).

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e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply. Limit the maximum co-payment per family. Describe: .
Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and The copayment fee is a dollar amount per family based on the family's income and family size. Starting at 100 percent of the federal poverty guidelines (FPG), the income ranges are based on percent of the state median income, with each income range assigned a copayment amount. The copay amount assigned to each income range is a percentage of the income amount at the top of that particular income range. For each family size, there are up to 33 different income ranges. This allows for a gradual increase of the amount the family pays as their income increases. Twenty-five of the levels allow for a family's contribution to be less than 10 percent of their income, up to 56.77 percent of SMI.
The final eight levels allow for a continued gradual increase in the family contribution before the family becomes ineligible at redetermination and for a slight decrease in the family contribution before the family becomes ineligible for the program. The majority of Minnesota families on child care assistance are paying less than 10 percent of their income for child care. These additional family copayment levels allow for an even greater reduction to the cliff effect for the family. These family copayment levels are implemented.
Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.
Other. Describe:

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

☐ No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families. We advocate for parents having full choice of the available child care market. Not allowing providers to charge the difference could have the unintended consequence of reducing the pool of providers willing to care for children receiving subsidies.

Parents are informed they may need to pay the difference between their provider's price and what the Child Care Assistance Program can pay, in addition to their copayment fee. Parents who also receive early learning scholarships are able to use the scholarship to pay the difference. Some providers do waive the difference.

DHS assesses the difference between maximum rates and child care prices that are higher than the applicable maximum rates. Based on the 2016 market rate survey, when prices are higher than the maximum rate the difference between that price and the maximum is around 15 percent, on average.

We have not heard from families that this policy is a significant barrier. Given the high (and increasing) use of licensed center based care, this policy does not appear to be a barrier for most families to access licensed child care.

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.

The state collected data in summer 2018, after the 2018 MRS data collection was completed. Of 7,582 providers surveyed, just over 25%, or 2,013 providers, provided some response.

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Providers were asked, "If you are not paid in full by CCAP, do you charge parents the difference between the CCAP payment and your price, in addition to the parent's copay?" The results were as follows:

- Yes, the parent pays the full difference or part of the difference: 1,046 providers (77%)
- No, I take the lower payment: 270 providers (20%)
- No, another person pays the difference: 31 providers (2%)
- No, the parent uses their Early Learning Scholarship to pay the difference: 160 providers (12%)

The percentages above total more than 100% because respondents could mark more than one answer.

Providers were also asked "If you are not paid in full by CCAP, how much of the difference, if any, do you charge in addition to the parent's copay?" The responses were as follows:

- 286 (21%) charge none of the difference.
- 80 (6%) charge some of the difference.
- 860 (64%) charge all of the difference.
- 120 (9%) charge a varying amount.

Respondents who indicated that the amount they charge varies were given the opportunity to describe that variation in a comment field. The most frequent comments stated that the variation depends on either the family's individual circumstances or ability to pay, the number of children in the family and their ages, or the number of hours the child is in care. Other providers indicated that they only charge additional fees that CCAP does not cover (e.g., activity fees, field trip fees, snack fees, and/or registration fees beyond what CCAP covers).

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

Undetermined

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

The payment practices identified in 4.5 are typical payment practices in the child care market. Providers are encouraged to provide care to subsidy families because:

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- By paying within 21 days, timely payments are made to providers,
- By paying based on a child's scheduled and authorized hours rather than actual attendance, within the limits of the absent day policy, consistent payments are made to providers,
- By paying fully for days that a child attends for any percent of the day, more consistent payments are made to providers,
- By paying a provider's charge for up to 10 federal or state holidays (or other cultural or religious holidays identified by the provider) per year, more consistent payments are made to providers,
- By paying for up to two registration fees, per child, annually, families are better able to access a range of providers.

Children receiving subsidy are able to access a range of providers. The full range of providers are participating in the CCDF system. In SFY 2017, 68 percent of children attended licensed centers, 18 percentattended licensed family child care, 10 percent attended license-exempt centers and 3 percent attended legal nonlicensed providers.

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

Geographic area.

Describe:

Separate payment rates are set for each county. This is implemented.

Type of provider.

Describe:

Separate payment rates are set for licensed family child, centers, and legal nonlicensed providers. This is implemented.

Age of child.

Describe:

Separate payment rates are set for infants, toddlers, preschool, and school age children. This is implemented.

Quality level.

Describe:

Separate payment rates are set for providers which qualify for the 15 percentquality differential and for the 20 percent quality differential. This is implemented.

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Other.

Describe:

Separate payment rates are also set for three units of time for licensed family child care and centers, including weekly, daily and hourly. Hourly payment rates are set for legal nonlicensed providers. This is implemented.

) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:
Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.
Describe:
Based on the approved alternative methodology, payments rates ensure equal access. Describe:
Feedback from parents, including parent surveys or parental complaints. Describe:

Other. Describe:

DHS assesses the difference between maximum rates and child care prices that are higher than the applicable maximum rates. When prices are higher than the maximum rate the difference between that price and the maximum is around 15 percent, on average.

Method of determining uncovered amounts: All prices reported on the 2016 market rate survey that were at or below the February 3, 2014, Child Care Assistance Program maximum rates were excluded from the analysis. The difference between all remaining reported child care prices and the applicable maximum rates were calculated and aggregated statewide.

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4.5 Payment Practices and the Timeliness of Payments

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

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

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

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

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Paying prospectively prior to the delivery of services.
Describe the policy or procedure.

Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Agencies administering child care assistance must make payment no later than 21 days after receipt of a complete bill from a child care provider. Local agencies receive and process submitted bills for payment using either paper vouchers or the online billing system and must determine their internal procedures to ensure bills are paid no later than 21 days after a complete bill is received. Lead Agency payment policy is shared with local agencies in Chapter 9.3 (Payments to Providers)) of the CCAP Manual.

- b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):
 - Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

Program pays for a child's scheduled and authorized hours of attendance, not actual hours attended. If a child attends for any part of their authorized schedule, care is fully paid for that day with no restrictions. When a child is absent an entire day they were scheduled and authorized to be in care, care can be paid up to 25 absent days per calendar year. More absent days can be paid due to medical conditions or illness of a parent or sibling living with the child care assistance (CCAP) family if documentation is submitted to the family's agency administering child care assistance.

Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

Program pays for a child's scheduled and authorized hours of attendance, not actual hours attended. If a child attends for any percent of their authorized schedule in a day, care is fully paid for that day with no restrictions. Programs must report if a child is attending less than 50 percentof authorized hours or days in a 4-week period.

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Providing full payment if a child is absent for five or fewer days in a month.
Describe the policy or procedure.
Use an alternative approach for which the Lead Agency provides a justification in its Plan.
If chosen, please describe the policy or procedure and the Lead Agency's justification
for this approach.

- c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(I)(3)).
 - i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

Child care providers are paid on a full-time or part-time basis. Full-time care is considered more than 35 hours of care per week. Part-time care is considered 35 or fewer hours of care per week. Payment cannot exceed the provider's charge.

Payment for full-time care is made at the weekly rate. Additionally, payment is made at the weekly rate for young children attending high quality care who qualify for at least 30 hours of care per week.

Payment for part-time care is made at the allowed payment amount. Providers bill CCAP using any rate type they charge to families. The allowed payment amount is calculated by adding any combination of allowed daily and hourly rates per week, up to the applicable weekly maximum rate. A daily rate is used to determine payment when care is provided for more than 5 hours per day. Hourly rates are used to determine payment when care is provided for 5 or fewer hours per day. Payment for part-time care sometimes results in payment at the weekly rate because the

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combination of daily and hourly rates exceeds the weekly rate. Payment for care using hourly rates can result in reimbursement of half or partial day rates, such as before and after school rates, because the total number of hours authorized and reimbursed by CCAP results in the partial day prices fitting within the allowed number of hours paid.

Providers in Minnesota use various time-increments to charge families. They bill CCAP using hourly rates, daily rates, weekly rates, and session, or "other" rates (common with school age care providers). Based on the 2018 market rate survey, 12% of providers report only hourly rates, 8% report only daily rates, 33% report only weekly rates, and 2% report only "other" rates, (examples include: before and after school, half days and annual rates). 32% of providers report combinations of two or more rate types. Note: 13% of providers did not report rate information but provided other information as part of the MRS.

In Minnesota, the 2018 MRS provides evidence that current market practice is to charge families using predominantly combinations of weekly, daily and hourly rates. Specifically, hourly rates were reported by 26% of providers. This supports continued use of the current CCAP payment structure.

Families access the full range of providers who are participating in the CCDF system. In SFY 2017, 68 percent of children attended licensed centers, 18 percent attended licensed family child care, 10 percent attended license-exempt centers and 3 percent attended legal nonlicensed providers.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

Program pays up to two registration fees, per child, annually.

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

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Providers are mailed a written service authorization for each family receiving child care assistance when child care assistance is initially authorized and anytime changes to the care authorized occur. Service authorizations include the following information for each child covered under the authorization: child name, child ID, start and end dates of care authorized, number of hours of care authorized, number of absence days used, age group, and rate type. Service authorizations include county-specific maximums rate that can be paid for each age group and rate type.

Service authorizations include family copayment amount, family case number, and case name. They also include schedule information, billing information, and absent day information. Workers can include a comment on the service authorization to provide additional information to the provider. Providers can contact the family's worker if they want to dispute their payments. If the provider has further concerns, they can consult the DHS issued CCAP Provider Guide or contact the Department of Human Services (DHS) Child Care Assistance Program (CCAP) policy specialists for assistance resolving disputes with local agencies.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

Providers receive a 15-day notice of any changes to a family's eligibility that may negatively impact payment.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

Currently, providers have a right to a fair hearing to dispute the assessment of an overpayment only. For other inaccuracies and disputes, providers are directed to first contact the family's agency administering child care assistance. If the family's agency administering child care assistance is not able to resolve the issue, either the provider or agency can involve the department's child care assistance program policy specialists for resolution assistance. Minnesota has not yet implemented a more formal appeal and resolution process for payment inaccuracies and disputes.

The department proposed establishing formal due process rights for providers in the

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2018 legislative session but it did not pass. Minnesota plans to bring forward legislation again in a future session.

g) Other. Describe:

CCAP will pay a provider's charge for up to 10 federal or state holidays per year if the provider is closed and not providing care, charges all families for these days and the holiday falls on a day when the child is authorized and scheduled to attend. The 10 recognized state and federal holidays are New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Christopher Columbus Day (or the day after Thanksgiving at the provider option), Veterans Day, Thanksgiving, Christmas Day. Providers can substitute other cultural or religious holidays for the 10 recognized holidays when they notify the county or tribe of the substitution before the holiday or within ten business days after the holiday.

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

- No, the practices do not vary across areas.
- Yes, the practices vary across areas.

Describe:

Child Care Assistance Program rules and laws allow counties and tribes limited discretion to establish some local policies and procedures. These local policies and procedures must be identified and defined in a biennial County and Tribal Child Care Fund Plan and must be approved by the commissioner. Policies and procedures that may be established at a local level include: identifying who is required to sign billings forms, when billing forms may be submitted late, when corrective payments will be made if care is underpaid, and if providers are able to submit electronic Billing Forms MEC2 PRO (Minnesota Electronic Child Care Provider Resources Online). All counties and tribes are subject to payment practices described in question 4.5.1.

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4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

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

In licensed family child care.

The Department uses internal administrative data, including data from Licensing Information System (the Department's licensing database), Develop, Minnesota's Quality Rating and Registry Tool, and the Child Care Assistance Program (CCAP), as well as external data sources, such as the American Community Survey (ACS) Estimates, to measure the landscape of available licensed family child care programs across the state.

The Department tracks the following:

- The number of family child care programs/capacity by geographic location
- The number of Parent Aware Rated programs/capacity by geographic location
- The number of accredited family child care programs by geographic location
- The number of CCAP children receiving care in Rated and non-Rated programs
- The estimated number of children needing care in family child care based on Minnesota's Child Care Use Study (2009)

Additionally, the Department utilizes other data analysis, such as the Center for Rural Policy Brief, Minnesota's Child Care Crisis, the Center for American Progress' Mapping America's Child Care Deserts, and Child Care Aware of America's Mapping the Gap in Minnesota.

The Department tracks progress to support equal access and parental choice by using the above analysis to determine if there are any child care deserts, with limited access to

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either licensed family child care programs or Parent Aware Rated family child care programs.

In licensed child care centers.

The Department uses internal administrative data, including data from Licensing Information System (the Department's licensing database), Develop, Minnesota's Quality Rating and Registry Tool, and the Child Care Assistance Program (CCAP), as well as external data sources such as the American Community Survey (ACS) Estimates, to measure the landscape of available licensed family child care programs across the state.

- The Department tracks the following:
 - The number of child care centers programs/capacity by geographic location
 - The number of Parent Aware Rated programs/capacity by geographic location
 - The number of CCAP children receiving care in Rated program and non-Rated programs
 - The estimated number of children needing care in child care centers based on Minnesota's Child Care Use Study (2009)

Additionally the Department utilizes other analysis, such as the Center for Rural Policy Brief. Minnesota's Child Care Crisis, the Center for American Progress', Mapping America's Child Care Deserts, and Child Care Aware of America's Mapping the Gap in Minnesota.

The Department tracks progress to support equal access and parental choice by using the above analysis to determine if there are any child care deserts, with limited access to either licensed child care centers or Parent Aware Rated child care centers.

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4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

a)	Children	in un	derserv	ed area	s. Checl	k and	describe	all '	that a	pply.
	Gran	ts and	d contra	cts (as	discusse	ed in 4	4.1.3).			

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	Describe:
Γ	Family child care networks.
	Describe:
V	Start-up funding.
	Describe:
	Child care programs that intend to become licensed or that have been licensed for
	less than six months are eligible to apply for grant funds. The funds may be used to
	assist the program with the costs associated with becoming licensed.
V	Technical assistance support.
	Describe:
	Coaching/consultation services are available to programs caring for children in
	underserved areas. Based on the needs of the program, services can be offered
	through the Infant Toddler Specialist Network and the Health & Safety Project.
	Additional supports are available to programs who choose to participate in

Minnesota's Quality Rating and Improvement System, Parent Aware.

Recruitment of providers.

Describe:

Local Child Care Aware organizations employ a Recruiter to increase participation in Minnesota's QRIS, Parent Aware, to improve the quality of child care programs. Recruiters are responsible for marketing and communicating the benefits of the QRIS to eligible programs that have not yet volunteered, and to programs that are interested in Re-Rating. Recruiters must identify areas of low participation and prioritize marketing Parent Aware to programs that are registered to serve children receiving child care subsidies.

Tiered payment rates	(as	discussed	in 4.3.2).
Describe:			

Support for improving business practices, such as management training, paid sick leave, and shared services.

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Describe:

Training on business practices and management are available to programs serving children in underserved areas. Hands-on training, resources and tools include budgeting, cash flow, income and expense analysis, as well as marketing and competitive analysis. Child care business practices training for family child care providers is included in the Minnesota Child Care Credential. Business training is also available for child care center directors as part of the Director's credential.

Accreditation supports.

Describe:

Accreditation facilitation services are targeted to programs serving children who meet risk criteria.

Child Care Health Consultation.

Describe:

Coaching/consultation services are available to programs statewide through the Center for Inclusive Child Care's Health & Safety Project. Services focus on supporting programs in implementing policies and daily health and safety practices.

Mental Health Consultation.

Describe:

The supply and quality of child care is increased for children in underserved areas through a pilot mental health consultation program offered to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. Benefits of this program include reduced staff stress and turnover, decrease mental health symptoms in young children, reduced educational disparities experienced by children of color, reduced expulsion of children and increased early learning staff competence in addressing trauma, adversity and early childhood and family mental health conditions.

Other.
Describe:

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following. b) Infants and toddlers. Check and describe all that apply. Grants and contracts (as discussed in 4.1.3). Describe: Family child care networks. Describe: Start-up funding. Describe: Child care programs that intend to become licensed or that have been licensed for less than six months are eligible to apply for grant funds. The funds may be used to assist the program with the costs associated with becoming licensed. Technical assistance support. Describe: Coaching/consultation services are available through the Infant Toddler Specialist Network to support programs serving infants and toddlers. The services are available statewide and individualized to the needs of the programs. In addition, an online "Ask an Expert" service is available to providers, offering researched based information and resources to address their questions. Recruitment of providers. Describe: ☐ Tiered payment rates (as discussed in 4.3.2). Describe: Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the

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Business supports are available for family and center child care centers who

service infants and toddlers are available through contracted services for one on one business consulting and group trainings. In addition, business training is available through Minnesota's Child Care Credential and the Director's credential.

Accreditation supports.

Describe:

Accreditation fee reimbursement is available to child care centers and family child care programs serving infants and toddlers.

Child Care Health Consultation.

Describe:

Coaching/consultation services are available to programs statewide through the Center for Inclusive Child Care's Healthand Safety Project. Services focus on supporting programs in implementing policies and daily health and safety practices.

Mental Health Consultation.

Describe:

The supply and quality of child care is increased for infants and toddlers through a pilot mental health consultation program offered to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. Mental health consultation focuses on building child care provider capacity to support infant and toddler's emotional development and prevent, identify, or reduce mental health challenges.

Other.

Describe:

Other methods include targeting a percentage of higher education scholarship funding to those providers serving infants and toddlers, with priority given to family child care providers, and offering training curriculum specific to infants and toddlers. The Minnesota Infant Toddler Credential is currently under revision and will be expanded to a full 120 hours, which will meet the training requirements for the national Child Development Associate (CDA) credential as well as various training requirements for Minnesota's Quality Rating and Improvement System,

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Parent Aware.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply
Grants and contracts (as discussed in 4.1.3).
Describe:
Family child care networks.
Describe:

Start-up funding.

Describe:

Child care programs that intend to become licensed or that have been licensed for less than six months are eligible to apply for grant funds. The funds may be used to assist the program with the costs associated with becoming licensed.

▼ Technical assistance support.

Describe:

Coaching/consultation services focused on strategies to support inclusion of children with special needs are available through the Center for Inclusive Child Care (CICC). These services assist providers in developing strategies to meet the child's needs while in care, partner with families in making referrals to appropriate screening services and designing environments which meet the needs of all children enrolled in the child care program. In addition, CICC has developed professional development courses related to children with developmental disabilities, challenging behaviors and other special needs. They offer an online "Ask an Expert" service for child care providers, parents and the general public which provides research based information and referrals to local programs and service providers, as needed.

Recruitment of providers.

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Describe:

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

Special Needs Rates are established on an as-needed basis for individual children, separately from the standard hour base rates. Special Needs Rates are approved by DHS and are based on the child's needs, the provider's description of services and the provider's related costs. Children with an approved Special Needs Rate may be paid at a higher rate than what the center charges for private, full-paying clients without special needs but must never be greater than what the provider would charge for similar services provided to a child with a disability paying privately.

A rating scale is used to determine the maximum Special Needs Rate that may be paid, based on one of three levels of need in relationship to the standard county maximum rate for that provider type and age of the child. Level one is 1.75 times the standard county maximum rate. Level two is 2.5 times the standard county maximum rate. Level three is 3.0 times the standard county maximum rate. In addition, CCAP policies allow counties to establish higher at-risk rates to certain providers caring for children defined as special needs due to inclusion in at-risk populations. When four or more providers offer the same type of care for the same specified special needs population, the 75th percentile is calculated in the geographic area. Counties identify the special needs rates that are paid in their biennial Child Care Fund Plan.

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Business supports are available for family and center child care centers who service children with disabilities through contracted services for one on one business consulting and group trainings. In addition, business training is available through Minnesota's Child Care Credential and the Director's credential.

Accreditation supports.

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Describe:

Accreditation facilitation and fee reimbursement is available to school-age programs that serve children with disabilities. Accreditation fee reimbursement is available to child care centers and family child care programs serving children with disabilities.

Child Care Health Consultation.

Describe:

Coaching/consultation services are available to programs statewide through the Center for Inclusive Child Care's Health & Safety Project. Services focus on supporting programs in implementing policies and daily health and safety practices.

Mental Health Consultation.

Describe:

The supply and quality of child care is increased for children with disabilities through a pilot mental health consultation program offered to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. Benefits of this program include reduced staff stress and turnover, decrease mental health symptoms in young children, reduced educational disparities experienced by children of color, reduced expulsion of children and increased early learning staff competence in addressing trauma, adversity and early childhood and family mental health conditions.

	Other.
С	escribe:

- 4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.
- d) Children who receive care during non-traditional hours. Check and describe all that apply

Grants and contracts (as discussed in 4.1.3).

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	Describe:
	Family child care networks. Describe:
~	Start-up funding. Describe: Child care programs that intend to become licensed or that have been licensed for less than six months are eligible to apply for grant funds. The funds may be used to assist the program with the costs associated with becoming licensed.
~	Technical assistance support. Describe: Coaching/consultation services are available to programs caring for children during non-traditional hours. Based on the needs of the program, services can be offered through the Infant Toddler Specialist Network, the Health and Safety Project or the Inclusion Project. Additional supports are available to programs who choose to participate in Parent Aware, Minnesota's Quality Rating and Improvement System.
Г	Recruitment of providers. Describe:
	Tiered payment rates (as discussed in 4.3.2) . Describe:
~	Support for improving business practices, such as management training, paid sick leave, and shared services. Describe: Business supports such as one on one consulting, marketing and competitive analysis, budgeting, cash flow and income/expense analysis to inform business decisions such serving children during non-traditional hours.

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Accreditation supports.

Describe:

Accreditation facilitation is available to school-age programs operating during non-traditional hours. Accreditation fee reimbursement is available to child care centers and family child care programs operating during non-traditional hours.

Child Care Health Consultation.

Describe:

Coaching/consultation services are available to programs statewide through the Center for Inclusive Child Care's Healthand Safety Project. Services focus on supporting programs in implementing policies and daily health and safety practices.

Mental Health Consultation.

Describe:

The supply and quality of child care is increased for children who receive care during non-traditional hours through a pilot mental health consultation program offered to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. Benefits of this program include reduced staff stress and turnover, decrease mental health symptoms in young children, reduced educational disparities experienced by children of color, reduced expulsion of children and increased early learning staff competence in addressing trauma, adversity and early childhood and family mental health conditions.

Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

Grants and contracts (as discussed in 4.1.3).

Describe:

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Family child care networks. Describe:
Start-up funding. Describe:
Technical assistance support. Describe:
Recruitment of providers. Describe: Through grants to Child Care Aware agencies, DHS supports trained recruiters who promote Parent Aware in local communities and recruit programs to voluntarily participate.
Tiered payment rates (as discussed in 4.3.2). Describe:
Support for improving business practices, such as management training, paid sick leave, and shared services. Describe:
Accreditation supports. Describe:
Child Care Health Consultation. Describe:
Mental Health Consultation. Describe:
✓ Other.

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Describe:

Through a grant with First Children's Finance, DHS supports Greater Minnesota community involvement in a Rural Child Care Innovation Program. This is an innovative community engagement process designed to address the challenges of child care in rural America. The program engages communities in a process designed to develop the right-sized solutions that meet unique aspects of the community.

During the process, communities can expect:

- Events that educate community members about the link between quality child care, rural economic development and viable communities
- The community's Core Team will increase their capacity to drive change by identifying resources and focusing their efforts on innovations that make a difference in the supply of child care
- A thorough analysis of the current child care supply and demand and evaluation of community factors impacting the local child care supply
- A Community Solution Action Plan that includes innovative solutions generated by the community through a facilitated Town Hall process
- Access to First Children's Finance's expertise, resources and tools, including research and financial modeling
- Support and business improvement services to existing family child care providers and child care centers

4.6.3 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.

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

Minnesota does not have a standard definition of these areas geographically. However, for a targeted Parent Aware expansion, a measure of higher percentages of county-level child poverty (using data from the American Community Survey, 2012-2016 5 Year Estimates, the percentage of children under age five at or below 100 percent of federal poverty guidelines) is being used to prioritize services. In addition, Minnesota prioritizes

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funding streams to ensure that children in poverty across the state do not wait for service by fully funding child care assistance for families on TANF. High-quality care is incentivized across the state through higher rates to the benefit of all children.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs Minnesota's Child Care Assistance Program (CCAP) is funded to ensure that all families receiving TANF, families who recently left TANF due to employment, and parents under the age of 21 who have not completed high school or obtained a GED are prioritized and served without being subject to a waiting list. Early Learning Scholarships also address this priority, and all families under 185 percent federal poverty guidelines (FPG). DHS coordinates efforts and alignment of policy and priorities with scholarship staff at the Minnesota Department of Education.

For a targeted Parent Aware expansion, county level child poverty (using data from the American Community Survey, 2012-2016 5 Year Estimates, the percentage of children under age five at or below 100 percent of federal poverty guidelines) is being used to prioritize counties for supports for child care providers. All counties with poverty levels higher than the state average were given priority. Specifically, to increase access to high quality child care centers, 61 counties have been identified by low QRIS participation and high child poverty. In these counties, incentives for child care center participation in Parent Aware will be increased. Post-rating grants for child care centers earning a One-to Three-Star Rating in the targeted counties will increase by \$1,000, resulting in a total grant of up to \$3,500.

Access to high-quality programs is supported for all families who receive CCAP, whether they are TANF or non-TANF, through investments in high-quality providers. High-quality providers who serve CCAP families have higher maximum reimbursement rates through tiered reimbursement. Parent Aware Three- and Four-Star Rated programs, and providers who hold certain accreditations or credentials can be reimbursed at rates that are up to 20 percent higher. CCAP policy also allows counties to pay higher rates to atrisk populations. At-risk factors include, but are not limited to, a federal or state disaster, limited English proficiency in a family, a history of abuse or neglect, a determination that the children are at risk of abuse or neglect, family violence, homelessness, age of the

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mother, level of maternal education, mental illness, developmental disability, or parental chemical dependency or history of other substance abuse, including environmental or familial factors that create barriers to a child's optimal achievement.

The Early Learning Scholarships increase access to high-quality early childhood programs for 3- and 4-year-old children with the highest needs to improve school readiness for all young children. Children birth to 2 years old are eligible if they meet one or more of the following criteria:

- Child of a teen parent
- Currently in foster care
- In need of child protective services
- Experienced homelessness in the last 24 months
- Younger sibling of a 3 to 4 year old with a scholarship if they attend the same program.

Priority for scholarships will be given based on family income, child poverty, one of the special populations as noted previously, and geographic region. Families must meet eligibility requirements as outlined in <u>Minnesota Statutes</u>, section 124D.165.

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

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

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

The organization of this section begins with a description of the licensing system for providers of

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child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

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

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

5.1 Licensing Requirements

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

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

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Center-based child care.

Describe and Provide the citation:

In Minnesota, licensed child care centers are generally described as care offered in non-residential settings, with larger numbers of children in care. An individual or organization must obtain a license to provide care or supervision to a child, unless exempt by state law. Licensed child care centers are monitored for compliance with minimum health and safety standards. These include background study requirements; staff qualifications and training; program policies and procedures; supervision requirements; child/adult ratios and age distribution requirements; behavior guidance; infant and safe sleep requirements; physical environment requirements, equipment and activity requirements; mandated reporting requirements and record keeping requirements.

Minn. Stat. 245A.03, subd. 1 (requirement for licensure); Minn. Stat. 245A and Minn. R. 9503 (licensing requirements for licensed child care centers); Minn. Stat. 245C (background study requirements); and Minn. Stat., sec. 626.556 (Maltreatment of Minors Act).

Family child care.

Describe and Provide the citation:

In Minnesota, licensed family child care is generally described as the care for no more than 14 children at any one time in a residential setting (though, licensed family child care can be provided in other settings, such as within a religious building). An individual who intends to care for children from more than one unrelated family must obtain a license. Licensed family child care programs are monitored for compliance with minimum health and safety standards. These include background study requirements; caregiver qualifications and training; program policies and procedures; supervision requirements; child/adult ratios and age distribution requirements; behavior guidance; infant and safe sleep requirements; physical environment requirements, equipment and activity requirements; mandated reporting requirements and record keeping requirements.

Minn. Stat. 245A.03, subd. 1 (requirement for licensure); Minn. Stat. 245A and Minn. R. 9502 (licensing requirements for licensed family child care); Minn. Stat. 245C (background study requirements); and Minn. Stat., sec. 626.556 (Maltreatment of Minors Act).

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$\hfill\square$ In-home care (care in the child's own home).
Describe and provide the citation (if applicable):

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

These programs/providers may be exempt from licensure because they meet other government standards for health and safety and/or receive oversight provided by another organization or agency. These exemptions do not endanger the health, safety, and welfare of children, because in the majority of cases, the programs are generally approved/regulated/accredited by another unit of government (e.g. public school district; local park board; MN Department of Health) or another organization with federal or local or national board oversight (Head Start; YMCA; YWCA; accredited nonpublic schools; scouting, etc). These governing bodies generally have some oversight functions and most require background checks of staff. Another category of exemptions is allowed for care that is provided for a limited period of time (3 hours per day with parent on site; less than 30/45 days in a calendar year) and in specific contexts that do not resemble typical child care arrangements (religious instruction; sports and arts programs; K-12 youth development programs). Other types of programs are exempt from licensure because of the limited number of children they can care for and/or the relationship the individual has with the children in care. Also, in 245A.03, subd. 3, the Legislature has made it a misdemeanor to operate without a license unless excluded from licensure. Finally, section 245A.03 also allows legally exempt programs to voluntarily apply for licensure if they so desire. This statute allows the counties to take legal action to cease operations. For these reasons, the exemptions do not endanger the health, safety, and development of the children in care.

Minnesota Statutes, section 245A.03, subd 2 outlines settings exempt from licensure (for services licensed by the Department of Human Services generally). The exemptions related to care of a child are:

(1) residential or nonresidential programs that are provided to a person by an individual who

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is related unless the residential program is a child foster care placement made by a local social services agency or a licensed child-placing agency, except as provided in subdivision 2a;

(2) nonresidential programs that are provided by an unrelated individual to persons from a single related family;

...

- (5) programs operated by a public school for children 33 months or older;
- (6) nonresidential programs primarily for children that provide care or supervision for periods of less than three hours a day while the child's parent or legal guardian is in the same building as the nonresidential program or present within another building that is directly contiguous to the building in which the nonresidential program is located;

...

- (11) recreation programs for children or adults that are operated or approved by a park and recreation board whose primary purpose is to provide social and recreational activities;
- (12) programs operated by a school as defined in section 120A.22, subdivision 4; YMCA as defined in section 315.44; YWCA as defined in section 315.44; or JCC as defined in section 315.51, whose primary purpose is to provide child care or services to school-age children;
- (13) Head Start nonresidential programs which operate for less than 45 days in each calendar year;

. . .

(15) programs for children such as scouting, boys clubs, girls clubs, and sports and art programs, and nonresidential programs for children provided for a cumulative total of less than 30 days in any 12-month period;

. . .

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- (17) the religious instruction of school-age children; Sabbath or Sunday schools; or the congregate care of children by a church, congregation, or religious society during the period used by the church, congregation, or religious society for its regular worship;
- (18) camps licensed by the commissioner of health under Minnesota Rules, chapter 4630

...

(20) residential programs serving school-age children whose sole purpose is cultural or educational exchange, until the commissioner adopts appropriate rules;

. . .

- (26) a program serving only children who are age 33 months or older, that is operated by a nonpublic school, for no more than four hours per day per child, with no more than 20 children at any one time, and that is accredited by:
- (i) an accrediting agency that is formally recognized by the commissioner of education as a nonpublic school accrediting organization; or
- (ii) an accrediting agency that requires background studies and that receives and investigates complaints about the services provided.

A program that asserts its exemption from licensure under item (ii) shall, upon request from the commissioner, provide the commissioner with documentation from the accrediting agency that verifies: that the accreditation is current; that the accrediting agency investigates complaints about services; and that the accrediting agency's standards require background studies on all people providing direct contact services;

- (27) a program operated by a nonprofit organization incorporated in Minnesota or another state that serves youth in kindergarten through grade 12; provides structured, supervised youth development activities; and has learning opportunities take place before or after school, on weekends, or during the summer or other seasonal breaks in the school calendar. A program exempt under this clause is not eligible for child care assistance under chapter 119B. A program exempt under this clause must:
- (i) have a director or supervisor on site who is responsible for overseeing written policies

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relating to the management and control of the daily activities of the program, ensuring the health and safety of program participants, and supervising staff and volunteers;

- (ii) have obtained written consent from a parent or legal guardian for each youth participating in activities at the site; and
- (iii) have provided written notice to a parent or legal guardian for each youth at the site that the program is not licensed or supervised by the state of Minnesota and is not eligible to receive child care assistance payments;

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

Center-based child care.

If checked, describe the exemptions.

Effective October 1, 2018, the following types of license-exempt centers must be certified to participate in Minnesota's Child Care Assistance Program (CCAP):

- Recreation programs for children operated or approved by a park and recreation board whose primary purpose is to provide social and recreational activities,
- Program operated by a school, YMCA, YWCA, or Jewish Community Center (JCC) whose primary purpose is to provide child care or services to school-age children,
- Programs operated by a public school for children 33 months or older,
- Camps licensed by the Department of Health,
- Head Start nonresidential programs that operate for less than 45 days in a calendar year,
- Programs for children such as scouting, boys and girls clubs, and sports and art programs, and nonresidential programs for children provided for a cumulative total of less than 30 days in any 12 month period, and
- A program serving only children who are 33 months or older, that is operated by a nonpublic school, for no more than four hours per day per child, with no more than 20 children at any one time, and that is accredited.

Note: Except where specifically indicated above, the exemptions described are not based on length of day, number of children in care, and/or ages of children in care.

Family child care.

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If checked, describe the exemptions.

The following types of license-exempt family child care providers can participate in CCAP: Family child care providers who care for only related children and/or no more than one unrelated family.

In-home care.

If checked, describe the exemptions.

Care provided to a child in the child's own home is not subject to licensing. In-home care providers must care for only related children and/or no more than one unrelated family in order to be eligible to receive CCDF funds unless licensed.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

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

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

6 weeks to 16 months.

-- Ratio:

1:4

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-- Group size:

8

-- Teacher/caregiver qualifications:

Teachers must be at least 18 years of age. Minnesota's teacher qualifications are not age group specific. There are various combinations of education and experience that qualify, as described below:

Teacher education and experience requirements

A teacher with certain credentials must have the appropriate education and experience as described below:

- 1. A high school or General Education Development (GED) diploma. Experience:
- 4,160 hours as assistant teacher. Education: 24 quarter credits.
- 2. Diploma from Association Montessori Internationale; preprimary credential, primary diploma, without a baccalaureate degree. Experience: 2,080 hours as assistant teacher, aide, or student intern. Education: 12 quarter credits.
- 3. Preprimary credential, primary diploma, or provisional certificate from the American Montessori Society; or diploma from the Association Montessori Internationale with a baccalaureate degree. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: no additional required.
- 4. Minnesota technical institute certificate as a Child Development Assistant. Experience: 2,080 hours as an assistant teacher. Education: six quarter credits.
- 5. Child Development Associate credential (center based or family child care) for preschool or for infants and toddlers from the Council for Early Childhood Professional Recognition. Experience: 1,560 hours as assistant teacher, aide, or student intern. Education: no additional required.
- 6. License from the Minnesota Department of Education for Prekindergarten
 Associate; or a certificate or credential for a two-year program from an accredited
 community college or technical college in child development or early childhood

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education. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: six quarter credits.

- 7. Baccalaureate degree from an accredited college or university in any field. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: 18 quarter credits.
- 8. License from the Minnesota Department of Education for Elementary education without kindergarten endorsement. Experience: 520 hours as assistant teacher, aide, or student intern if teaching children under school age. Education: six quarter credits within one year of initial employment if teaching children under school age.
- 9. License from the Minnesota Department of Education for prekindergarten/nursery, or a license form the Minnesota Department of Education for elementary education with a kindergarten endorsement. Experience: no additional required. Education: no additional required.

In addition to the above teacher qualifications, a registered nurse or licensed practical nurse qualifies as a teacher for infant care only.

Assistant Teacher qualifications

Assistant teachers must be at least 18 years of age. Minnesota's assistant teacher qualifications are not age group specific. There are various combinations of education and experience that qualify, as described below.

As assistant teacher with a certain credential must have the appropriate education and experience, as described below.

Assistant teacher education and experience requirements:

- A high school or General Education Development (GED) equivalency.
 Experience: 2,080 hours as an aide or student intern. Education: 12 quarter credits.
- 2. Minnesota license as a family child care or group family child care provider.

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Experience: 2,080 hours as a licensed family child care or group family child care provider. Education: 12 quarter credits.

- 3. Diploma from Association of Montessori Internationale or preprimary credential, primary diploma, or provisional certificate from the American Montessori Society. Experience: 520 hours as an aide or student intern. Education: three quarter credits.
- 4. Minnesota technical institute certificate as a Child Development Assistant. Experience: 520 hours as an aide or student intern. Education: no additional required.
- 5. Two year full-time postsecondary education from a college or university. Experience: 1,040 hours as an aide or student intern. Education: nine quarter credits.
- 6. Child Development Associate credential, center based or for family child care, form the Council for Early Childhood Professional Recognition. Experience: no additional required. Education: no additional required.
- 7. Baccalaureate degree in any field from an accredited college or university. Experience: no additional required. Education: nine quarter credits.
- 8. Certificate or credential for a two year program in child development or early childhood education at a Minnesota community college or technical college. Experience: no additional required. Education: no additional required.
- 9. License from the Minnesota Department of Children Families, and Learning for Prekindergarten Associate. Experience: no additional required. Education: no additional required.

In addition to the above assistant teacher qualifications, a registered nurse or licensed practical nurse qualifies as an assistant teacher for infant care only.

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2. Toddler

-- How does the State/territory define toddler (age range):

16 to 33 months

-- Ratio:

1:7

-- Group size:

14

-- Teacher/caregiver qualifications:

Teachers must be at least 18 years of age. Minnesota's teacher qualifications are not age group specific. There are various combinations of education and experience that qualify, as described below:

Teacher education and experience requirements

A teacher with certain credentials must have the appropriate education and experience as described below:

- 1. A high school or General Education Development (GED) diploma. Experience:
- 4,160 hours as assistant teacher. Education: 24 quarter credits.
- 2. Diploma from Association Montessori Internationale; preprimary credential, primary diploma, without a baccalaureate degree. Experience: 2,080 hours as assistant teacher, aide, or student intern. Education: 12 quarter credits.
- 3. Preprimary credential, primary diploma, or provisional certificate from the American Montessori Society; or diploma from the Association Montessori Internationale with a baccalaureate degree. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: no additional required.
- 4. Minnesota technical institute certificate as a Child Development Assistant. Experience: 2,080 hours as an assistant teacher. Education: six quarter credits.

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- 5. Child Development Associate credential (center based or family child care) for preschool or for infants and toddlers from the Council for Early Childhood Professional Recognition. Experience: 1,560 hours as assistant teacher, aide, or student intern. Education: no additional required.
- 6. License from the Minnesota Department of Education for Prekindergarten Associate; or a certificate or credential for a two-year program from an accredited community college or technical college in child development or early childhood education. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: six quarter credits.
- 7. Baccalaureate degree from an accredited college or university in any field. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: 18 quarter credits.
- 8. License from the Minnesota Department of Education for Elementary education without kindergarten endorsement. Experience: 520 hours as assistant teacher, aide, or student intern if teaching children under school age. Education: six quarter credits within one year of initial employment if teaching children under school age.
- 9. License from the Minnesota Department of Education for prekindergarten/nursery, or a license form the Minnesota Department of Education for elementary education with a kindergarten endorsement. Experience: no additional required. Education: no additional required.

In addition to the above teacher qualifications, a registered nurse or licensed practical nurse qualifies as a teacher for infant care only.

Assistant Teacher qualifications

Assistant teachers must be at least 18 years of age. Minnesota's assistant teacher qualifications are not age group specific. There are various combinations of education and experience that qualify, as described below.

As assistant teacher with a certain credential must have the appropriate education and experience, as described below.

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Assistant teacher education and experience requirements:

- 1. A high school or General Education Development (GED) equivalency.

 Experience: 2,080 hours as an aide or student intern. Education: 12 quarter credits.
- 2. Minnesota license as a family child care or group family child care provider. Experience: 2,080 hours as a licensed family child care or group family child care provider. Education: 12 quarter credits.
- 3. Diploma from Association of Montessori Internationale or preprimary credential, primary diploma, or provisional certificate from the American Montessori Society. Experience: 520 hours as an aide or student intern. Education: three quarter credits.
- 4. Minnesota technical institute certificate as a Child Development Assistant. Experience: 520 hours as an aide or student intern. Education: no additional required.
- 5. Two year full-time postsecondary education from a college or university. Experience: 1,040 hours as an aide or student intern. Education: nine quarter credits.
- 6. Child Development Associate credential, center based or for family child care, form the Council for Early Childhood Professional Recognition. Experience: no additional required. Education: no additional required.
- 7. Baccalaureate degree in any field from an accredited college or university. Experience: no additional required. Education: nine quarter credits.
- 8. Certificate or credential for a two year program in child development or early childhood education at a Minnesota community college or technical college. Experience: no additional required. Education: no additional required.

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9. License from the Minnesota Department of Children Families, and Learning for Prekindergarten Associate. Experience: no additional required. Education: no additional required.

In addition to the above assistant teacher qualifications, a registered nurse or licensed practical nurse qualifies as an assistant teacher for infant care only.

3. Preschool

-- How does the State/territory define preschool (age range):

33 months to kindergarten

-- Ratio:

1:10

-- Group size:

20

-- Teacher/caregiver qualifications:

Teachers must be at least 18 years of age. Minnesota's teacher qualifications are not age group specific. There are various combinations of education and experience that qualify, as described below:

Teacher education and experience requirements

A teacher with certain credentials must have the appropriate education and experience as described below:

- 1. A high school or General Education Development (GED) diploma. Experience:
- 4,160 hours as assistant teacher. Education: 24 quarter credits.
- 2. Diploma from Association Montessori Internationale; preprimary credential, primary diploma, without a baccalaureate degree. Experience: 2,080 hours as assistant teacher, aide, or student intern. Education: 12 quarter credits.
- 3. Preprimary credential, primary diploma, or provisional certificate from the

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American Montessori Society; or diploma from the Association Montessori Internationale with a baccalaureate degree. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: no additional required.

- 4. Minnesota technical institute certificate as a Child Development Assistant. Experience: 2,080 hours as an assistant teacher. Education: six quarter credits.
- 5. Child Development Associate credential (center based or family child care) for preschool or for infants and toddlers from the Council for Early Childhood Professional Recognition. Experience: 1,560 hours as assistant teacher, aide, or student intern. Education: no additional required.
- 6. License from the Minnesota Department of Education for Prekindergarten Associate; or a certificate or credential for a two-year program from an accredited community college or technical college in child development or early childhood education. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: six quarter credits.
- 7. Baccalaureate degree from an accredited college or university in any field. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: 18 quarter credits.
- 8. License from the Minnesota Department of Education for Elementary education without kindergarten endorsement. Experience: 520 hours as assistant teacher, aide, or student intern if teaching children under school age. Education: six quarter credits within one year of initial employment if teaching children under school age.
- 9. License from the Minnesota Department of Education for prekindergarten/nursery, or a license form the Minnesota Department of Education for elementary education with a kindergarten endorsement. Experience: no additional required. Education: no additional required.

In addition to the above teacher qualifications, a registered nurse or licensed practical nurse qualifies as a teacher for infant care only.

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Assistant Teacher qualifications

Assistant teachers must be at least 18 years of age. Minnesota's assistant teacher qualifications are not age group specific. There are various combinations of education and experience that qualify, as described below.

As assistant teacher with a certain credential must have the appropriate education and experience, as described below.

Assistant teacher education and experience requirements:

- 1. A high school or General Education Development (GED) equivalency.

 Experience: 2,080 hours as an aide or student intern. Education: 12 quarter credits.
- 2. Minnesota license as a family child care or group family child care provider. Experience: 2,080 hours as a licensed family child care or group family child care provider. Education: 12 quarter credits.
- 3. Diploma from Association of Montessori Internationale or preprimary credential, primary diploma, or provisional certificate from the American Montessori Society. Experience: 520 hours as an aide or student intern. Education: three quarter credits.
- 4. Minnesota technical institute certificate as a Child Development Assistant. Experience: 520 hours as an aide or student intern. Education: no additional required.
- 5. Two year full-time postsecondary education from a college or university. Experience: 1,040 hours as an aide or student intern. Education: nine quarter credits.
- 6. Child Development Associate credential, center based or for family child care, form the Council for Early Childhood Professional Recognition. Experience: no additional required. Education: no additional required.

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- 7. Baccalaureate degree in any field from an accredited college or university. Experience: no additional required. Education: nine quarter credits.
- 8. Certificate or credential for a two year program in child development or early childhood education at a Minnesota community college or technical college. Experience: no additional required. Education: no additional required.
- 9. License from the Minnesota Department of Children Families, and Learning for Prekindergarten Associate. Experience: no additional required. Education: no additional required.

In addition to the above assistant teacher qualifications, a registered nurse or licensed practical nurse qualifies as an assistant teacher for infant care only.

4. School-age

-- How does the State/territory define school-age (age range): Kindergarten through 12 years

-- Ratio:

1:15

-- Group size:

30

-- Teacher/caregiver qualifications:

Teachers must be at least 18 years of age. Minnesota's teacher qualifications are not age group specific. There are various combinations of education and experience that qualify, as described below:

Teacher education and experience requirements

A teacher with certain credentials must have the appropriate education and experience as described below:

1. A high school or General Education Development (GED) diploma. Experience:

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- 4,160 hours as assistant teacher. Education: 24 quarter credits.
- 2. Diploma from Association Montessori Internationale; preprimary credential, primary diploma, without a baccalaureate degree. Experience: 2,080 hours as assistant teacher, aide, or student intern. Education: 12 quarter credits.
- 3. Preprimary credential, primary diploma, or provisional certificate from the American Montessori Society; or diploma from the Association Montessori Internationale with a baccalaureate degree. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: no additional required.
- 4. Minnesota technical institute certificate as a Child Development Assistant. Experience: 2,080 hours as an assistant teacher. Education: six quarter credits.
- 5. Child Development Associate credential (center based or family child care) for preschool or for infants and toddlers from the Council for Early Childhood Professional Recognition. Experience: 1,560 hours as assistant teacher, aide, or student intern. Education: no additional required.
- 6. License from the Minnesota Department of Education for Prekindergarten Associate; or a certificate or credential for a two-year program from an accredited community college or technical college in child development or early childhood education. Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: six quarter credits.
- 7. Baccalaureate degree from an accredited college or university in any field.

 Experience: 1,040 hours as assistant teacher, aide, or student intern. Education: 18 quarter credits.
- 8. License from the Minnesota Department of Education for Elementary education without kindergarten endorsement. Experience: 520 hours as assistant teacher, aide, or student intern if teaching children under school age. Education: six quarter credits within one year of initial employment if teaching children under school age.
- 9. License from the Minnesota Department of Education for

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prekindergarten/nursery, or a license form the Minnesota Department of Education for elementary education with a kindergarten endorsement. Experience: no additional required. Education: no additional required.

In addition to the above teacher qualifications, a registered nurse or licensed practical nurse qualifies as a teacher for infant care only.

Assistant Teacher qualifications

Assistant teachers must be at least 18 years of age. Minnesota's assistant teacher qualifications are not age group specific. There are various combinations of education and experience that qualify, as described below.

As assistant teacher with a certain credential must have the appropriate education and experience, as described below.

Assistant teacher education and experience requirements:

- 1. A high school or General Education Development (GED) equivalency.

 Experience: 2,080 hours as an aide or student intern. Education: 12 quarter credits.
- 2. Minnesota license as a family child care or group family child care provider. Experience: 2,080 hours as a licensed family child care or group family child care provider. Education: 12 quarter credits.
- 3. Diploma from Association of Montessori Internationale or preprimary credential, primary diploma, or provisional certificate from the American Montessori Society. Experience: 520 hours as an aide or student intern. Education: three quarter credits.
- 4. Minnesota technical institute certificate as a Child Development Assistant. Experience: 520 hours as an aide or student intern. Education: no additional required.
- 5. Two year full-time postsecondary education from a college or university.

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Experience: 1,040 hours as an aide or student intern. Education: nine quarter credits.

- 6. Child Development Associate credential, center based or for family child care, form the Council for Early Childhood Professional Recognition. Experience: no additional required. Education: no additional required.
- 7. Baccalaureate degree in any field from an accredited college or university. Experience: no additional required. Education: nine quarter credits.
- 8. Certificate or credential for a two year program in child development or early childhood education at a Minnesota community college or technical college. Experience: no additional required. Education: no additional required.
- 9. License from the Minnesota Department of Children Families, and Learning for Prekindergarten Associate. Experience: no additional required. Education: no additional required.

In addition to the above assistant teacher qualifications, a registered nurse or licensed practical nurse qualifies as an assistant teacher for infant care only.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

For certified license-exempt centers, "school-age" is defined as "kindergarten through 13 years old." The maximum group size for "school-age" is 30 children.

For certified license-exempt centers, the following teacher/caregiver qualifications apply:

- A staff person must be 16 years of age or older before providing direct, unsupervised care to a child.
- A director must be 18 years of age or older and have completed at least 16 hours of training in any of the following topic areas: child development and learning; developmentally appropriate learning experiences; relationship with families; assessment, evaluation, and individualization; historical and contemporary development of early childhood education; professionalism; and health, safety, and nutrition.

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Please note, certified license-exempt centers that participate in other state or federal programs may be required to meet additional requirements and/or may choose to meet voluntary standards, such as " Minimum Standards for School-age Care

Programs: A framework for school-age care programs operating in Minnesota schools
"

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

When children of different ages are mixed, ratio and group size requirements for the age category of the youngest child in care applies. Please note, there is no variation in staff qualifications for licensed child care centers based on the ages of children in care.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

A child care center director must be: at least 18 years old; a graduate of a high school or hold an equivalent diploma attainted through successful completion of the general education development (GED) test; have at least 1,040 hours of paid or unpaid staff supervision experience; and have at least nine quarter credits or 90 hours earned in any combination of accredited courses in staff supervision, human relations, or child development. Please note, there is no variation in director qualifications for licensed child care centers, including licensed CCDF child care centers, based on the ages of children in care.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

6 weeks to 12 months

-- Ratio:

Group family child care and family child care license classes in Minnesota include: A, B (1), B (2), C (1), C (2), C (3), and D.

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- A. Family Child Care: The maximum total number of children allowed in a family child care home is ten with one adult caregiver. Of the ten children, a maximum of six may be under school age (infants, toddlers, and preschoolers), and no more than three may be infants and toddlers, with a maximum of two infants.
- B (1) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is five with one adult caregiver. Of the five children, a maximum of three may be under school-age (infants, toddlers, and preschoolers), and no more than three may be infants.
- B (2) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is six with one adult caregiver. Of the six children, a maximum of four may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants.
- C (1) Group Family Child Care: The maximum total number of children allowed is ten children with one adult caregiver. Of the ten children, a maximum of eight may be under school-age (infants, toddlers, and preschoolers), and no more than three maybe infants and toddlers, with a maximum of two infants.
- C (2) Group Family Child Care: The maximum total number of children allowed is 12 children with one adult caregiver. Of the 12 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants and toddlers with a maximum of 1 infant.
- C (3) Group Family Child Care: The maximum total number of children allowed is 14 children with two adult caregivers. Of the 14 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants and toddlers with a maximum of three infants. A helper 13 to 17 years of age may be used in place of a second adult caregiver when there is no more than one infant or toddler present.
- D. Specialized Infant and Toddler Group Family Child Care: The maximum total number of children allowed is nine children with two adult caregivers. Of the nine children, a maximum of seven may be under school-age (infants, toddlers, and

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preschoolers), and no more than four may be infants.

-- Group size:

Group family child care and family child care license classes in Minnesota include: A, B (1), B (2), C (1), C (2), C (3), and D.

A. Family Child Care: The maximum total number of children allowed in a family child care home is ten with one adult caregiver. Of the ten children, a maximum of six may be under school age (infants, toddlers, and preschoolers), and no more than three may be infants and toddlers, with a maximum of two infants.

- B (1) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is five with one adult caregiver. Of the five children, a maximum of three may be under school-age (infants, toddlers, and preschoolers), and no more than three may be infants.
- B (2) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is six with one adult caregiver. Of the six children, a maximum of four may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants.
- C (1) Group Family Child Care: The maximum total number of children allowed is ten children with one adult caregiver. Of the ten children, a maximum of eight may be under school-age (infants, toddlers, and preschoolers), and no more than three maybe infants and toddlers, with a maximum of two infants.
- C (2) Group Family Child Care: The maximum total number of children allowed is 12 children with one adult caregiver. Of the 12 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants and toddlers with a maximum of 1 infant.
- C (3) Group Family Child Care: The maximum total number of children allowed is 14 children with two adult caregivers. Of the 14 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants and toddlers with a maximum of three infants. A helper 13 to 17 years of

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age may be used in place of a second adult caregiver when there is no more than one infant or toddler present.

D. Specialized Infant and Toddler Group Family Child Care: The maximum total number of children allowed is nine children with two adult caregivers. Of the nine children, a maximum of seven may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants.

-- Teacher/caregiver qualifications:

A family child care provider must be at least 18 years of age and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to licensure.

A "group family child care" provider must be an adult and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to initial licensure. In addition a group family child care provider must be the qualifications in items A, B, or C.

- A. A minimum of one years' substantial compliance as a licensed family child care provider; or
- B. A minimum of six months' substantial compliance as a family child care provider, and:
 - Completion of an accredited competency based family child care training and assessment program offered by an accredited institute; or
 - 2. Thirty hours of child care, health, and nutrition training, and a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school or licensed child care center, or as an assistant adult caregiver in a licensed group family child care home; or
 - 3. Thirty hours of child development or early childhood education training, as specified in part, and a minimum of 520 hours of experience as a licensed practical or registered nurse; or
- C. Certification or licensure indicating:
 - Completion of a two tear child development or early childhood education associate or certificate program at an accredited college or university;

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- Completion of a nine month child development assistant program at an accredited technical college;
- 3. A current Level I or Level II prekindergarten license form the Department of Education;
- 4. A kindergarten through sixth grade teaching degree from an accredited university or college that indicates that include a minimum 30 hours of child development training; or
- 5. Documentation of a minimum of six months satisfactory experience as a fulltime teacher at a state licensed group day care center.

2. Toddler

-- How does the State/territory define toddler (age range):

12 to 24 months for family and group family child care.

12 to 30 months for specialized infant and toddler care.

-- Ratio:

Group family child care and family child care license classes in Minnesota include: A, B (1), B (2), C (1), C (2), C (3), and D.

A. Family Child Care: The maximum total number of children allowed in a family child care home is ten with one adult caregiver. Of the ten children, a maximum of six may be under school age (infants, toddlers, and preschoolers), and no more than three may be infants and toddlers, with a maximum of two infants.

- B (1) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is five with one adult caregiver. Of the five children, a maximum of three may be under school-age (infants, toddlers, and preschoolers), and no more than three may be infants.
- B (2) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is six with one adult caregiver. Of the six children, a maximum of four may be under school-age (infants, toddlers, and preschoolers), and no more

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than two may be infants.

- C (1) Group Family Child Care: The maximum total number of children allowed is ten children with one adult caregiver. Of the ten children, a maximum of eight may be under school-age (infants, toddlers, and preschoolers), and no more than three maybe infants and toddlers, with a maximum of two infants.
- C (2) Group Family Child Care: The maximum total number of children allowed is 12 children with one adult caregiver. Of the 12 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants and toddlers with a maximum of 1 infant.
- C (3) Group Family Child Care: The maximum total number of children allowed is 14 children with two adult caregivers. Of the 14 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants and toddlers with a maximum of three infants. A helper 13 to 17 years of age may be used in place of a second adult caregiver when there is no more than one infant or toddler present.
- D. Specialized Infant and Toddler Group Family Child Care: The maximum total number of children allowed is nine children with two adult caregivers. Of the nine children, a maximum of seven may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants.

-- Group size:

- Group family child care and family child care license classes in Minnesota include: A, B (1), B (2), C (1), C (2), C (3), and D.

A. Family Child Care: The maximum total number of children allowed in a family child care home is ten with one adult caregiver. Of the ten children, a maximum of six may be under school age (infants, toddlers, and preschoolers), and no more than three may be infants and toddlers, with a maximum of two infants.

B (1) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is five with one adult caregiver. Of the five children, a maximum of three may be under school-age (infants, toddlers, and

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preschoolers), and no more than three may be infants.

- B (2) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is six with one adult caregiver. Of the six children, a maximum of four may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants.
- C (1) Group Family Child Care: The maximum total number of children allowed is ten children with one adult caregiver. Of the ten children, a maximum of eight may be under school-age (infants, toddlers, and preschoolers), and no more than three maybe infants and toddlers, with a maximum of two infants.
- C (2) Group Family Child Care: The maximum total number of children allowed is 12 children with one adult caregiver. Of the 12 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants and toddlers with a maximum of 1 infant.
- C (3) Group Family Child Care: The maximum total number of children allowed is 14 children with two adult caregivers. Of the 14 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants and toddlers with a maximum of three infants. A helper 13 to 17 years of age may be used in place of a second adult caregiver when there is no more than one infant or toddler present.
- D. Specialized Infant and Toddler Group Family Child Care: The maximum total number of children allowed is nine children with two adult caregivers. Of the nine children, a maximum of seven may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants.

-- Teacher/caregiver qualifications:

A family child care provider must be at least 18 years of age and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to licensure.

A "group family child care" provider must be an adult and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to initial licensure. In addition a group family child care provider must be the qualifications in items A, B, or C.

A. A minimum of one years' substantial compliance as a licensed family child care

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provider; or

- B. A minimum of six months' substantial compliance as a family child care provider, and:
 - 1. Completion of an accredited competency based family child care training and assessment program offered by an accredited institute; or
 - 2. Thirty hours of child care, health, and nutrition training, and a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school or licensed child care center, or as an assistant adult caregiver in a licensed group family child care home; or
 - 3. Thirty hours of child development or early childhood education training, as specified in part, and a minimum of 520 hours of experience as a licensed practical or registered nurse; or
- C. Certification or licensure indicating:
 - 1. Completion of a two tear child development or early childhood education associate or certificate program at an accredited college or university;
 - 2. Completion of a nine month child development assistant program at an accredited technical college;
 - A current Level I or Level II prekindergarten license form the Department of Education;
 - 4. A kindergarten through sixth grade teaching degree from an accredited university or college that indicates that include a minimum 30 hours of child development training; or
 - 5. Documentation of a minimum of six months satisfactory experience as a fulltime teacher at a state licensed group day care center.

3. Preschool

-- How does the State/territory define preschool (age range):

24 months to 5 years

-- Ratio:

Group family child care and family child care license classes in Minnesota include: A, B (1), B (2), C (1), C (2), C (3), and D.

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- A. Family Child Care: The maximum total number of children allowed in a family child care home is ten with one adult caregiver. Of the ten children, a maximum of six may be under school age (infants, toddlers, and preschoolers), and no more than three may be infants and toddlers, with a maximum of two infants.
- B (1) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is five with one adult caregiver. Of the five children, a maximum of three may be under school-age (infants, toddlers, and preschoolers), and no more than three may be infants.
- B (2) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is six with one adult caregiver. Of the six children, a maximum of four may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants.
- C (1) Group Family Child Care: The maximum total number of children allowed is ten children with one adult caregiver. Of the ten children, a maximum of eight may be under school-age (infants, toddlers, and preschoolers), and no more than three maybe infants and toddlers, with a maximum of two infants.
- C (2) Group Family Child Care: The maximum total number of children allowed is 12 children with one adult caregiver. Of the 12 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants and toddlers with a maximum of 1 infant.
- C (3) Group Family Child Care: The maximum total number of children allowed is 14 children with two adult caregivers. Of the 14 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants and toddlers with a maximum of three infants. A helper 13 to 17 years of age may be used in place of a second adult caregiver when there is no more than one infant or toddler present.
- D. Specialized Infant and Toddler Group Family Child Care: The maximum total number of children allowed is nine children with two adult caregivers. Of the nine children, a maximum of seven may be under school-age (infants, toddlers, and

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preschoolers), and no more than four may be infants.

-- Group size:

Group family child care and family child care license classes in Minnesota include: A, B (1), B (2), C (1), C (2), C (3), and D.

A. Family Child Care: The maximum total number of children allowed in a family child care home is ten with one adult caregiver. Of the ten children, a maximum of six may be under school age (infants, toddlers, and preschoolers), and no more than three may be infants and toddlers, with a maximum of two infants.

- B (1) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is five with one adult caregiver. Of the five children, a maximum of three may be under school-age (infants, toddlers, and preschoolers), and no more than three may be infants.
- B (2) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is six with one adult caregiver. Of the six children, a maximum of four may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants.
- C (1) Group Family Child Care: The maximum total number of children allowed is ten children with one adult caregiver. Of the ten children, a maximum of eight may be under school-age (infants, toddlers, and preschoolers), and no more than three maybe infants and toddlers, with a maximum of two infants.
- C (2) Group Family Child Care: The maximum total number of children allowed is 12 children with one adult caregiver. Of the 12 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants and toddlers with a maximum of 1 infant.
- C (3) Group Family Child Care: The maximum total number of children allowed is 14 children with two adult caregivers. Of the 14 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants and toddlers with a maximum of three infants. A helper 13 to 17 years of

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age may be used in place of a second adult caregiver when there is no more than one infant or toddler present.

D. Specialized Infant and Toddler Group Family Child Care: The maximum total number of children allowed is nine children with two adult caregivers. Of the nine children, a maximum of seven may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants.

-- Teacher/caregiver qualifications:

A family child care provider must be at least 18 years of age and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to licensure.

A "group family child care" provider must be an adult and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to initial licensure. In addition a group family child care provider must be the qualifications in items A, B, or C.

- A. A minimum of one years' substantial compliance as a licensed family child care provider; or
- B. A minimum of six months' substantial compliance as a family child care provider, and:
 - 1. Completion of an accredited competency based family child care training and assessment program offered by an accredited institute; or
 - 2. Thirty hours of child care, health, and nutrition training, and a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school or licensed child care center, or as an assistant adult caregiver in a licensed group family child care home; or
 - Thirty hours of child development or early childhood education training, as specified in part, and a minimum of 520 hours of experience as a licensed practical or registered nurse; or
- C. Certification or licensure indicating:
 - Completion of a two tear child development or early childhood education associate or certificate program at an accredited college or university;
 - 2. Completion of a nine month child development assistant program at an

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accredited technical college;

- 3. A current Level I or Level II prekindergarten license form the Department of Education;
- 4. A kindergarten through sixth grade teaching degree from an accredited university or college that indicates that include a minimum 30 hours of child development training; or
- 5. Documentation of a minimum of six months satisfactory experience as a fulltime teacher at a state licensed group day care center.

4. School-age

-- How does the State/territory define school-age (age range): 5 to 11 years.

-- Ratio:

Group family child care and family child care license classes in Minnesota include: A, B (1), B (2), C (1), C (2), C (3), and D.

A. Family Child Care: The maximum total number of children allowed in a family child care home is ten with one adult caregiver. Of the ten children, a maximum of six may be under school age (infants, toddlers, and preschoolers), and no more than three may be infants and toddlers, with a maximum of two infants.

- B (1) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is five with one adult caregiver. Of the five children, a maximum of three may be under school-age (infants, toddlers, and preschoolers), and no more than three may be infants.
- B (2) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is six with one adult caregiver. Of the six children, a maximum of four may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants.
- C (1) Group Family Child Care: The maximum total number of children allowed is

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ten children with one adult caregiver. Of the ten children, a maximum of eight may be under school-age (infants, toddlers, and preschoolers), and no more than three maybe infants and toddlers, with a maximum of two infants.

C (2) Group Family Child Care: The maximum total number of children allowed is 12 children with one adult caregiver. Of the 12 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants and toddlers with a maximum of 1 infant.

C (3) Group Family Child Care: The maximum total number of children allowed is 14 children with two adult caregivers. Of the 14 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants and toddlers with a maximum of three infants. A helper 13 to 17 years of age may be used in place of a second adult caregiver when there is no more than one infant or toddler present.

D. Specialized Infant and Toddler Group Family Child Care: The maximum total number of children allowed is nine children with two adult caregivers. Of the nine children, a maximum of seven may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants.

-- Group size:

Group family child care and family child care license classes in Minnesota include: A, B (1), B (2), C (1), C (2), C (3), and D.

A. Family Child Care: The maximum total number of children allowed in a family child care home is ten with one adult caregiver. Of the ten children, a maximum of six may be under school age (infants, toddlers, and preschoolers), and no more than three may be infants and toddlers, with a maximum of two infants.

B (1) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is five with one adult caregiver. Of the five children, a maximum of three may be under school-age (infants, toddlers, and preschoolers), and no more than three may be infants.

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- B (2) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is six with one adult caregiver. Of the six children, a maximum of four may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants.
- C (1) Group Family Child Care: The maximum total number of children allowed is ten children with one adult caregiver. Of the ten children, a maximum of eight may be under school-age (infants, toddlers, and preschoolers), and no more than three maybe infants and toddlers, with a maximum of two infants.
- C (2) Group Family Child Care: The maximum total number of children allowed is 12 children with one adult caregiver. Of the 12 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than two may be infants and toddlers with a maximum of 1 infant.
- C (3) Group Family Child Care: The maximum total number of children allowed is 14 children with two adult caregivers. Of the 14 children, a maximum of ten may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants and toddlers with a maximum of three infants. A helper 13 to 17 years of age may be used in place of a second adult caregiver when there is no more than one infant or toddler present.
- D. Specialized Infant and Toddler Group Family Child Care: The maximum total number of children allowed is nine children with two adult caregivers. Of the nine children, a maximum of seven may be under school-age (infants, toddlers, and preschoolers), and no more than four may be infants.

-- Teacher/caregiver qualifications:

A family child care provider must be at least 18 years of age and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to licensure.

A "group family child care" provider must be an adult and physically able to care for children, as documented by a physical examination from a licensed physician within 12 months prior to initial licensure. In addition a group family child care provider

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must be the qualifications in items A, B, or C.

- A. A minimum of one years' substantial compliance as a licensed family child care provider; or
- B. A minimum of six months' substantial compliance as a family child care provider, and:
 - Completion of an accredited competency based family child care training and assessment program offered by an accredited institute; or
 - 2. Thirty hours of child care, health, and nutrition training, and a minimum of 520 hours of experience as an assistant teacher, student teacher, or intern in an elementary school or licensed child care center, or as an assistant adult caregiver in a licensed group family child care home; or
 - Thirty hours of child development or early childhood education training, as specified in part, and a minimum of 520 hours of experience as a licensed practical or registered nurse; or
- C. Certification or licensure indicating:
 - 1. Completion of a two tear child development or early childhood education associate or certificate program at an accredited college or university;
 - 2. Completion of a nine month child development assistant program at an accredited technical college;
 - 3. A current Level I or Level II prekindergarten license form the Department of Education;
 - 4. A kindergarten through sixth grade teaching degree from an accredited university or college that indicates that include a minimum 30 hours of child development training; or
 - 5. Documentation of a minimum of six months satisfactory experience as a fulltime teacher at a state licensed group day care center.
- 5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

Legal nonlicensed providers are limited to caring for related children and the children from no more than one unrelated family. There is no limitation on group size or maximum number of children allowed beyond limiting care without a license to related children and the children from no more than one unrelated family.

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c) In-home CCDF providers:

1. Describe the ratios

Legal nonlicensed providers are limited to caring for related children and the children from no more than one unrelated family.

2. Describe the group size

For legal nonlicensed providers there is not a limitation on the group size beyond limiting care without a license to related children and the children from no more than one unrelated family.

3. Describe the maximum number of children that are allowed in the home at any one time.

For legal nonlicensed providers there is not a limitation on the maximum number of children allowed in the home at any one time beyond limiting care without a license to related children and the children from no more than one unrelated family.

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

Related children are not included.

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

For legal nonlicensed providers there is not a limitation on the age of children beyond limiting care without a license to related children and the children from no more than one unrelated family.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care

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centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

- a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(I)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.
 - 1. Prevention and control of infectious diseases (including immunization)
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires licensed and certified providers to follow supervision and notice requirements when a child becomes sick in care and maintain documentation of a child's current immunizations or applicable exemption. Additionally, licensed providers must follow hand washing requirements, including after the use of the toilet and before meals and snacks, and follow sanitation requirements, including requirements specific to diapering.

-- List all citations for these requirements, including those for licensed and licenseexempt programs

Minn. R. 9503.0080 and 9503.0140 (licensed child care centers), Minn. R. 9502.0435 and 9502.0405 (licensed family child care), Minn. Stat. 245H.13 (certified license-exempt centers)

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109

Keeping Children Safe in your home (DHS-5192B) & Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

State law establishes additional requirements for licensed child care centers that choose to operate a "sick care program." See Minn. R. 9503.0085. A "sick care program" is a child care center that only cares for sick children and whose admission policies are approved by a licensed physician with a specialization in pediatric care. Before a child is admitted, the child is required to be evaluated by a physician or registered nurse affiliated with the center. Dependent upon the child's symptoms, different standards must be met to care for the child and protect the health and safety of other children in the sick care program. Further, licensed child care centers must have a health consultant who must review the center's health policies and practices.

Legal nonlicensed providers must sign an acknowledgment that they have immunization records on file and that they have reviewed information and resources shared related to prevention and control of infectious diseases (DHS-5192A) including information about immunizations, infectious diseases and hand hygiene. There are no requirements to exclude sick children from legal nonlicensed care.

Minnesota makes CCAP payments to registered tribally-licensed family and centerbased providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for prevention and control of infectious diseases.

Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for prevention and control of infectious diseases.

- -- Describe any variations based on the age of the children in care N/A
- -- Describe if relatives are exempt from this requirement N/A

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- 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires licensed providers to comply with infant-specific safe sleep standards, including safe sleep practices and staff/caregiver training. Licensed providers must place infants on their backs to sleep (unless there is a physician's directive for anything other than a back sleeping position); nothing is allowed in the crib with the infant except a pacifier; mattresses must be firm and crib sheets must be tight fitting; providers must follow infant-specific supervision requirements; and providers must perform monthly safety inspections of every crib in their program.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. Stat. 245A.1435 and Minn. Stat. 245A.146 (licensed child care centers and licensed family child care), 245A.40 (licensed child care centers), 245A.50 (licensed family child care), 245H.14 (safe sleep training for certified license-exempt centers),

CCAP Policy Manual Chapter 11.9:

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109

Keeping Children Safe in your home (DHS-5192B) & Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

For legal nonlicensed providers: Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention of sudden infant death syndrome and safe-sleep practices (DHS-5192A) including safe sleep environments, crib safety guidelines and reducing the risk of SIDS.

For certified license-exempt centers: There are seven (7) types of license-exempt programs that are eligible to apply for certification, and therefore, receive child care

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assistance payments. Of those seven (7) types, only one (1) exclusion type is permitted to serve infants. Specifically, "Head Start non-residential programs that operate for less than 45 days in each calendar year." Those programs must comply with Head Start performance standards specific to safe sleep and are monitored for compliance with those standards by federal review. As of July 30, 2018, the Department has not certified a license-exempt program that serves infants.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for prevention of sudden unexpected infant death and safe sleep practices. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for prevention of sudden unexpected infant death and safe sleep practices.

- -- Describe any variations based on the age of the children in care

 Safe sleep requirements for licensed and certified providers apply to infants (defined as children younger than one year of age).
- -- Describe if relatives are exempt from this requirement N/A
- 3. Administration of medication, consistent with standards for parental consent
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires providers that administer medication to obtain written approval from the child's parent or legal guardian. Further, providers must follow written instructions from the prescribing health professional and medicine must be labeled with a child's first and last name.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. R. 9503.0090 and 9503.0140 (licensed child care centers, 9502.00435 (licensed

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family child care), Minn. Stat. 245H.13 (certified license-exempt centers).

CCAP Policy Manual Chapter 11.9:

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP-1109

Keeping Children Safe in your home (DHS-5192B) & Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to administration of medication (DHS-5192A) including a free online course in medication administration.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for administering medication. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for administering medicine.

- -- Describe any variations based on the age of the children in care N/A
- -- Describe if relatives are exempt from this requirement N/A
- 4. Prevention of and response to emergencies due to food and allergic reactions
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires providers to obtain documentation of known allergies from a child's parent or legal guardian before admitting a child for care. For known allergies, the

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provider must obtain a description of the allergy, specific triggers, avoidance techniques, and symptoms of an allergic reaction, as well as procedures for responding to the allergic reaction. Please note that each of these sections of statute cited specifically require child care providers to address allergy prevention and response, including procedures for responding to an allergic reaction of any kind including food.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. Stat. 245A.41 (licensed child care centers), 245A.51 (licensed family child care), 245H.13 (certified license-exempt centers.

CCAP Policy Manual Chapter 11.9:

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109

Keeping Children Safe in your home (DHS-5192B) & Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to prevention and response to allergic reactions (DHS-5192A) including managing and preventing food allergies and resources for child care facilities.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for prevention and response to emergencies due to food and other allergies. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for prevention and response to emergencies due to food and other allergies.

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- -- Describe any variations based on the age of the children in care N/A
- -- Describe if relatives are exempt from this requirement N/A
- 5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires providers to identify and designate indoor and outdoor spaces used for care. The spaces must be free of hazards and in good repair. Further, providers must comply with the state fire code and obtain fire code inspections in certain circumstances. Please note that DHS's legislative proposal will include amendments to 245H.13 to clarify that certified license-exempt centers must ensure children are protected from any electrical hazards, bodies of water and vehicular traffic.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. R. 9503.0155 and Minn. Stat. 245A.66 (licensed child care centers), Minn. R. 9502.0425 (licensed family child care), Minn. Stat. 245H.13 (certified license-exempt centers)

CCAP Policy Manual Chapter 11.9:

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109

Keeping Children Safe in your home (DHS-5192B) & Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Licensed child care centers must develop a risk reduction plan that identifies general

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risks to children served by the center and the center must establish procedures to minimize the risk. See Minn. Stat. 245A.66.

Licensed family child care providers must ensure that bodies of water on or adjacent to the family child care program are inaccessible to children except during period of supervised use. See Minn. R. 9502.0425.

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to building and physical premises safety (DHS-5192A) including keeping children healthy and safe, healthy homes and environments and they must ensure that they are in compliance with state and local health ordinances, building and fire codes where care is provided.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal agencies are responsible for ensuring compliance with federal laws including health and safety requirements for building and physical premises safety. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for building and physical premises safety.

- -- Describe any variations based on the age of the children in care N/A
- -- Describe if relatives are exempt from this requirement N/A
- 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Behavior guidance standards prohibit staff from using corporal punishment including shaking children. State law requires providers to complete training on the risk of abusive head trauma, including from shaking infants and young children. The training focuses on caring for children ages under age five. Further, providers must receive

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training on mandated reporting of suspected physical abuse, sexual abuse, or neglect of a child (child maltreatment). All providers are mandatory reporters of suspected child maltreatment under state law.

Best practice standards for curriculum development of the topic areas listed above starts with the training requirement description in state statute or Rule. Minnesota contracts with expert writers on the given topic, facilitates draft collaboration with expert reviewers and uses state and national practice standards for early educators such as those in the Caring for Our Children, third addition, The Minnesota Knowledge and Competency Frameworks (KCF's), the Early Childhood Indicators of Progress (ECIPs) and other reputable sources such as the American Academy of Pediatrics, Minnesota Department of Health, Midwest Children's Resource Center (MCRC), and our partners in Licensing. The Universal Multicultural Design model provides an overall curriculum template and design delivery standards which structure the curriculum content into a flexible format for trainers to use across many settings in Minnesota. Course descriptions for all state owned courses can be found at: https://www.developtoolmn.org/.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. Stat. 245A.40 and Minn. R. 9503.0055 (licensed child care centers), Minn. Stat. 245A.50 and Minn. R. 9502.0395 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minn. Stat., sec. 626.556 (all providers),

CCAP Policy Manual Chapter 11.9:

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109

Keeping Children Safe in your home (DHS-5192B) & Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Licensed providers are prohibited from using forms of corporal punishment, including shaking and rough handling.

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Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to preventing Abusive Head Trauma and child maltreatment (DHS-5192A) including training for mandated reporters and child abuse prevention and identification.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for prevention of shaken baby syndrome, abusive head trauma and child maltreatment. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for prevention of shaken baby syndrome, abusive head trauma and child maltreatment.

- -- Describe any variations based on the age of the children in care N/A
- -- Describe if relatives are exempt from this requirement N/A
- 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires providers to have an emergency preparedness plan for emergencies that require evacuation, sheltering, or other protection of children. The plan must be written on a form developed by the Department and updated at least

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annually. The form requires providers to include accommodations for infants and toddlers. Further, providers must complete emergency preparedness drills.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. Stat. 245A.41 (licensed child care centers), 245A.51 (licensed family child care), 245H.15 (certified license-exempt centers)

CCAP Policy Manual Chapter 11.9:

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109

Keeping Children Safe in your home (DHS-5192B) & Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to emergency preparedness (DHS-5192A) including how to develop a home emergency plan and state information about natural disasters and severe weather in Minnesota.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for emergency and disaster response planning. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for emergency and disaster response planning.

- -- Describe any variations based on the age of the children in care N/A
- -- Describe if relatives are exempt from this requirement N/A

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- 8. Handling and storage of hazardous materials and the appropriate disposal of biocontaminants
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires providers to safely handle and dispose of bodily fluids (blood and vomit). Providers must disinfect surfaces that come into contact with blood and vomit and must have supplies, including disposable gloves.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. Stat. 245A.41, Minn. Stat. 245A.66, Minn. R. 9503.0140 (licensed child care centers), Minn. Stat. 245A.51, Minn. R. 9502.0435 (licensed family child care), Minn. Stat. 245H.13 (certified license-exempt centers)

CCAP Policy Manual Chapter 11.9:

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109

Keeping Children Safe in your home (DHS-5192B) & Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Licensed child care centers and licensed family child care providers must use "sharps container" when disposing sharp objects, such as needles. Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to universal precautions (DHS-5192A) including poison control and standard precautions.

Minnesota makes CCAP payments to registered tribally-licensed family and centerbased providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for handling and storing hazardous materials. Minnesota makes CCAP payments to registered family and

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center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for handling and storing hazardous materials.

- -- Describe any variations based on the age of the children in care N/A
- -- Describe if relatives are exempt from this requirement N/A
- 9. Precautions in transporting children (if applicable)
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires providers to follow seat belt and passenger restraint requirements. A child who is both under the age of eight and shorter than four feet nine inches must be transported in a child passenger restraint system meeting federal motor vehicle safety standards. Except as provided in Minnesota Statutes, section 169.685, a shoulder and lap belt must be worn by drivers and passengers in a motor vehicle. Further, providers must ensure that the driver of the vehicle holds a valid driver's license.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. Stat. 245A.40 and Minn. R. 9503.0150 (licensed child care centers), Minn. Stat. 245A.50 and Minn. R. 9502.0435 (licensed family child care), 245H.13 (certified license-exempt centers, Minn. Stat. 169.685, Minn. Stat. 169.686 (all provider types)

CCAP Policy Manual Chapter 11.9:

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109

Keeping Children Safe in your home (DHS-5192B) & Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to precautions in transporting children (DHS-5192A) including child passenger safety. There are no additional rules for legal nonlicensed child care providers beyond state laws related to seat belt and passenger restraint requirements.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for transporting children. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for transporting children.

-- Describe any variations based on the age of the children in care

For licensed child care centers, when more than four children under the age of five are being transported in a private car or van, a second adult must be present. See Minn. Stat. 9503.0150.

- -- Describe if relatives are exempt from this requirement N/A
- 10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

For licensed child care centers, state law requires all teachers and assistance teachers in a child care center and at least one staff person during field trips and when transporting children in care to be trained in pediatric first aid and CPR. There must always be at least one staff person present who has been trained on first aid and CPR at all times in the center. Further, licensed child care centers must develop policies and procedures for administering first aid and have a first aid kit available at the center.

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For licensed family child care, state law requires at least one "caregiver" to be present in the home who has been trained in pediatric first aid and CPR. There is one exemption to this requirement. An "emergency substitute," an individual who provides less than 30 hours of care during any 12-month period, does not have to be trained in first aid and CPR. This is the only circumstance during which children in care may be in care without a caregiver who has been trained in pediatric first aid and CPR. Further, the licensed provider must have a first aid kit and have emergency phone number of the parents and children's physician.

For certified license-exempt centers, at least one staff person must be present at all times at the center, during field trips, and when transporting children who has been trained in pediatric first aid and CPR.

Please note that DHS's legislative proposal will include expanding the requirement for all staff charged with supervising children in licensed family child care, licensed child care centers, and certified, license exempt child care centers to take pediatric first aid and CPR training.

Legal nonlicensed providers must be certified in first aid and CPR prior to registering to be eligible for CCDF payments.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. Stat. 245A.40, Minn. R. 9503.0110, and Minn. R. 9503.0140, subp. 16 (licensed child care centers), Minn. Stat. 245A.50 and Minn. R. 9502.0435, subparts 6 and 7 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minn. Stat. 119B.125, Subd. 1(b) (legal nonlicensed providers).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Minnesota makes CCAP payments to registered tribally-licensed family and centerbased providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for pediatric first aid and CPR. Minnesota makes CCAP payments to registered family and center-based

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providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for pediatric first aid and CPR.

- -- Describe any variations based on the age of the children in care N/A
- -- Describe if relatives are exempt from this requirement N/A
- 11. Recognition and reporting of child abuse and neglect
 - -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

All caregivers and staff must report suspected physical abuse, sexual abuse, or neglect of a child.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. Stat., section 626.556.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirements for recognizing and reporting abuse and neglect. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirements for recognizing and reporting abuse and neglect.

-- Describe any variations based on the age of the children in care N/A

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-- Describe if relatives are exempt from this requirement N/A

b) Does the Lead Agency include any of the following optional standards?
No, if no, skip to 5.2.3.
✓ Yes, if yes provide the information related to the optional standards
addressed

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires licensed child care centers and licensed family child care providers to comply with nutrition requirements set forth by the Child and Adult Care Food Program.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. R. 9503.0045 (licensed child care centers), Minn. R. 9502.0445 (licensed family child care), CCAP Policy Manual Chapter 11.9:

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109

Health and Safety Resource List (DHS-5192A) (legal nonlicensed providers).

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no nutrition requirements for certified license-exempt centers.

Legal nonlicensed providers must sign an acknowledgment that they have reviewed information and resources shared related to health and nutrition (DHS-5192A) including information on healthy eating from the USDA.

-- Describe any variations based on the age of the children in care. N/A

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--Describe if relatives are exempt from this requirement N/A

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires licensed child care centers and licensed family child care providers to schedule indoor and outdoor activities, appropriate to the ages and developmental stages of the children in care.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. R. 9503.0045 (licensed child care centers), Minn. R. 9502.0415 (licensed family child care).

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no "physical activity" requirements for certified license-exempt centers and legal nonlicensed providers.

-- Describe any variations based on the age of the children in care.

N/A

-- Describe if relatives are exempt from this requirement

N/A

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

State law requires licensed child care centers to create and follow an individual child care program plan for children with special needs. State law requires licensed family child care providers to follow written instructions from the parents, physician, or

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therapist for any special needs.

-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. R. 9503.0065 (licensed child care centers), Minn. R. 9502.0405 (licensed family child care).

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

There are no requirements specific to caring for children with special needs for certified license-exempt centers and legal nonlicensed providers.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Licensed child care centers are required to have a child care program plan that includes goals and objectives to promote the physical, intellectual, social, and emotional development of the children in care. The program plan must also specify activities designed to promote the intellectual, physical, social, and emotional development of a child in a manner consistent with the child's cultural background.

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Licensed child care centers must develop the child care program plan and see that it is carried out. The program plan must be evaluated in writing annually by a staff person qualified as a teacher.

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-- List all citations for these requirements, including those for licensed and licenseexempt providers

Minn. R. 9503.0045 (licensed child care centers)

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care.

N/A

-- Describe if relatives are exempt from this requirement

N/A

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Pre-Service or Orientation Training Requirements

- a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:
 - 1. Licensed child care centers:

12

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2. Licensed FCC homes:

16

3. In-home care:

8

4. Variations for exempt provider settings:

Minnesota does not have a minimum number of required pre-service or orientation training hours on health and safety for caregivers, teachers, and directors providing care in certified license-exempt centers.

All legal nonlicensed providers (related and unrelated) must have training in first aid and cardiopulmonary resuscitation before being authorized for payment (counted as 8 hours). All legal nonlicensed providers (related and unrelated) caring for children under 5 must take pre-service training in preventing abusive head trauma and providers caring for children under 1 must take pre-service training in preventing sudden unexpected infant death. Providers who are not related to at least one of the children they care for must take training in all federally required health and safety topics within 90 days. Legal nonlicensed providers caring for children in the child's home must follow the same training requirements as legal nonlicensed providers caring for children in the provider's home.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for preservice/orientation. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for preservice/orientation.

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

For trainings that are not required pre-service, providers must complete training within the first 90 days of employment.

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c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

All licensed and CCDF providers caring for children under 5 must take pre-service training in preventing abusive head trauma and all providers caring for infants must take pre-service training in preventing sudden unexpected infant death.

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

Training for all licensed and license-exempt CCDF providers is offered in person, in online cohorts (Eager To Learn) or online on demand (Anytime Learning). Training is offered in multiple languages in person. Licensed child care centers can also provide training in-house. In person training is offered through the Child Care Aware districts located statewide.

- e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).
 - Prevention and control of infectious diseases (including immunizations)
 Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers are required to complete the pre-service training "Supervising for Safety," which includes this topic area), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSIO N&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909

Please note, for licensed family child care, there is no pre-service or orientation training requirement for "substitutes," "emergency substitutes," and "helpers." Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for prevention

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and control of infectious diseases. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for prevention and control of infectious diseases.

Does the state/territory require that this training topic be completed before
caregivers, teachers, and directors in licensed CCDF programs are allowed to care
for children unsupervised?
☐ Yes
▼ No
Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
Yes
▼ No
Describe if relatives are exempt from this requirement
Relatives are exempt from this requirement.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers)

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSIO N&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for preventing sudden infant death syndrome and safe sleep practices. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states.

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Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for preventing sudden infant death syndrome and safe sleep practices.

Does the state/territory require that this training topic be completed before
caregivers, teachers, and directors in licensed CCDF are allowed to care for
children unsupervised?
▼ Yes
□ No
Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
▼ Yes
□ No
Describe if relatives are exempt from this requirement
Relatives are not exempt from this requirement.

5.2.3e 3. Administration of medication, consistent with standards for parental consent Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers are required to complete the pre-service training "Supervising for Safety," which includes this topic area), Minn. Stat. 245H.14 (certified license-exempt center), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSIO N&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

Please note, for licensed family child care, there is no pre-service or orientation training requirement for "substitutes," "emergency substitutes," and "helpers." Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for administering

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medicine. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for administering medicine.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers are required to complete the pre-service training "Supervising for Safety," which includes this topic area), Minn. Stat. 245A.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSIO N&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

Please note, for licensed family child care, there is no pre-service or orientation training requirement for "substitutes," "emergency substitutes," and "helpers." Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance

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with federal laws including health and safety training requirements for preventing and responding to emergencies due to food or other allergic reactions. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for preventing and responding to emergencies due to food or other allergic reactions.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care
for children unsupervised?
Yes
№ No
Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
☐ Yes
☑ No
Describe if relatives are exempt from this requirement
Relatives are exempt from this requirement.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 and 245A.66 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers are required to complete the pre-service training "Supervising for Safety," which includes this topic area), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

Please note, for licensed family child care, there is no pre-service or orientation

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training requirement for "substitutes," "emergency substitutes," and "helpers." Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for ensuring building and physical premises safety. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for ensuring building and physical premises safety.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSIO N&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

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Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for preventing shaken baby syndrome, abusive head trauma and child maltreatment. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for preventing shaken baby syndrome, abusive head trauma, and child maltreatment.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

✓ Yes

✓ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

✓ Yes

✓ No

Describe if relatives are exempt from this requirement
Relatives are not exempt from this requirement.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.41 (licensed child care centers), Minn. Stat. 245A.50 and 245A.51 (licensed family child care), 245H.14 - 245H.15(certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

Minnesota makes CCAP payments to registered tribally-licensed family and center-

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based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for preventing and responding to emergencies and disasters. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for preventing and responding to emergencies and disasters.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?
☐ Yes
✓ No
Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
☐ Yes
▼ No
Describe if relatives are exempt from this requirement
Relatives are exempt from this requirement.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers are required to complete the pre-service training "Supervising for Safety," which includes this topic area), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSIO N&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

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Please note, for licensed family child care, there is no pre-service or orientation training requirement for "substitutes," "emergency substitutes," and "helpers." Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for handling and storing hazardous materials. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for handling and storing hazardous materials

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care
for children unsupervised?
Yes
▼ No
Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
Yes
▼ No
Describe if relatives are exempt from this requirement
Relatives are exempt from this requirement.

5.2.3e 9. Appropriate precautions in transporting children (if applicable) Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSIO N&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

Minnesota makes CCAP payments to registered tribally-licensed family and center-

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based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for transporting children. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for transporting children.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), Minn. Stat. 119B.125, Subd. 1(b) (legal nonlicensed providers).

Please note, for licensed child care centers, state law requires all teachers and assistant teachers in a child care center and at least one staff person during field trips and when transporting children in care to be trained in first aid and CPR. There must always be at least one staff person present who has been trained on first aid and CPR at all times in the center.

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For licensed family child care, state law requires at least one "caregiver" to be present in the home who has been trained in first aid and CPR. There is one exemption to this requirement. An "emergency substitute," an individual who provides less than 30 hours of care during any 12-month period, does not have to be trained in first aid and CPR. This is the only circumstance during which children in care may be in care without a caregiver who has been trained in first aid and CPR.

For certified license-exempt centers, at least one staff person must be present at all times at the center, during field trips, and when transporting children who has been trained in first aid and CPR. Legal nonlicensed providers (related and unrelated) must complete first aid and CPR training before they can be paid to care for children with CCDF funds.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for CPR and first aid. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for CPR and first aid.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes
☐ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?
☐ Yes
☐ Yes
☑ No
☐ Describe if relatives are exempt from this requirement
Relatives are not exempt from this requirement. All legal nonlicensed providers

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must complete first aid and CPR training before being authorized for payments from CCAP.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers are required to complete the pre-service training "Supervising for Safety," which includes this topic area), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

Please note, for licensed family child care, there is no pre-service or orientation training requirement for "substitutes," "emergency substitutes," and "helpers." Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for recognizing and reporting abuse and neglect. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for recognizing and reporting abuse and neglect.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

■ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

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	Yes
Y	No
	Describe if relatives are exempt from this requirement
	Relatives are exempt from this requirement.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50, subd. 9 (licensed family child care providers are required to complete the pre-service training "Supervising for Safety," which includes this topic area), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSIO N&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

Please note, for licensed family child care, there is no pre-service or orientation training requirement for "substitutes," "emergency substitutes," and "helpers." Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety training requirements for child development. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training requirements for child development.

Does the state/territory require that this training topic be completed before
caregivers, teachers, and directors in licensed CCDF programs are allowed to care
for children unsupervised?
☐ Yes
✓ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed

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to care for children unsupervised?
☐ Yes
✓ No
Describe if relatives are exempt from this requirement
Relatives are exempt from this requirement.
5.2.3e 13.
Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc
For licensed family child care, license holder(s) and adult caregivers who provide care
or more than 30 days in any 12-month period must complete four hours of "child
growth and learning and behavior guidance" training prior to licensure and before
caring for children. Behavior guidance training means training in understanding the
unctions of child behavior and strategies for managing challenging situations.
For licensed child care centers, all staff and volunteers must receive orientation
raining on behavior guidance standards and the center's behavior guidance policies and procedures.
ina procedures.
Provide the citation for this training requirement, including citations for both
licensed and license-exempt providers
Minn. Stat. 245A.50, subd. 2 (licensed family child care); Minn. Stat. 245A.40,
subd. 1 (child care centers).
Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

☑ No

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	Yes
Y	No
	Describe if relatives are exempt from this requirement
	N/A

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

a) Licensed child care centers:

Licensed child care centers must ensure the director and each staff person completes at least 20 hours of training annually. See Minn. Stat. 245A.40.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety ongoing training requirements. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training on-going requirements.

b) Licensed FCC homes:

Licensed family child care providers and adult caregivers must complete 16 hours of ongoing training annually. See Minn. Stat. 245A.50.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety ongoing training requirements. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety training on-going requirements.

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c) In-home care:

If not related to all children, every 2 years must take training in all health and safety topic areas including recertification in First Aid and Cardiopulmonary resuscitation (at least 8 hours). If related to all children in care, must take 8 hours of on-going training in any topic.

d) Variations for exempt provider settings:

Certified license-exempt center staff must complete at least six hours of training annually. See Minn. Stat. 245H.14. For legal nonlicensed providers: If not related to all children, every 2 years must take training in all health and safety topic areas including recertification in First Aid and Cardiopulmonary resuscitation (at least 8 hours). If related to all children in care, must take 8 hours of on-going training in any topic. Related providers are encouraged, but not required, to complete training in federally required health and safety topic areas.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

- 1. Prevention and control of infectious diseases (including immunizations)
 - -- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat, 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

How often does the state/territory require that this training topic be completed by	
caregivers, teachers, and directors in licensed CCDF programs?	
Annually	
✓ Other	

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(licensed family child care).
Please note, for licensed family child care, there is no ongoing training requirement for "substitutes," "emergency substitutes," and "helpers."
How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs? ☐ Annually ☐ Other Describe: Annually for staff, including director (certified license-exempt centers), every two years (unrelated legal nonlicensed providers)
Prevention of sudden infant death syndrome and the use of safe-sleep practices Provide the citation for this training requirement, including citations for both licensed and license-exempt providers Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers): http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.
 How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs? ✓ Annually ✓ Other Describe:

Annually for staff, including director (licensed child care centers), every five years

Describe:

2.

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-- How often does the state/territory require that this training topic be completed by

caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually
✓ Other
Describe:
Annually for staff, including director, and volunteers who care for infants (certified license-exempt centers), every two years (unrelated legal nonlicensed providers).
Administration of medication, consistent with standards for parental consent
Provide the citation for this training requirement, including citations for both licensed
and license-exempt providers
Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):
http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION
&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.
How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs? ☐ Annually ☐ Other Describe: Annually for staff, including director (licensed child care centers), every five years (licensed family child care). Please note, for licensed family child care, there is no ongoing training requirement for "substitutes," "emergency substitutes," and "helpers."
How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs? ☐ Annually ☐ Other Describe: Annually for staff,including director (certified license-exempt centers), every two years (unrelated legal nonlicensed providers).

3.

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- 4. Prevention and response to emergencies due to food and allergic reactions
 - -- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs? Annually Other
Describe: Annually for staff, including director (licensed child care centers), every five years (licensed family child care). Please note, for licensed family child care, there is no ongoing training requirement for "substitutes," "emergency substitutes," and "helpers."
How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs? Annually Other
Describe: Annually for staff, including director (certified license-exempt centers), every two years (unrelated legal nonlicensed providers).

- 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic
 - -- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

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Minn. Stat. 245A.40 and 245A.66 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers): http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs? Annually
Describe: Annually for staff, including director (licensed child care centers), every five years (licensed family child care). Please note, for licensed family child care, there is no ongoing training requirement for "substitutes," "emergency substitutes," and "helpers."
How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs? Annually Other Describe:
Annually for staff, including director (certified license-exempt centers), every two years (unrelated legal nonlicensed providers).
Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment Provide the citation for this training requirement, including citations for both licensed and license-exempt providers
Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):
http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

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 How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs? Annually Other Describe: Annually for staff, including director, who care for children under school-age (licensed child care centers).
 How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs? Annually Other Describe:
Annually for staff, including director, who care for children through four years of age (certified license-exempt centers), every two years (unrelated legal nonlicensed providers).
7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event
Provide the citation for this training requirement, including citations for both licensed and license-exempt providers
Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers): http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION
&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.
 How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs? ✓ Annually Other

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How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs? Annually Other Describe: Annually for staff, including director (certified license-exempt centers), every two years (unrelated legal nonlicensed providers).
8. Handling and storage of hazardous materials and the appropriate disposal of bio- contaminants
Provide the citation for this training requirement, including citations for both licensed
and license-exempt providers
Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family
child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy
Manual Chapter 11.9.9 (legal nonlicensed providers):
http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION
&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.
How often does the state/territory require that this training topic be completed by
caregivers, teachers, and directors in licensed CCDF programs?
☐ Annually
✓ Other
Describe:
Annually for staff, including director (licensed child care centers), every five years
(licensed family child care). Please note, for licensed family child care, there is no
ongoing training requirement for "substitutes," "emergency substitutes," and

Annually for staff, including director (licensed child care centers).

Describe:

"helpers."

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-- How often does the state/territory require that this training topic be completed by

caregivers, teachers, and directors in licensed-exempt CCDF programs? Annually Other Describe: Annually for staff, including director (certified license-exempt centers), every two years (unrelated legal nonlicensed providers).	
Appropriate precautions in transporting children (if applicable) Provide the citation for this training requirement, including citations for both license and license-exempt providers	ed
Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed fam child care), Minn. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):	illy
http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSIO &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.	N
 How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs? Annually Other Describe: Every five years for staff, including director, before transporting children (licensed child care centers). 	i
How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs? Annually Other Describe:	
Annually (certified license-exempt centers), every two years (unrelated legal nonlicensed providers).	

9.

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10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Minn. Stat. 245A.40 (licensed child care centers), Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. Stat. 245H.14 (certified license-exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):

http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION &RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.

How often does the state/territory require that this training topic be completed by
caregivers, teachers, and directors in licensed CCDF programs?
☐ Annually
✓ Other
Describe:
Every two years (licensed child care centers and licensed family child care
programs).

Please note, for licensed child care centers, state law requires all teachers and assistant teachers in a child care center and at least one staff person during field trips and when transporting children in care to be trained in first aid and CPR. There must always be at least one staff person present who has been trained on first aid and CPR at all times in the center.

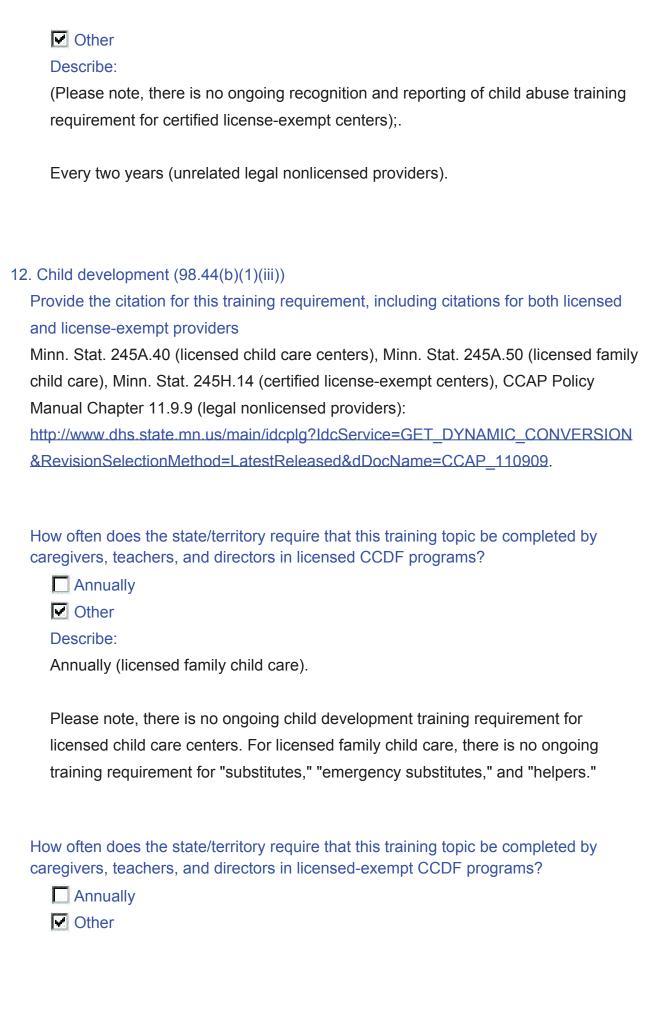
For licensed family child care, state law requires at least one "caregiver" to be present in the home who has been trained in first aid and CPR. There is one exemption to this requirement. An "emergency substitute," an individual who provides less than 30 hours of care during any 12-month period, does not have to be trained in first aid and CPR. This is the only circumstance during which children in care may be in care without a caregiver who has been trained in first aid and CPR.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

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Annually
Other
Describe:
Every two years (certified license-exempt centers and unrelated legal nonlicensed
providers). For certified license-exempt centers, at least one staff person must be
present at all times at the center, during field trips, and when transporting children
who has been trained in first aid and CPR.
Recognition and reporting of child abuse and neglect
Provide the citation for this training requirement, including citations for both licensed and license-exempt providers
Minn. Stat. 245A.50 (licensed family child care), Minn. Stat. 245H.14 (certified license
exempt centers), CCAP Policy Manual Chapter 11.9.9 (legal nonlicensed providers):
http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION
&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_110909.
How often does the state/territory require that this training topic be completed by
caregivers, teachers, and directors in licensed CCDF programs?
Annually
✓ Other
Describe:
Every five years (licensed family child care).
Please note, there is no ongoing recognition and reporting of child abuse training requirement for licensed child care centers. For licensed family child care, there is no ongoing training requirement for "substitutes," "emergency substitutes," and
"helpers."
How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?
Annually

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Annually for staff, including director (certified license-exempt centers), every two

years (unrelated legal nonlicensed providers).

Describe:

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

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5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

Minnesota has policies and procedures to ensure that licensed child care centers and licensed family child care programs comply with applicable State and local health and safety requirements. Minnesota Statutes, chapter 245A, governs all human services licensed programs. Relevant parts of chapter 245A include provisions for:

- license application procedures, pre-licensing inspections, denial of inadequate license applications, and issuance of child care licenses;
- ongoing inspections;
- renewal of licenses:
- issuance of Fix-It Tickets and correction orders for substantiated licensing violations and issuance of licensing actions for serious or chronic licensing violations (such as fines, temporary immediate suspensions, conditional licenses, suspensions, and revocations); and
- procedures for maltreatment reporting (including internal review of policies, procedures, staffing, and need forcorrective action).

Minnesota has policies and procedures to ensure that certified license-exempt child care centers comply with applicable State and local health and safety requirements. Minnesota Statutes, chapter 245H, governs the certification of license-exempt centers, including: application procedures, health and safety requirements, monitoring, and decertification.

Legal nonlicensed providers must meet requirements outlined in Minnesota Statutes, 119B.125. Additional requirements for legal nonlicensed providers to comply with federal training requirements were established in the CCAP Policy Manual, Chapter 11.9: http://www.dhs.state.mn.us/main/idcplg?ldcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=CCAP_1109.

Providers must register to accept CCAP payments at least every 2 years. Providers attest on

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the provider registration form to following applicable health and safety policies and reviewing health and safety information. Providers must submit documentation of training or it must be available to department staff via the Develop system. Minnesota is advancing a non-legislative option to begin annually monitoring legal nonlicensed providers who care for at least one unrelated child on child care assistance. Beginning September 30, 2018, local agencies that register legal nonlicensed providers must annually inspect unrelated legal nonlicensed providers.

Minnesota makes CCAP payments to registered tribally-licensed family and center-based providers. Tribal licensing agencies are responsible for ensuring compliance with federal laws including health and safety requirement enforcement. Minnesota makes CCAP payments to registered family and center-based providers licensed by other states. Minnesota is working to establish procedures to confirm compliance with federal laws including health and safety requirement enforcement.

5.3.2 Inspections for licensed CCDF providers.

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

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

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The Department of Human Services (DHS) is required to conduct pre-licensure inspections of child care centers prior to issuing a license. The pre-licensure inspection includes: an inspection of the physical plant and relevant records and documents, as well as an inspection for compliance with health, safety, and fire standards.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

In 2017, changes were made to state law to require the Department to conduct annual, unannounced inspections of licensed child care centers. Additionally, the Department received an appropriation to hire additional licensors. Since then, the Department has hired and continues to hire and train new licensors. The Department has continued to increase the number of annual licensing inspections conducted each quarter of 2018. When fully staffed, DHS will conduct a licensing inspection at least annually, but may conduct monitoring visits more frequently if a program has significant noncompliance or is operating under a conditional license.

3.	Identify the frequency of unannounced inspections:
	✓ Once a year
	More than once a year
	Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards. During a licensing inspection of a child care center, a DHS licensor is responsible for inspecting the physical environment, observing implementation of the child care program plan, and reviewing the provider's records (including background study verification and staff training records). If a fire code issue is identified during the inspection, the DHS licensor will make a referral to the fire marshal. DHS must conduct a licensing inspection at least annually, but can conduct monitoring visits more frequently. If, in the course of a monitoring visit, a licensor determines that one or more licensing violation has occurred, the licensor must issue a fix-it ticket (for certain correctable violations) or a correction order. DHS has the authority to issue

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more serious licensing actions to a center depending on the nature, severity or chronicity of the licensing violation(s).

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

Minn. Stat. § 245A.04, subd. 4, and Minn. Stat. § 245A.09, subd. 7.

- b) Licensed CCDF family child care home
 - 1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards. The county licensing agencies are required to conduct pre-licensure inspections of family child care programs before DHS issues a license. The pre-licensure inspection includes: an inspection of the physical plant and relevant records and documents, as well as an inspection for compliance with health, safety, and fire standards.
 - 2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

County licensing agencies are required to conduct unannounced inspections at each licensed family child care program at least annually.

3.	Identify the frequency of unannounced inspections:
	Once a year
	More than once a year
	Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

During a licensing inspection of a family child care program, a county licensor is responsible for inspecting the home and reviewing the provider's records (including background study verification and staff training records). The county licensor must conduct a licensing inspection at least annually, but can conduct monitoring visits more frequently. If, in the course of a monitoring visit, a licensor determines that one

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or more licensing violations has occurred, the licensor must issue a fix-it ticket (for certain correctable violations) or a correction order. The county can also recommend to DHS that a licensing action be issued to the family child care provider based on the nature, severity or chronicity of the licensing violation(s).

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

Minn. Stat. § 245A.04, subd. 4, and Minn. Stat. § 245A.16.

- c) Licensed in-home CCDF child care
 - N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).
 - 1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards
 - 2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

3.	Identify the frequency of unannounced inspections:
	Once a year
	More than once a year
	Describe:

- 4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.
- 5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers
- d) List the entity(ies) in your state/territory that are responsible for conducting prelicensure inspections and unannounced inspections of licensed CCDF providers DHS is responsible for conducting pre-licensure inspections and unannounced

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inspections of licensed child care centers. County licensing agencies are responsible for conducting pre-licensure inspections and unannounced inspections of licensed family child care programs.

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

Effective October 1, 2018, to receive child care assistance payments and remain registered with the Child Care Assistance Program, license-exempt centers must demonstrate compliance with health and safety requirements by becoming certified. The Department is in the process of certifying license-exempt centers and anticipates that annual monitoring visits will begin in 2019.

Upon certification of license-exempt centers, the Department will conduct inspections of certified centers annually to determine compliance with health, safety, and fire standards. Annual inspections may be announced or unannounced. Differential monitoring will not be used in 2019.

Provide the citation(s) for this policy or procedure Minn. Stat. § 245H.05.

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

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Minnesota is advancing a non-legislative option to begin annually monitoring legal nonlicensed providers who care for at least one unrelated child on child care assistance. Beginning October 1, 2018, local agencies that register legal nonlicensed providers must inspect unrelated legal nonlicensed providers annually. The department expects that monitoring visits will be announced and will not occur more frequently than once per year.

Provide the citation(s) for this policy or procedure Not yet implemented.

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

Minnesota is advancing a non-legislative option to begin monitoring legal nonlicensed providers who care for at least one unrelated child on child care assistance annually. Beginning October 1, 2018, local agencies that register legal nonlicensed providers must annually inspect unrelated legal nonlicensed providers. DHS expects that monitoring visits will be announced and will not occur more frequently than once per year.

Provide the citation(s) for this policy or procedure Not yet implemented.

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

Yes. If yes, decsibe:

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

State law requires the Department to conductinspections of certified license-exempt centers. Local agencies (counties, tribes and/or subcontracted agencies) will be responsible for conducting inspections for legal nonlicensed providers.

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5.3.4 Licensing inspectors.

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

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

For child care center licensors and certified license-exempt center specialists: It is Department policy and practice that licensors and specialists are trained on health and safety requirements and all aspects of the state's licensing and certification requirements and processes, which includes requirements appropriate to the age of the children in care and the type of provider setting. The Department has an extensive on-boarding training and mentoring program for new licensors and specialists before they begin conducting inspections, and requires at least six hours of ongoing training each year. Finally, state law mandates that the Department provide training and development to staff to promote professional development (Minn. Stat. 43A.21).

For family child care licensors: State law requires county licensors to receive training developed by the Department, which includes health and safety requirements, requirements appropriate to the age of the children in care and provider setting, and all aspects of the state's licensing requirements and processes (Minn. Stat. 245A.16). County licensors must complete training within 90 days of their employment. Further, the Department facilitates ongoing training for county licensors, including training on new or changed licensing requirements and on conducting inspections and investigations.

The Department is in the process of implementing annual monitoring of legal nonlicensed

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providers that participate in the Minnesota Child Care Assistance Program and care for at least one unrelated child. The requirement to monitor these providers will be effective October 1, 2018 and the initial annual visit must be completed by October 1, 2019. Local agencies will have the responsibility to hire and train inspectors. The Department is evaluating training options by reviewing available training and considering training development options. The department expects to share training options in Spring 2019 that local agencies can use to train their inspectors.

b) Provide the citation(s) for this policy or procedure

Minn. Stat. § 43A.21 and Minn. Stat. § 245A.16, subd. 7.

Please note, there is no citation for annual inspections of unlicensed family child care providers.

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

State law governs the Department's direct licensure and oversight of child care centers, as well as the Department's oversight of the county-delegated licensure of family child care programs. State law requires the Department to conduct at least one unannounced licensing inspection at each licensed child care center annually, and state law requires the county licensing agencies to conduct at least one unannounced licensing inspection at each licensed family child care program annually. Further, state law outlines other licensing responsibilities held by the Department and county licensing agencies.

For Department licensors (sometimes referred to as "state licensors"): A caseload of

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approximately one licensor to 80 child care centers is sufficient to ensure the Department performs all of its licensing responsibilities, including conducting inspections as required by federal and state law. The Department monitors caseloads and makes adjustments to caseloads when necessary.

For county licensors: In 2018, there were approximately 150 county licensors responsible for monitoring approximately 8,400 family child care programs - for an average caseload of 1 county licensor to 56 family child care programs. While there is not a prescribed caseload ratio for county licensing agencies, they are required to maintain sufficient staffing to perform all of their licensing responsibilities. The Department monitors county licensing agencies ability to perform their licensing responsibilities, including the ability of each agency to conduct annual licensing inspections and compliant investigations as required by state law.

b) Provide the policy citation and state/territory ratio of licensing inspectors N/A

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

Related means the provider is the sibling, grandparent, great-grandparent, aunt, or uncle of the child, based on a blood relationship, marriage, or court decree. Related legal nonlicensed providers who provide care must be 18 years of age or older, live in a separate home from the child, pass a background study, and have current certification in First Aid and CPR. Before care can be authorized, related legal nonlicensed providers that serve any child under 5 must have training in Preventing Abusive Head Trauma and/or who serve any child under age 1 must have training in Preventing Unexpected Infant Death Syndrome. Providers must

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Yes, relatives are exempt from some inspection requirements.
If the state/territory exempts relatives from the inspection requirements, describe which
inspection requirements do not apply to relative providers (including which relatives may be
exempt) and how the State ensures the health and safety of children in relative care.
No, relatives are not exempt from inspection requirements.

complete 8 hours of approved training at each 2-year renewal.

5.4 Criminal Background Checks

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

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In- State	Nation al	Inter- State
Criminal registry or repository using fingerprints in the current state of residency	х		
2. Sex offender registry or repository check in the current state of residency	х		
3. Child abuse and neglect registry and database check in the current state of residency	х		
4. FBI fingerprint check		Х	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the			Х

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individual has resided in the past 5 years, with the use of		
fingerprints being optional		
7. Sex offender registry or repository in any other state where the		V
individual has resided in the past 5 years		X
8. Child abuse and neglect registry and database in any other		V
state where the individual has resided in the past 5 years		X

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check require+J514ments, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

The national FBI fingerprint check; and,		
The three in-state background check provisions for the current state of residency:		
state criminal registry or repository using fingerprints;		
state sex offender registry or repository check;		
state-based child abuse and neglect registry and database.		

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency		
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
II//II/estane/Prerequisite I		Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for:Establishing requirements and procedures and/orConducting checks on all new (prospective) staff	

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	and/or Conducting checks on current (existing) staff
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for:Establishing requirements and procedures and/orConducting checks on all new (prospective) staff and/orConducting checks on current (existing) staff
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for:Establishing requirements and procedures and/orConducting checks on all new (prospective) staff and/orConducting checks on current (existing) staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for:Establishing requirements and procedures and/orConducting checks on all new (prospective) staff and/orConducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

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i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Minnesota law (Minnesota Statutes, section 245C.08, subdivision 1, (a) (4)) requires a fingerprint-based search of Minnesota criminal history information for two licensed provider types: licensed child care centers and licensed family child care.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations Minnesota law (Minnesota Statutes, section 245C.08, subdivision 1, (a) (4)) requires a fingerprint-based search of Minnesota criminal history information for certified license-exempt centers and legal nonlicensed providers.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints,
been conducted for all current (existing) child care staff?
☐ Yes
Describe, if applicable, any differences in the process for existing staff than what was
described for new staff and provide citations.

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:
- -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- -- Key challenges to fully implementing this requirements
- -- Strategies used to address these challenges

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Describe:

Since 2016, all new staff at licensed child care centers have had fingerprint-based Minnesota criminal history checks. Licensed child care centers represent about 47% of all child care staff persons/caregivers in the state who are required to have a CCDF-compliant study. Additionally, 82 percent of staff persons/caregivers required by CCDF to have a Minnesota criminal check have had a statutorily-mandated search of Minnesota criminal records using fingerprints or name/date of birth.

To implement the CCDF requirements, the Minnesota Legislature passed authorizing language in May 2017. Since this time, Department staff have held over 45 meetings with providers and counties across the state to discuss the new state requirements. The Department is working to make system changes that will allow providers to submit studies that include fingerprint-based Minnesota criminal history checks.

Two of the major challenges presented by providers is the cost of paying for the studies and access to fingerprinting locations. The Department is working internally and with county partners, the legislature, and providers to address these concerns and implementation costs.

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii))...

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

- a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Minnesota law (Minnesota Statutes, Section 245C.08, subdivision 1, (a) (4)) requires a name-based search of Minnesota predatory offender registry for two licensed provider

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types: licensed child care centers and licensed family child care.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations Minnesota law (Minnesota Statutes, Section 245C.08, subdivision 1, (a) (4)) requires a name-based search of Minnesota predatory offender registry for certified license exempt centers and legal nonlicensed providers.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1

,	ring) child care staff?
	Yes
	Describe, if applicable, any differences in the process for existing staff than what was
	described for new staff and provide citations.

b) Has the search of the in-state sex offender registry been conducted for all current

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:
- -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- -- Key challenges to fully implementing this requirements
- -- Strategies used to address these challenges

Describe:

All current and prospective child care staff persons' studies at licensed child care centers include a name-based search of Minnesota's predatory offender registry, which accounts for about 47 percentof individuals required to meet the CCDF law.

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To implement the CCDF requirements for licensed family child care programs, certified license-exempt centers, and legal nonlicensed providers, the Minnesota Legislature passed authorizing language in May 2017. Since this time, Department staff have held over 45 meetings with providers and counties across the state to discuss the new state requirements. The state is working to make system changes that will allow for legal nonlicensed, certified license exempt centers, and licensed family child care programs to have studies that include a search of the Minnesota predatory offender registry. One of the major challenges presented by providers is the cost of paying for the studies. The Department is working internally and with county partners, the legislature, and providers to address these concerns and implementation costs.

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

- a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Minnesota law (Minnesota Statutes, section 245C.08, subdivision 1, (a) (2)) requires a name-based search of Minnesota's child and adult maltreatment registries for two licensed provider types: licensed child care centers and licensed family child care.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations Minnesota law (Minnesota Statutes, section 245C.08, subdivision 1, (a) (2)) requires a name-based search of Minnesota's maltreatment registries for certified license exempt

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centers and legal nonlicensed providers.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:
- -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- -- Key challenges to fully implementing this requirements
- -- Strategies used to address these challenges

Describe:

Priorto CCDF-related state statutory changes, about four out of five (82 percent) of staff persons required by CCDF to have a Minnesota child abuse and neglect check had one when they were hired. To implement the CCDF requirements, the Minnesota Legislature passed authorizing language in May 2017. When this legislation is fully implemented, all staff at the four child care provider types will be subject to a Minnesota child abuse and neglect registry check. Since 2017, state staff have held over 45 meetings with providers and counties across the state to discuss the new state requirements.

The state is working to make system changes that will allow for all providers to submit studies that include a name-based search of Minnesota maltreatment registries. One of the major challenges presented by providers is the cost of paying for the studies. The Department is working internally and with county partners, the legislature, and providers to address these concerns and implementation costs.

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National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

- a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Minnesota law (Minnesota Statutes, Section 245C.08, subdivision 1, (a) (6) (ii)) requires a fingerprint-based search of the FBI's NGI for two licensed provider types: licensed child care centers and licensed family child care.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations Minnesota law (Minnesota Statutes, Section 245C.08, subdivision 1, (a) (6) (ii)) requires a fingerprint-based search of the FBI's NGI for certified license exempt centers registered for CCAP (Child Care Assistance Program) and legal nonlicensed providers registered for CCAP.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1

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b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:
- -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- -- Key challenges to fully implementing this requirements
- -- Strategies used to address these challenges

Describe:

For all provider types: A fingerprint-based FBI check has not been conducted on current staff or caregivers. To implement the CCDF requirements, the Minnesota Legislature passed authorizing language in May 2017. Since this time, Department staff have held over 45 meetings with providers and counties across the state to discuss the new state requirements. The Department is working to make system changes that will allow for all providers to submit studies that include fingerprint-based FBI criminal history checks.

Two of the major challenges presented by providers is the cost of paying for the studies and access to fingerprinting locations. The Department is working internally and with county partners, the legislature, and providers to address these concerns and implementation costs.

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National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the instate (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

- a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff
 - Yes. If yes,
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations
 - No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:
 - -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
 - -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
 - -- Key challenges to fully implementing this requirements
 - -- Strategies used to address these challenges

Describe:

For all provider types: A name-based search of the NCIC's NSOR is not being conducted on new child care staff or caregivers. Minnesota law does not allow or require a search of the NSOR for child care studies. The Department did not propose adding a search of the NSOR to state law during the 2017 session because the FBI did not permit access to it at the time.

The major challenge associated with implementing a search of the NCIC's NSOR is that the process cannot be automated because of restrictions put in place by the FBI. If there were legislative authority to do these checks, the manual searching would increase the cost and time needed to complete a study. The Department will work with providers and the Legislature to identify options for a proposal to the 2019 Legislative Session that would require a name-based check of this database.

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:
- -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- -- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

For all provider types: A name-based search of the NCIC's NSOR has not been conducted on current child care staff or caregivers. Minnesota law does not allow or require a search of the NSOR for child care studies. The Department did not propose adding a search of the NSOR to state law during the 2017 session because the FBI did

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not permit access to it at the time.

The major challenge associated with implementing a search of the NCIC's NSOR is that the process cannot be automated because of restrictions put in place by the FBI. If there were legislative authority to do these checks, the manual searching would increase the cost and time needed to complete a study. The Department will work with providers and the Legislature to identify options for a proposal to the 2019 Legislative Session that would require a name-based check of this database.

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and

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- ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations
- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:
- -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- -- Key challenges to fully implementing this requirements
- -- Strategies used to address these challenges

Describe:

For all provider types: A name-based search of criminal registries in states other than Minnesota is not being conducted on new child care staff and caregivers except in cases where the subject resided in a state that participates in the National Fingerprint File. Because Minnesota is an NFF state, we are able to automatically obtain interstate criminal records from other states that participate when the FBI check is completed. The Department did not propose adding a search of other state's criminal databases to state law during the 2017 session because this component will be costly and increase the time needed to complete studies while adding very little value in terms of finding potentially disqualifying information.

One of child care providers' major concerns about the enhanced studies is cost. It would be very expensive for the Department to establish relationships with every state and territory for this information. The major challenge associated with implementing this component is that the process cannot be automated. If there were legislative authority to do these checks, the manual searching would increase the cost and time needed to complete a study. The Department will work with providers and the Legislature to identify options for a proposal to the 2019 Legislative Session that would require a name-based check of this database.

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b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:
- -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- -- Key challenges to fully implementing this requirements
- -- Strategies used to address these challenges

Describe:

For all provider types: A name-based search of criminal registries in states other than Minnesota has not been conducted on current child care staff. The Department did not propose adding a search of other state's criminal databases to state law during the 2017 session because this component will be costly and increase the time needed to complete studies while adding very little value in terms of finding potentially disqualifying information.

One of child care providers' major concerns about the enhanced studies is cost. It would be very expensive for the Department to establish relationships with every state and territory for this information. The major challenge associated with implementing this component is that the process cannot be automated. If there were legislative authority to do these checks, the manual searching would increase the cost and time needed to complete a study. The Department will work with providers and the Legislature to identify options for a proposal to the 2019 Legislative Session that would require a name-based check of this database.

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5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

- a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?
 - Yes. If yes,
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations
 - ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations
 - No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:
 - -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
 - -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
 - -- Key challenges to fully implementing this requirements
 - -- Strategies used to address these challenges

Describe:

For all provider types: A name-based search of sex offender registries in states other than Minnesota is not being conducted on new child care staff. The Department did not propose adding a search of other state's sex offender databases to state law during the 2017 session because this component with will be costly and increase the time needed

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to complete studies while adding very little value in terms of finding potentially disqualifying information.

One of child care providers' major concerns about the enhanced studies is cost. It would be very expensive for the Department to establish relationships with every state and territory for this information. The major challenge associated with implementing this component is that the process cannot be automated. If there were legislative authority to do these checks, the manual searching would increase the cost and time needed to complete a study. The Department will work with providers and the Legislature to identify options for a proposal to the 2019 Legislative Session that would require a name-based check of this database.

b) Has the	interstate sex	offender	registry	or repository	/ check	been	put in	place	for all	current
(existing) c	hild care staff	?								

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:
- -- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- -- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
- -- Key challenges to fully implementing this requirements
- -- Strategies used to address these challenges

Describe:

For all provider types: A name-based search of sex offender registries in states other than Minnesota has not been conducted on current child care staff. The Department did not propose adding a search of other state's sex offender databases to state law during the 2017 session because this component with will be costly and increase the time needed to complete studies while adding very little value in terms of finding potentially

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disqualifying information.

One of child care providers' major concerns about the enhanced studies is cost. It would be very expensive for the Department to establish relationships with every state and territory for this information. The major challenge associated with implementing this component is that the process cannot be automated. If there were legislative authority to do these checks, the manual searching would increase the cost and time needed to complete a study. The Department will work with providers and the Legislature to identify options for a proposal to the 2019 Legislative Session that would require a name-based check of this database.

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Minnesota law (Minnesota Statutes, Section 245C.08, subdivision 1, (a) (6) (i)) requires a name-based search of the child abuse and maltreatment records in any state where the person has lived in the last five years for two licensed provider types: licensed child care centers and licensed family child care.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

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Minnesota law (Minnesota Statutes, Section 245C.08, subdivision 1, (a) (6) (i)) requires a name-based search of the child abuse and maltreatment records in any state where the person has lived in the last five years for certified license-exempt centers and legal nonlicensed providers.

https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.08.1	
No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) chicare staff including:	ild
Efforts to date to complete the requirement for all existing child care staff in license	∋d,
regulated or registered programs	
Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers) Key challenges to fully implementing this requirements	
Strategies used to address these challenges	
Describe:	
b) Has the interstate child abuse and neglect check been put in place for all current (exist child care staff?	sting
Describe, if applicable, any differences in the process for existing staff than what videscribed for new staff and provide citations.	was
No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:	d
Efforts to date to complete the requirement for all existing child care staff in license	ed,
regulated or registered programs	

- providers) -- Key challenges to fully implementing this requirements
- -- Strategies used to address these challenges

Describe:

b)

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-- Efforts to date to complete the requirement for all existing child care staff in other

programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible

For all provider types: A name-based search of interstate child abuse and neglect registries for anyone who has lived outside of Minnesota in the last five years has not been conducted on current child care staff and caregivers. To implement the CCDF requirements, the Minnesota Legislature passed authorizing language in May 2017. Since this time, Department staff have held over 45 meetings with providers and counties across the state to discuss the new state requirements.

The Department is working to make system changes that will allow for all providers to submit studies that include interstate child abuse and neglect checks for anyone who has lived outside of Minnesota in the last five years or who currently lives outside of Minnesota. One of the major challenges presented by providers is the cost of paying for the studies. The Department is working internally and with county partners, the legislature, and providers to address these concerns and implementation costs.

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

- 1. the state requires the provider to submit the background check requests before the staff person begins working; and
- 2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

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5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

Г	The state/territory allows prospective staff members to begin work on a
	provisional basis (if supervised at all times) after completing and receiving satisfactory
	results on either the FBI fingerprint check or a fingerprint check of the state/territory
	criminal registry or repository in the state where the child care staff member resides.
	Describe and include a citation:

The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

Individuals affiliated with licensed child care centers, license family child care programs, and certified license exempt centers, who require a background study are able to provide direct contact services while being supervised by a person who has a completed background study during the up-to two week window the subject has to get fingerprinted. Generally, within a few days of fingerprinting, DHS receives records or a notice of clearance from the Minnesota Bureau of Criminal Apprehension and Federal Bureau of Apprehension. It is at this time that a name and date of birth check of Minnesota maltreatment information is also conducted. The study subject is permitted to work under supervision until this time and is either cleared or required to remain under supervision if there is potentially disqualifying information that needs further review.

If the information is determined to be disqualifying from a federal perspective or for other serious crimes, the subject is ordered removed and prohibited from having direct contact with children served in the program during any reconsideration/appeals. If the information is not a federal disqualification or other serious disqualification, but is a state disqualifier, the subject is required to remain under supervision - if the entity permits continued direct contact - during any reconsideration/appeals. If the study

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subject requires an interstate maltreatment check and there was no potentially disqualifying information found in the records obtained from other sources, the person is allowed to work without supervision pending receipt of the results from the other state(s).

See Minnesota Statutes section 245C.13, subd. 2 https://www.revisor.mn.gov/statutes/cite/245C/full#stat.245C.13.2.

Other.

Describe:

Individuals affiliated with legal non-licensed programs are not able to receive Child Care Assistance Program funding until a background study clearance is issued.

See Minnesota Statutes section 119B.125, subd. 1a https://www.revisor.mn.gov/statutes/cite/119B/full#stat.119B.125.1a.

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

Other states, territories, and tribes requesting records on substantiated abuse and neglect from Minnesota will contact the Department of Human Services - Office of Inspector General. These requests are submitted by completing form DHS-7125 (https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7125-ENG) and mailing it to DHS with a check for \$20. The study subject must give authorization on the form and sign it under witness of a notary public. DHS processes most maltreatment record requests in about a

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week, not including mail time.

No

Other states, territories, and tribes requesting criminal records and predatory offender registration information on study subjects from Minnesota will contact the Minnesota Bureau of Criminal Apprehension. Other states can obtain Minnesota Criminal History and Minnesota Predatory Offender Registration information by submitting a consent form (https://dps.mn.gov/divisions/bca/pages/background-checks.aspx) signed by the study subject to the BCA, Attn: Criminal History Access Unit, 1430 Maryland Ave E, Saint Paul, MN 55106 along with \$15 and a self-addressed stamped envelope. Most requests are processed in 7-10 business days.

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

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Does the st	tate/territory	disqualify	child care	staff	members	based	on	their	conviction	for	other
crimes not	specifically li	isted in 98	.43(c)(i)?								

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Yes.

Describe other disqualifying crimes and provide citation:

A full list of disqualifying crimes is found in Minnesota statutes 245C.15, subdivisions 1 through 4. (

https://www.revisor.mn.gov/statutes/?id=245C&view=chapter#stat.245C.14.1).

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

Minnesota background study subjects have extensive appeal rights that allow them to challenge the accuracy and completeness of any determination and, for non-permanent disqualifications, a subject can petition that they no longer pose a risk of harm in spite of the disqualifying crime or conduct. This appeal process includes the ability to request reconsideration of a felony drug offense.

Throughout the entire background study process, there are numerous extensive protections of study subject's privacy. Minnesota Law (Minnesota Statutes chapter 245C.05, subd. 2c -

https://www.revisor.mn.gov/statutes/?id=245C&view=chapter#stat.245C.05.2c) provides the mandatory elements of the subject's notice and a summary of some of the privacy protections.

There are others located throughout state law. The system used to process background studies complies with numerous security and encryption requirements for several state and federal agencies.

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5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)). Minnesota law (Minnesota Statute chapter 245C.10, subd. 9a (

https://www.revisor.mn.gov/statutes/?id=245C.10#stat.245C.10.9a) puts a limit on the fee that the state can charge providers for child care background studies and also only permits the Department to charge a fee that recovers the actual cost of doing studies.

The fees for fingerprinting are established through a contract with a private vendor. This vendor was selected through a competitive bid process where price was given significant weight.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

No, relatives are not exempt from background check requirements.
Yes, relatives are exempt from all background check requirements.
Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements,
describe which background check requirements do not apply to relative providers.

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6 Recruit and Retain a Qualified and Effective Child Care Workforce

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

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

6.1 Professional Development Framework

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

a) Describe how the state/territory's framework for training and professional development

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addresses the following required elements:

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

DHS uses Minnesota's Knowledge and Competency Framework as a foundation for noncredit training development and approval. The Framework outlines standards, or expectations, regarding what people educating and caring for young children need to know. The Knowledge and Competency Framework also describes competencies, which define the demonstration of specific skills needed at three distinct scaffolding levels, and aligns with the standards of the Minnesota Board of Teaching now known as the Professional Educator Licensure and Standards Board. The Minnesota Department of Education, in coordination with DHS and the Department of Health, released three interrelated yet distinct Knowledge and Competency documents -- (1) Infant/Toddler, (2) Preschool, and (3) Family Child Care in 2014. All three versions can be found on the Minnesota Department of Education website at the following link: http://education.state.mn.us/MDE/dse/early/know/index.htm.

-- Career pathways. Describe:

DHS supports a grant contract with the Registry, Inc. to administer Achieve, The Minnesota Center for Professional Development (MNCPD) to provide a Career Lattice to recognize the professional development of early childhood and school-age practitioners as they move forward in their careers. Practitioners are awarded a Career Lattice Step based on a combination of approved training hours, credentials, college credits and degrees earned. Minnesota's Career lattice can be viewed on the Achieve--MNCPD website: https://www.mncpd.org/wp-content/uploads/2018/02/MN-Career-Lattice.pdf.

Through a grant contract with Achieve, Minnesota also supports a Virtual Career Guide that provides information about professions in the early childhood and school age care field. The guide is organized by step on the Career Lattice and also provides information on training and job opportunities. More information can be found at https://www.mncpd.org/resources/career-guide/.

DHS also funds grant contracts for two additional initiatives that support career pathways for early childhood and school age professionals. Professional development advisors are located at district offices in the Child Care Aware system to work with providers to analyze training and education and help chart pathways for professional growth. In addition, the Child Care Aware of Minnesota statewide office houses an Early Childhood

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Workforce Specialist to connect professionals to financial supports and advising to help them along a career path. This specialist also connects with local high schools and post-secondary institutions to coordinate efforts to promote early childhood education as a profession.

-- Advisory structure. Describe:

In coordination with the Minnesota Department of Education, the Department partners with the Governor's Early Learning Council (ELC), to provide guidance on the professional development system. The ELC makes recommendations to the Governor, Children's Cabinet and Legislature, including proposed legislation on how to effectively create a high quality early childhood system in Minnesota to ensure all children arrive at kindergarten school-ready.

-- Articulation. Describe:

With other state agencies, stakeholder organizations and community groups, DHS partners with active groups of higher education professionals. Faculty from two-year and four-year colleges each have professional organizations that gather on a quarterly basis. These two groups meet separately, then come together to identify opportunities to collaborate in articulation efforts. Representatives from the Minnesota Department of Education (MDE) and the DHS participate in multiple higher education advisory groups. Some colleges and universities in the Minnesota State Colleges and Universities system have agreements in place to articulate the National Child Development Associate for credit. Minnesota's Knowledge and Competency Framework was designed to align with Professional Educator Licensure and Standards Board standards with one aim to serve as a step toward fostering additional articulation agreements. In addition, DHS funds Professional Development Advisors through the Child Care Aware district offices to provide career advising to early education professionals statewide.

-- Workforce information. Describe:

The Department supports Develop, Minnesota's Quality Improvement and Registry Tool, as its primary source of workforce information for the child care and early childhood field. Develop houses information on employment, training and educational attainment for participating individuals. Develop is a voluntary registry. However, all lead staff that participate in Parent Aware, Minnesota's QRIS, or receive financial supports such as T.E.A.C.H, R.E.E.T.A.I.N, or CDA scholarships must participate in Develop. As of July

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2018, 21,845 early childhood and school age professionals currently have their individual information in Develop. Develop also holds information on training events and attendees sorted by Knowledge and Competency Framework area. These events have all been approved by Achieve. In SFY 2018, there were 9,598 statewide training events with 96,205 attendees (26,864 unique persons) entered into the system.

-- Financing. Describe:

DHS provides the following financial supports to the child care and early childhood workforce through grant contracts to Child Care Aware or CCR&R agencies:

- Scholarships for individuals seeking to attain post-secondary degrees through the T.E.A.C.H. Early Childhood Scholarship Program. T.E.A.C.H covers the costs of 85 percent of tuition and books, as well as a travel stipend and release time.
- Free or low-cost training that is required to meet CCDF health and safety requirements, other training to meet state licensing requirements, and training to meet requirements for the state QRIS, Parent Aware. Financial supports are also available for training, assessment, and renewal fees associated with obtaining the Child Development Associate Credential (CDA).
- The R.E.E.T.A.I.N. (Retaining Early Educators through Attaining Incentives Now) program rewards child care professionals who have earned a degree or National Child Development Associate Credential and have demonstrated a general commitment to continuing education and professional development. To be considered for the bonus, child care professionals must submit an application annually. The bonuses range from \$500 to \$3,500, based on qualifications of the applicant which can be used to cover program or personal expenses. Current policy does not allow consecutive annual awards to professionals. Minnesota is currently evaluating the R.E.E.T.A.I.N. program, which could result in programmatic changes that would best support the workforce.
- b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.
 - Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Achieve--MNCPD recognizes Continuing Education Units (CEUs) from (1) organizations that have current accreditation through the International Association for Continuing Education and Training or (2) accredited colleges and universities. Minnesota is a member of the National Registry Alliance and follows a prescribed, documented coding process for assessing, coding and acknowledging higher education credits from official

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transcripts.

Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

All training approved through Achieve--MNCPD is aligned with Minnesota's Knowledge and Competency Framework. The Framework is also aligned with the Board of Teaching Standards. This alignment allows for the use of the same system for both non-credit and credit based training which makes for a smoother process for articulation. Achieve also is responsible for approving trainers in our professional development system. Trainers are approved based on educational background, including knowledge in specific content area and adult education. Minnesota will be reviewing the trainer approval process and implementing changes during this plan period.

Other

Describe:

DHS has invested in developing and will continue to support a system of Relationship Based Professional Development (RBPD) which includes coaching, consulting and mentoring. All RBPD specialists are approved through Achieve--MNCPD and their hours are tracked in Develop on a provider's individual Learning Record in the same way training is documented. Categories include quality coaching for the QRIS, infant/toddler consultation, inclusion of children with special needs and health and safety consultation.

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

In coordination with the Minnesota Department of Education, the Department partners with the Governor's Early Learning Council (ELC), to provide guidance on the professional development system. The ELC makes recommendations to the Governor, Children's Cabinet and Legislature, including proposed legislation on how to effectively create a high-quality early childhood system in Minnesota to ensure all children arrive at kindergarten school-

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ready. In addition, DHS meets monthly meetings with the Minnesota Department of Education to address policy and implementation issues related to professional development. Leading into the development of the FFY19-21 CCDF Plan, Department staff were involved in two major planning initiatives related to supporting the early childhood workforce. One, led by the Children's Cabinet, was convened to address issues related to low compensation for early childhood professionals. Another, led by a local private foundation, has drafted and is seeking input on goals and strategies to implement recommendations from Institute of Medicine and the National Research Council's report, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. The Department intends to continue involvement in these planning efforts.

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Minnesota's professional development framework is intentionally designed to include a variety of supports to strengthen and retain a diverse, qualified workforce. There are multiple financial assistance supports to attain credentials and post-secondary degrees that can be accessed and combined as appropriate depending on the career pathway point of each child care and early education professional. There are scholarships for individuals seeking to attain post-secondary degrees through the T.E.A.C.H. Early Childhood Scholarship Program. T.E.A.C.H covers the costs of 85 percent of tuition and books, as well as a travel stipend and release time. The framework also includes financial incentives linked to educational attainment and retention. The R.E.E.T.A.I.N. (Retaining Early Educators through Attaining Incentives Now) program rewards child care professionals who have earned a degree or National Child Development Associate Credential and have demonstrated a general commitment to continuing education and professional development.

Another framework support is the outreach to high school career and technical school students in Minnesota. The Child Care Aware of Minnesota statewide office houses an Early Childhood Workforce Specialist to connect professionals to financial supports and advising to help them along a career path. This specialist also connects with local high schools and post-secondary institutions to coordinate efforts to promote early childhood education as a profession.

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DHS uses a Universal, Multicultural Instructional Design Framework in creating courses and supporting trainers. The Framework is a tool that: (a) reflects current and emerging theory and practice for supporting all learners and instructors; (b) supports instructors in valuing the knowledge and experience of the learners in addition to the content and activities in the curriculum; and, (c) supports a variety of early childhood learning experiences and audiences in order to be inclusive in training design and delivery. Curriculum has been developed and offered in multiple languages to meet the diverse needs of the child care and early education workforce.

In addition, the Trainer and Relationship-based Professional Development Support (TARSS) project, housed at the Child Care Aware of Minnesota statewide office, provides support services to trainers and Relationship Based Professional Development Specialists who are approved or becoming approved through Achieve, the Minnesota Center for Professional Development. They also work to identify and implement specific strategies to recruit, train, and support early childhood and school-age trainers, coaches, consultants, and mentors to enhance their training and RBPD knowledge and skills. Intentional recruitment and support of bilingual/bicultural trainers and RBPD specialists has been a priority to improve the diversity of the framework. This project has helped to recruit and retain a diverse group of professionals available to support the early care and education professionals in Minnesota.

DHS is providing dedicated funding to grantees to improve access to services for people of color, especially those who may experience barriers without additional support, such as providers who speak languages other than English. This work includes outreach, recruitment and support across local communities. Activities such as learning communities have been implemented to support provider communities as well as the trainers, coaches, consultants and mentors from the communities.

The professional development framework includes behavioral health support for providers, such as training in self-care practices and stress-reduction techniques. Through a pilot program, mental health consultation is provided to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. This mental health consultation focuses on building child care provider capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges.

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In addition, financial consulting and business management training to child care providers is available through a grant with First Children's Finance. These services are aimed at increasing individuals knowledge of business practices and designing sustainable business models.

Together, these supports have an overall goal of retaining a highly qualified and diverse workforce to serve the children and families in Minnesota.

6.2 Training and Professional Development Requirements

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

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

DHS uses Minnesota's Knowledge and Competency Framework that outlines standards, or expectations, regarding what people educating and caring for young children need to know in all the DHS owned training offered through Develop. The Knowledge and Competency Framework also describes competencies that define the demonstration of specific skills needed at three distinct scaffolding levels. The Knowledge and Competency Framework is

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intended to be used to create learning objectives in all curriculum content. In the area of health and safety standards, KCF Content Area VII: Health, Safety and Nutrition provides examples of specific skills needed by early educators at three distinct scaffolding levels by age group. The Minnesota Department of Education, in coordination with DHS and the Department of Health, created three inter-related yet distinct Knowledge and Competency documents -- (1) Infant/Toddler, (2) Preschool and (3) Family Child Care in 2014. All three versions can be found on the Minnesota Department of Education website: http://education.state.mn.us/MDE/dse/early/know/index.htm.

DHS also uses the Minnesota Early Childhood Indicators of Progress (ECIPs) as a foundational document for early care and education providers across sectors. The ECIPs are a guiding set of progressive developmental markers that early care and education providers use to plan appropriate activities for children at different ages and stages. Training on the ECIPs is offered through the Child Care Aware or CCR&R system, as well as other training organizations. In addition, the ECIPs are used to: inform the revised Minnesota Knowledge and Competency Framework; define the content of training required for program quality improvement standards; and inform the content of Minnesota Credentials and all DHS owned curricula. Also, early childhood programs participating in Parent Aware must demonstrate alignment of program curriculum with the Early Childhood Indicators of Progress (ECIPs).

The Early Childhood Indicators of Progress (ECIPs) are currently being cross-walked with Head Start Early Learning Outcome Framework; K-12 content standards, and State/Territory pre-k standards.

The State of Minnesota has licensing standards and training requirements for child care centers and family child care programs related to child growth and development and behavior guidance. Child Care Center Laws & Rules Chapters 245A, 245C, 626.556, and 9503, and Family Child Care Laws and Rules Chapters 245A, 245C, 626.556, and 9502, both address behavior guidance methods, standards, and general requirements. In addition, training requirements for both Family Child Care and Center-based Care include an annual training requirement that can include, "...interactions with children, including training in establishing supportive relationships with children, guiding them as individuals and as part of a group."

Effective July 2014, Minnesota legislation required licensed family child care providers to

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have four hours of pre-service training, as well as annual training once licensed, on child growth and development and behavior guidance training which addresses "...the understanding of the functions of child behavior and strategies for managing challenging situations."

DHS has incorporated the pyramid model from the Technical Assistance Center on Social Emotional Intervention for young children into our training curriculum and coaching models. The Center for Inclusive Child Care includes this model in Inclusion Coaching, which supports the successful inclusion and retention of a child with special needs and/or challenging behaviors within a child care setting. In addition, the Infant Toddler Specialist Network provides support and education on emotional development to child care providers across the state. Mental Health Consultation focuses on building child care provider ability to support infant and young children's emotional development. The Infant Toddler Specialists and the Mental Health Consultants are members of the Minnesota Association for Infant & Early Childhood Mental Health. This is a membership organization, which through education and advocacy promotes the social emotional and mental health of children and support for caregivers. The Infant Toddler Specialists are in the process of completing their level 2 or 3 endorsement, while the Mental Health Consultants are endorsed at a level 3 or 4 in the endorsement program developed by Michigan Infant Mental Health Association and offered through the Minnesota Association for Infant & Early Childhood Mental Health.

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Through Child Care Aware or CCR&R grant contracts, Minnesota ensures that access to professional development opportunities for tribal organizations are offered through the CCR&R system working in collaboration with individual tribes and in partnership with the Minnesota Tribal Resources for Early Childhood Care (MNTRECC). The CCR&R system's professional development teams work with MNTRECC and the tribes to ensure that professional development opportunities are responsive to tribal needs and supportive of the state's quality improvement efforts. To ensure training and professional development opportunities meets the needs of providers, the MNTRECC professional development team

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conducts a training needs survey for providers who are supported by tribes, and adjusts training opportunities accordingly. MNTRECC also shares training schedules with tribal communities. Finally, Minnesota will be sharing curriculum that was developed to meet CCDF training requirements with tribal nations so they can adapt it to meet tribal training requirements. Minnesota is also exploring ways to provide training on tribal culture to trainers and RBPD specialists.

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

a) with limited English proficiency

The department facilitates provider participation in the subsidy system, including providers with limited English proficiency if they are chosen by a family or want to register as a CCAP provider. The department does not actively recruit providers but makes information available to all providers, via local county and tribal agencies, the department website and the Child Care Aware system that outlines how to register to become a provider ready to serve CCAP families. DHS translates some CCAP materials into one or more languages and others include translation service resources when mailed. Local agencies may have staff or other methods to respond to providers with questions in other languages. There are resources available to child care providers who need help with interpretation. For example, Think Small provides some interpretation services in Hmong, Somali and Spanish through the Language Access Line at 888-291-9811. To support training outreach, DHS partnered with the Think Small language line to ensure providers remain eligible to participate in CCAP. Required CCAP training for legal non-licensed providers is offered in multiple languages.

b) who have disabilities

The department does not recruit providers into the subsidy system, including providers with disabilities, but does facilitate their participation if they are chosen by a family or want to register as a CCAP provider. CCAP materials produced by DHS meet accessibility standards and many include information about local ADA contacts for equal access.

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6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).

Professional development requirements for licensed and certified child care providers are the same regardless whether the program receives child care subsidies. Minnesota developed requirements to meet federal requirements and address developmentally appropriate needs of all children in care. The department requires some providers to take training through the state's Child Care Aware training delivery system. Other providers are strongly encouraged to take training through the system but not required. Legal nonlicensed providers who receive child care subsidies and care for at least one unrelated child must take training through the Child Care Aware training system. The department ensures that training through the state's Child Care Aware training system meets the needs of children of different age groups, English-language learners, children with developmental delays and disabilities and Native Americans through multiple means.

Through grant contracts, DHS ensures that training is available through the state's Child Care Aware or CCR&R training delivery system, as well as other training organizations, which addresses the knowledge and skills needed to provide quality early education and care services to children of different age groups, to children who are English-learners and children with disabilities. This training is available to all Minnesota child care providers, including those caring for children receiving subsidies. DHS has also developed training which addresses the care and education needs of children who are English-learners. Through the services of the Center for Inclusive Child Care, a DHS grantee, multiple trainings are available related to providing care to children with disabilities and working with behavioral challenges. The Positive Indian Parenting Curriculum, which can be adapted to meet child care providers' professional development needs, is offered through the CCR&R training delivery system as well as through tribal organizations.

DHS has developed and supports the delivery of a 30-hour state Infant and Toddler

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Certificate which partially meets training requirements for the nationally recognized Child Development Associate Credential (CDA) and for Parent Aware, Minnesota's Quality Rating & Improvement System (QRIS). The credential fully meets all of the training requirements for Level One of the Minnesota Infant and Early Childhood Mental Health Endorsement. In 2018, the curriculum will be expanded to 120 hours and will meet all the training requirements for the CDA.

DHS has developed and supports the delivery of eighteen hours of training on the topic of homelessness including the awareness, biological impacts to children's brains and emotional development and how to support children in childcare settings. Head Start also offers training on the dynamics that cause and maintain poverty for providers working with low income families. This training is available to CCDF providers.

DHS will continue to use a Universal, Multicultural Instructional Design Framework developed through a contract with the University of Minnesota Center for Early Education and Development during the previous CCDF Plan period. The Framework is a tool that: (a) reflects current and emerging theory and practice for supporting all learners and instructors;(b) supports instructors in valuing the knowledge and experience of the learners in addition to the content and activities in the curriculum; and, (c) supports a variety of early childhood learning experiences and audiences in order to be inclusive in training design and delivery.

DHS is currently conducting a study to examine the supply of and demand for training by child care professionals. The study is using DHS administrative data as well as surveying persons who are minimally or not using the DHS training delivery systems in place. The results of the study will be used to inform service delivery improvements and inform policy makers of availability, access and cost of training across the state.

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

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a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The Department supports the availability of three courses for child care providers on serving children and their families who have experienced homelessness. The three courses teach child care providers how to identify children experiencing homelessness by describing the impacts of homelessness on children, how adverse childhood experiences effect childhood development and what behaviors can develop due to early childhood trauma. Child care providers, families and stakeholders can access resources on ParentAware.org, Minnesota's consumer education website. Resources include but not limited to food, housing, health care and financial supports.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

The training developed for child care providers serving homeless families is open to county and tribal agency staff who work with families. County and tribal agency staff could also participate in a series of trainings on homelessness also available through the Metro-wide Engagement for Shelter & Housing (MESH). DHS plans to present information about identifying and serving homeless families to Child Care Assistance Program workers at a conference in the fall of 2018. The material will include information about identifying families and children experiencing homelessness.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

- Issue policy change notices
- ✓ Issue new policy manual
- Staff training
- Orientations
- Onsite training

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✓ Online training
Regular check-ins to monitor the implementation of CCDF policie
Describe the type of check-ins, including the frequency.

Other

Describe:

DHS has set up a provider telephone line to respond to provider questions about CCDF requirements. Between March 1 2017 and February 28 2018, DHS has responded to nearly 400 inquiries from providers on this line primarily related to compliance with new federal training requirements. DHS has met with numerous provider groups to train on program changes and CCDF compliance.

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

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

As a DHS grantee, First Children's Finance provides business training and Technical Assistance for cohorts of both center and family child care providers. Providers participating in these cohorts receive training together on topics such as marketing, budgeting, cash flow, income and expenses. After each training session, providers receive one-on-one business consulting to identify and prioritize their specific business issues, conduct an income and expense analysis to inform a business decision such as planning for quality or adding a classroom as well as the creation of a customized business plan.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

Fiscal management

Budgeting

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✓ Recordkeeping
☑ Hiring, developing, and retaining qualified staff
☑ Risk management
☑ Community relationships
Marketing and public relations
Parent-provider communications, including who delivers the training, education, and/or technical assistance
☐ Other
Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

Minnesota's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned to kindergarten entry. This was achieved by: 1) developing the research base - this step included an extensive literature search of research on the topic of child development in each domain, and 2) asking a diverse group of learning and development specialists to

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share their expertise in child development, cultural and linguistic appropriateness, and aligning guidelines with kindergarten entry standards. These experts met together in committees. There was one committee for each domain. Each committee was instructed to write the updated early learning guidelines in a way that would ensure they were based on research, both what they knew from their own practice but also information from the literature search, as well as being developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry. In addition to the input of committee members, cultural and linguistic alignment was further addressed through a public input process that included asking participants to provide feedback on this aspect of the early learning guidelines, and then adjusting them to address the feedback. The early learning guidelines also align to the Minnesota K-12 Academic Standards and the Common Core State Standards Initiative for Kindergarten through Twelfth Grade for English Language Arts. They do this by reflecting the child development knowledge that defines the foundational skills necessary to build toward these standards. In addition, for each domain where there are kindergarten standards available, the kindergarten standards are provided in the document alongside the early learning guidelines, allowing practitioners to see them side by side, so that they can plan activities that will prepare children for the kindergarten standards.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

Prior to 2016 Minnesota had two sets of early learning and developmental guidelines. During the 2016 revision, these versions were combined into one set of standards for birth to kindergarten entrance. The process used to revise the guidelines included engagement of specialists with expertise in child development and specific content areas, inclusion of teachers and other staff from all types of early childhood programs, as well as higher education faculty and health professionals to ensure the guidelines were age-appropriate.

- c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

 - Social development

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- Emotional development
- Physical development
- Approaches toward learning
- Other

Describe:

Minnesota's early learning guidelines also include these domains: Social Systems, Scientific Thinking, and the Arts.

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

In coordination with the Minnesota Department of Education, the Department partners with the Governor's Early Learning Council (ELC), to provide guidance on the implementation of the early learning guidelines. The ELC makes recommendations to the Governor, Children's Cabinet and Legislature, including proposed legislation on how to effectively create a high-quality early childhood system in Minnesota to ensure all children arrive at kindergarten school-ready.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

The Minnesota Department of Education leads revisions of Minnesota's early learning and developmental guidelines. The revision process uses committees composed of professionals with expertise in child development and learning from school districts, Head Start and child care, including diverse content specialists, teachers, providers, coaches, faculty, trainers and administrators. The proposed guidelines are then reviewed by an additional set of content experts. In addition, during the 2016 revision process, a public input process was used to gain a public review of the document, allowing for further refinement and adjustments.

The preschool version was initially developed in 2000, and revised in 2005. The infant and toddler version was developed in 2007. These were revised and expanded into a single continuum of expectations in the 2016 version. Moving forward the guidelines will be revised on the same frequency as Minnesota's academic standards. Minnesota's academic standards are required in statute to be reviewed every 10 years. The Minnesota Department of Education reviews one domain per year, on a rotating cycle.

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For example, Mathematics will be revised next in 2021-22. This would be an opportunity to review and potentially revise the early learning guidelines at this time. The following year a different domain will be reviewed for both the academic standards and the early learning guidelines.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

Minnesota published its state out-of-school time standards in 2012. The Web link is: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6398-ENG.

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7596A-ENG

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

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

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

Early educators in all early care and education program types including school-based prekindergarten programs, Head Start programs, licensed child care and licensed family child care programs in Minnesota are encouraged to use Minnesota's early learning and developmental guidelines. Programs are encouraged to use them to inform curricular and assessment decisions. For example, programs are encouraged to choose curricula and assessments that are aligned with the Minnesota's early learning and developmental

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guidelines, and to use the guidelines in their lesson planning.

The guidelines are not intended to be a curriculum or assessment tool. In addition, the guidelines include the following statement: "The ECIP are not to be used to determine children's eligibility for various programs or services or to deny children access to programs or services."

7 Support Continuous Quality Improvement

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

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

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

- -- Supporting the training and professional development of the child care workforce
- -- Improving on the development or implementation of early learning and developmental guidelines

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

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

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

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process,

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including the frequency of assessment (658G(a)(1); 98.53(a)).

Minnesota strongly believes in continuous quality improvement and uses data to assess progress toward meeting goals.

The assessment process uses data collected through Develop, Minnesota's professional development and quality improvement tool, a statewide data collection system used by Child Care Aware agencies, and state agency databases. It also uses findings from internal and external reports and evaluations to inform needs. Data collected and analyzed over the course of the biennium helps determine new strategies on how to utilize the quality set-aside funds under each of these goals.

The process for developing the goals uses data from the assessment process, combined with a review of federal and state requirements, and on-going stakeholder engagement.

There are currently five goals:

- Goal 1: Early care and education and school-age settings are of high quality and are engaged in continuous quality improvement;
- Goal 2: Parents are well-informed about choices that impact their child's well-being and are able to find quality early care and education and school-age programs and other supportive services.
- Goal 3: Early childhood and school age professionals have knowledge and skills needed to support children's success.
- Goal 4: Children who are at-risk have access to quality early learning opportunities.
- Goal 5: Internal and external customers receive service that is timely, helpful and meets their needs.

For each goal, there are high-level measures to track and assess progress. The goals are reviewed and updated biennially, based on the ongoing assessment. Strategies are developed to meet these goals through a series of strategic planning meetings. This process is done in tandem with the development of biennial budget for use of quality set-aside funds.

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

Below are FY2018 – 2019 goals for quality activities and several examples of findings from

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the assessment process that informed strategies to address the goal:

Goal 1: Early care and education and school-age settings are of high quality and are engaged in continuous quality improvement.

Examples of assessment findings that informed strategies for this goal:

- Numbers of programs rated are tracked by program type, looking for trends and considering ways to increase the numbers of programs rated for all program types.
- The process of updating the Parent Aware standards and indicators included public engagement that provided feedback, helping to improve the provider experience.
- The Parent Aware Validation Study was a key source of data and information, helping identify strategies that work to improve Rating levels and CLASS scores.
- The process of engaging content specialists and other stakeholders in the infant and toddler content area helped inform strategies for using CCDF infant and toddler quality set-aside funds.
- The Parent Aware Advisory Committee met regularly and provided feedback on many proposed strategies and issues.

Goal 2: Parents are well-informed about choices that impact their child's well-being and are able to find quality early care and education and school-age programs and other supportive services.

Examples of assessment findings that informed strategies for this goal:

- Data from Google analytics were used to track growth in number of unique visitors to the ParentAware.org website.
- Feedback from engagement with Minnesota's Child Care Aware agencies helped inform strategies for improving consumer information services for families.

Goal 3: Early childhood and school age professionals have knowledge and skills needed to support children's success.

Examples of assessment findings that informed strategies for this goal:

 A diverse group of stakeholders from both inside and outside government was formed to draft an action plan for transforming Minnesota's early childhood workforce. The resulting draft plan, still being shaped by public comment, informs Minnesota's efforts to address the needs of the early childhood workforce.

Goal 4: Children who are at-risk have access to quality early learning opportunities.

Examples of assessment findings that informed strategies for this goal:

- The numbers of children receiving child care assistance ages 0 – 5 and not yet in kindergarten in Rated and Highly Rated programs are collected and Minnesota's

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progress on increasing this number is documented.

 The numbers of children served by inclusion providers accessing inclusion services are collected and reviewed.

Goal 5: Internal and external customers receive service that is timely, helpful and meets their needs.

Examples of assessment findings that informed strategies for this goal:

- Satisfaction surveys are used to assess the relevance and usefulness of online resources.

7.2 Use of Quality Funds

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

V	Supporting the training and professional development of the child care
	workforce If checked, respond to section 7.3 and indicate which funds will be used for
	this activity. Check all that apply.

- CCDF funds
- Other funds

Describe:

State general funds.

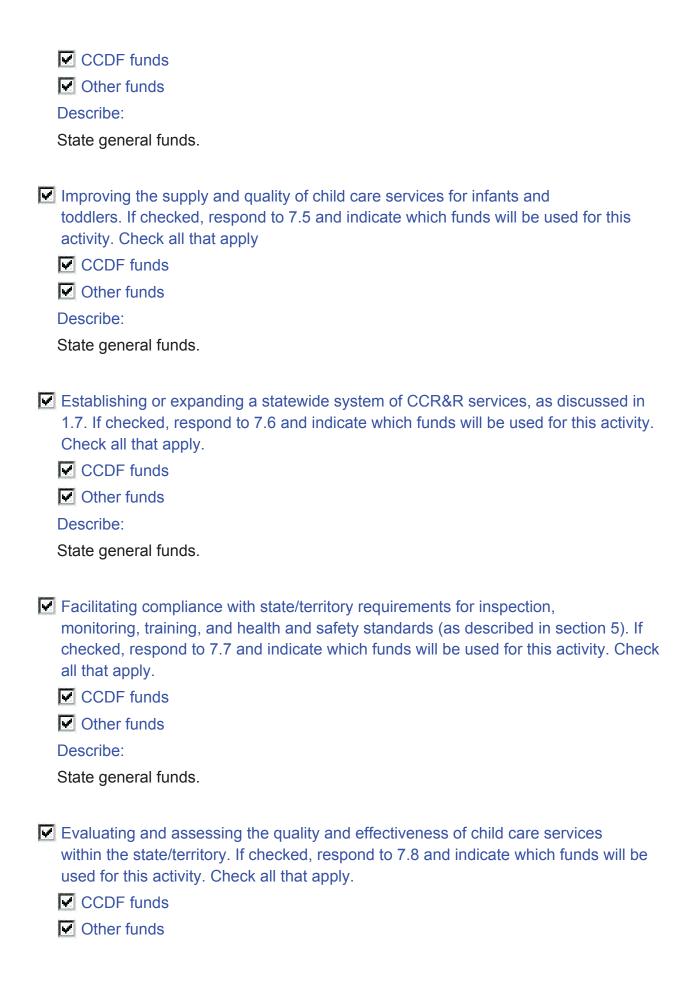
- Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.
 - CCDF funds
 - Other funds

Describe:

State general funds.

Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

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	Describe:
	State general funds.
V	Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply. ☐ CCDF funds ☐ Other funds Describe:
~	Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply. CCDF funds Other funds Describe:
	Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply CCDF funds Other funds

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Describe:

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

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7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

- a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic.
 Check all that apply.
 - Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

The Department funds training and professional development that addresses this topic, specifically licensing training requirements for both licensed family child care and center-based care settings, in the following content areas: child growth and development; learning environments and curriculum; assessment and planning for individual needs; interactions with children; families and communities; health, safety, and nutrition; supervision of children; program planning and evaluation; and child behavior guidance. These content areas align with the Minnesota Knowledge and Competency Framework for early care and education practitioners. DHS funds grant contracts with the CCR&R system to deliver the training statewide, support trainers and provide training of the trainers (TOT's) for new curricula.

Further, DHS funds a grant contract with Achieve to approve curricula and trainers who deliver the training.

In addition to training, DHS funds grant contracts with different agencies to promote children's development by offering Inclusion coaches, Infant/Toddler Coaches, Health/Safety Specialists and Parent Aware Quality Coaches.

Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

The Department funds training and professional development in the area of social

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emotional development and behavioral guidance strategies through development and delivery of curriculum training and coaching for child care providers. All training developed by DHS in the content areas of social emotional development and child behavior guidance is informed by the Pyramid Model developed by Center on the Social and Emotional Foundations for Early Learning. These trainings are available to both licensed child care providers in family and center-based settings as well as legally non-licensed providers caring for Child Care Assistance Program (CCAP) children and families.

Minnesota has policies, licensing standards and training requirements for child care centers and family child care programs related to child growth and development and behavior guidance specific to training on social emotional development as well as developmentally appropriate behavior guidance. Licensing requirements for child care centers and family child care programs address behavior guidance methods, standards, and general requirements. In addition, training requirements for child care centers and family child care programs include an annual training requirement that can include, "...interactions with children, including training in establishing supportive relationships with children, guiding them as individuals and as part of a group."

Minnesota funds a grant contract with the Child Care Aware system to deliver this training statewide, support trainers and provide training of the trainers (TOT's) for new curricula. DHS also supports a grant contract with Achieve to approve curricula and trainers who deliver the training. In addition, new curriculum is currently being developed which will focus on meeting the individual needs of children with disabilities through person-centered principles and positive support strategies. In addition to the required pre-service and annual training described above, the Center for Inclusive Child Care offers training on challenging behavior and behavior guidance strategies via online, podcasts, as well as consultation and coaching services that are child and program specific.

The Minnesota Department of Education (MDE) is lead on several initiatives addressing social emotional development and managing challenging behaviors through the following models: Pyramid Model; Family Guided Routines Based Intervention; Reaching Potentials through Recommended Practices. DHS Child Development Services partners with MDE to ensure consistent strategies are shared

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between school districts and Head Start with child care programs in implementation of these models. Parent Aware Quality Coaches support social/emotional development through their work with providers preparing for a Star-Rating.

Through a pilot program, mental health consultation is provided to child care providers who have participated in Parent Aware, Minnesota's Quality Rating and Improvement System. This mental health consultation focuses on building child care provider capacity to support infant and young children's emotional development and to prevent, identify, or reduce mental health challenges. Benefits of the pilot include:

- Reduced staff stress and turnover in child-serving agencies
- Decrease mental health symptoms in young children
- Reduce the educational disparities experienced by children of color
- Reduce the expulsion of children from childcare and early learning
- Increase early learning staff competence in addressing trauma, adversity and early childhood and family mental health conditions
- ☑ Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development

Describe:

The Department of Human Services state developed curricula, as well as the positive behavior supports initiatives implemented through the Department of Education via partnerships between public school programs and child care centers, all include research-based parent engagement strategies focusing on parental support of children's positive development.

State developed curricula is offered in a universal instructional design format that is intended to be flexible for the audience being trained so that culture is a consideration in the delivery methods and activities trainers use to facilitate the transfer of knowledge of the content. Local districts can deliver customized training including interpreters and bicultural/bilingual trainers as needed. Some of the state owned curriculum has been culturally adapted and is available in Hmong, Somali and Spanish.

Also, the Center for Inclusive Child Care and Child Care Aware of Minnesota provides coaching services in child care center-based settings and family childcare settings,

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supporting practitioners as they partner with families in promoting the positive development of their children.

Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental standards.

Describe:

Minnesota uses the Minnesota Early Childhood Indicators of Progress (ECIPs) as a foundational document for early care and education providers across sectors. Training on the ECIPs are offered through a DHS funded grant and the Child Care Resource and Referral system as well as other training organizations. In addition, the ECIPs are used to: inform the revised Minnesota Knowledge and Competency Framework; define the content of training required for program quality improvement standards; and inform the content of Minnesota Credentials. Also, programs participating in Parent Aware must demonstrate alignment of program curriculum with the Early Childhood Indicators of progress. In addition, DHS funds a grant contract with the Center for Inclusive Child Care and Child Care Aware of Minnesota to provide Inclusion Coaching, Health & Safety Specialists, Infant/Toddler Coaching and Parent Aware Quality Coaching.

Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development

Describe:

■ Using data to guide program evaluation to ensure continuous improvement

Describe:

The Minnesota Child Care Credential and the Director's Credential include content on program evaluation. The curriculum development and delivery is supported with CCDF quality funding.

Caring for children of families in geographic areas with significant concentrations of poverty and unemployment

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Describe:

Training courses developed by DHS, including the Minnesota Child Care Credential, the Minnesota Infant/Toddler Credential, Parent Aware training, and licensing training for family child care providers utilizes a Universal Multicultural Instructional Design framework to develop and deliver training. This method of delivery uses a facilitated training model which incorporates participant knowledge and experience into the training, thus ensuring, beyond what the curriculum writers have included in the lecture content, that the experience of providers caring for children living in poverty are taken into account when discussing quality of care. In addition Develop, Minnesota's Quality Improvement and Registry Tool, offers training events for providers by independent trainers and non-state owned curricula such as Bridges Out of Poverty. DHS funds a grant contract with CCR&R system to deliver the training statewide, support trainers and provide training of the trainers (TOT's) for new curricula. DHS funds a grant contract with Achieve MNCPD to approve curricula and trainers who deliver the training. DHS funds a grant contract with the Center of Inclusive Child Care and Child Care Aware of Minnesota to provide coaching and consultation.

Caring for and supporting the development of children with disabilities and developmental delays

Describe:

DHS funds a grant contracts with the CCR&R system to deliver training and/or coaching for child care providers on working with young children with developmental disabilities and developmental delays is offered through the CCR&R system via independent trainers, training organizations such as the Center for Inclusive Child Care, and state developed curricula. In addition, consultation and coaching to parents of children with special needs and child care practitioners providing non-parental care for these children is offered through The Center for Inclusive Child Care. DHS also funds a grant contract with Achieve MNCPD to approve curricula and trainers who deliver the training.

Supporting the positive development of school-age children Describe:

Training on supporting the positive development of school-age children is funded by a DHS grant and delivered through the CCR&R system as well as through other training organizations listed on Develop, Minnesota's Quality Improvement and Registry Tool.

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Minnesota Departments of Education, Health and Human Services published a resource document in 2012 called, Minnesota's School-age Indicators of Progress: Minnesota's Early Learning Guidelines for Five to Twelve. It is a resource to be used in supporting the developmental needs of children and youth. The objective of this resource is to improve the quality of care and support that children receive while in out-of-school-time programs and settings. The School-age Indicators of Progress may be utilized by families, practitioners, community members, and policymakers. Link to document: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6398-ENG.

	Otl	ner
Des	cri	be:

- b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply
 - Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
 - Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
 - Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
 - Other

Describe:

DHS funds Professional Development Advisors and an Early Childhood Workforce Specialist position through the Child Care Aware system to connect providers with information about financial resources.

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

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The department uses the following measures as indicators of progress. Minnesota's most recent performance measures are listed below (SFY18)

Trainers Approved: 669
Courses Approved: 2,740

Training Events by KCF Area of Events approved and completed in Develop are listed below by Knowledge and Competency Framework area and include number of events held and attendees:

- KCF area I. Child Development & Learning: 692 training events, 7,724 attendees
- KCF Area II.A. Creating Positive Learning Experiences: 564 training events, 5,690 attendees
- KCF Area II.B. Promoting Cognitive Growth: 333 training events, 2,675 attendees
- KCF Area II.C. Promoting Social & Emotional Growth: 1203 training events, 18,795 attendees
- KCF Area II.D. Promoting Physical Activity: 110 training events, 1,181 attendees
- KCF Area II.E. Promoting Creative Development: 62 training events, 472 attendees
- KCF Area III. Relationships with Families: 575 training events, 5,531 attendees
- KCF Area IV.A. Observing, Recording & Assessing Development: 511 training events, 5,597 attendees
- KCF Area IV.B. Assessing & Using Information to Plan: 99 training events, 722 attendees
- KCF Area IV.C. Assessing & Using information to Enhance & Maintain Program Quality: 155 training events,1,497 attendees
- KCF Area V. Historical & Contemporary Development Of Early Childhood Education: 89 training events, 264 attendees
- KCF Area VI. Professionalism: 1243 training events, 8,662 attendees
- KCF Area VII.A. Establishing Health Practices: 795 training events, 9,140 attendees
- KCF Area VII.B. Ensuring Safety: 2,837 training events, 33,790 attendees
- KCF Area VII.C. Proving Health Nutrition: 48 training events, 5,051 attendees

Coaching/Consulting by Type, including number of programs and total hours of support:

- Mental Health: 64 programs, 1,194 total hours of support
- Inclusive Coaching Supports: 145 programs,1,731 total hours of support
- Health & Safety Supports: 116 programs, 2,180 total hours of support
- Infant/Toddler Supports: 100 programs,1,695 total hours of support
- Professional Development Advisors: 1,437 programs, 2,408 hours of support

Financial Supports:

- Number of T.E.A.C.H Grants: 175
- Number of R.E.E.TA.I.N. Grants: 99
- Number of CDA Scholarships: 99

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7.4 Quality Rating and Improvement System (QRIS)

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

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

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

	No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
	No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
V	Yes, the state/territory has a QRIS operating statewide or territory-wide
	Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R

entities) and any partners and provide a link, if available.

Parent Aware, Minnesota's Quality Rating and Improvement System, http://parentaware.org/, is administered by DHS through grant contracts with the Child Care Aware Child Care Resource and Referral and other grantees and contractors. Recruitment, coaching, and quality improvement supports are administered through local Child Care Aware agencies. Parent Aware's Rating process is administered by the state through a vendor contract, https://www.developtoolmn.org. Other grantees and contractors contribute to the support of child care and early childhood programs participating in Parent Aware and/or trainers, coaches and consultants supporting these programs:

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- CLASS Observation and Training
- Infant/Toddler Specialist Network
- Accreditation Facilitation
- Inclusive Child Care Consultation
- Health and Safety Consultation
- Trainer and Relationship Based Professional Development Supports
- Child care facility loans, business consultation and community-level supply building
- Migrant Child Care Services
- Develop: Minnesota's Quality Improvement and Professional Development Registry

Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.
Provide a link, if available.
☐ Yes, the state/territory has another system of quality improvement
If the response is yes to any of the above, describe the measureable indicators of
progress relevant to this use of funds that the state/territory will use to evaluate its
progress in improving the quality of child care programs and services within the
state/territory and the data on the extent to which the state or territory has met these
measures.

The Department uses the following data as the measurable indicators of progress:

- Percent of Eligible programs rated (n=11,715) is 24%.
- Percent of Highly Rated programs (n=2,763) is 76%.
- Percent of Racially/ethnically diverse rated programs (n = 332) is 32%.
- Percent of Linguistically diverse rated programs (n = 604) is 40%.
- Percent of Programs whose rating increased over time is 52%.
- Quality coaching
- 1. Parent Aware Coaching: 950 programs, 6,957 hours
- 2. Building Quality: 515 programs, 10,801 hours
- 3. Quality Improvement: 563 programs, 1,520 hours

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7.4.2 QRIS participation

Education.

a) Are providers required to participate in the QRIS?
☑ Participation is voluntary
Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).
Participation is required for all providers.
b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply
☑ Licensed child care centers
✓ Licensed family child care homes
☐ License-exempt providers
☑ Early Head Start programs
✓ Head Start programs
☑ State prekindergarten or preschool programs
Local district-supported prekindergarten programs
☑ Programs serving infants and toddlers
Programs serving school-age children
☐ Faith-based settings
▼ Tribally operated programs
✓ Other
Describe:
License-exempt public school-based prekindergarten programs and license-exempt
charter school early learning programs recognized by the Minnesota Department of

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7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of he following standards?
No✓ Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system).
Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
Programs that meet all or part of state/territory school-age quality standards.
Cther.
Describe:

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

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Yes. If yes, check any links between the state/territory's quality standards and licensing requirements
Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.
State/territory license is a "rated" license
Other.
Describe:
7.4.5 Does the state/territory provide financial incentives and other supports designed to
expand the full diversity of child care options and help child care providers improve the
quality of services that are provided through the QRIS
□ No
Yes. If yes, check all that apply
One time grants, awards, or bonuses.
✓ One time grants, awards, or bonuses.✓ Ongoing or periodic quality stipends
 ✓ One time grants, awards, or bonuses. ✓ Ongoing or periodic quality stipends ✓ Higher subsidy payments
 ✓ One time grants, awards, or bonuses. ✓ Ongoing or periodic quality stipends ✓ Higher subsidy payments ✓ Training or technical assistance related to QRIS.
 ✓ One time grants, awards, or bonuses. ✓ Ongoing or periodic quality stipends ✓ Higher subsidy payments ✓ Training or technical assistance related to QRIS. ✓ Coaching/mentoring.
 ✓ One time grants, awards, or bonuses. ☐ Ongoing or periodic quality stipends ☑ Higher subsidy payments ☑ Training or technical assistance related to QRIS. ☑ Coaching/mentoring. ☐ Scholarships, bonuses, or increased compensation for degrees/certificates
 ☑ One time grants, awards, or bonuses. ☑ Ongoing or periodic quality stipends ☑ Higher subsidy payments ☑ Training or technical assistance related to QRIS. ☑ Coaching/mentoring. ☑ Scholarships, bonuses, or increased compensation for degrees/certificates ☑ Materials and supplies
 ✓ One time grants, awards, or bonuses. ☐ Ongoing or periodic quality stipends ✓ Higher subsidy payments ✓ Training or technical assistance related to QRIS. ✓ Coaching/mentoring. ☐ Scholarships, bonuses, or increased compensation for degrees/certificates ✓ Materials and supplies ✓ Priority access for other grants or programs
 ✓ One time grants, awards, or bonuses. ☐ Ongoing or periodic quality stipends ✓ Higher subsidy payments ✓ Training or technical assistance related to QRIS. ✓ Coaching/mentoring. ☐ Scholarships, bonuses, or increased compensation for degrees/certificates ✓ Materials and supplies ✓ Priority access for other grants or programs ☐ Tax credits (providers or parents)

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

The Department uses the following data as the measurable indicators of progress:

- Percent of eligible programs rated: 24%
- Number of Accredited programs: 574

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe

	Establishing or expanding high-quality community- or neighborhood-based family
ä	and child development centers. These centers can serve as resources to child care
	providers to improve the quality of early childhood services for infants and toddlers
1	from low-income families and to improve eligible child care providers' capacity to offer
	high-quality, age-appropriate care to infants and toddlers from low-income families
Des	scribe:

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Establishing or expanding	the operation of	f community- or	neighborhood-based
family child care networks			

Describe:

Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

DHS continues to fund delivery through the Child Care Aware system of the 30-hour Minnesota Infant Toddler Credential (MNITC), developed in 2015, being expanded in 2018 to a full 120 hours to meet the training requirements of the National Child Development Associate Credential. This training will continue to meet all training requirements for Level 1 Endorsement for a Minnesota Infant and Early Childhood Mental Health Certificate. The coursework can also be applied toward meeting the Parent Aware training indicator requirements.

Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists

Describe:

DHS began funding an Infant Toddler Specialist Network in April 2017 through a grant to the Center for Inclusive Child Care. Infant-Toddler Specialists, endorsed through the Minnesota Center for Professional Development, offer coaching and technical assistance services statewide to licensed early childhood programs.

Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Training and coaching/consultation services are available to providers and families via the DHS-funded grant contract with the Center for Inclusive Child Care. This includes referrals for evaluation when a child in care is suspected of having developmental delays and assisting providers in implementing strategies to support a child's goals within the child care setting. The Department also promotes community resources such as the Pacer Center and the Help Me Grow initiative.

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The Department of Education allocates ten percent of the funds received annually to twelve regional interagency early intervention committees (IEICs) responsible for public awareness and outreach under Part C of IDEA. This system utilizes a multi-modal social marketing campaign and website to communicate with primary referral sources.

☑ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

DHS ensures that programs participating in Parent Aware, to qualify for a Three- or Four-Star Rating, must use research-based curriculum and assessment tools specific to infants and toddlers if the program is serving this age group. Parent Aware Rated programs are also required to provide parents with appropriate community resources based on the child's needs and age.

Developing infant and toddler components within the state/territory's child care licensing regulations
Describe:
Developing infant and toddler components within the early learning and developmental guidelines
Describe:

Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

DHS continues to ensure that parents can access information about high-quality infant and toddler care, including developmental information, through grants to the Child Care Aware or CCR&R system and the Center for Inclusive Child Care.Additional information is available through the Minnesota Department of Education's Help Me Grow website and Minnesota's consumer-friendly website ParentAware.org that provides a searchable database for parents to filter for infant and toddler care options, and offers information in the Learn section on the specific Standards and Indicators for Three- and Four-Star Rated, high-quality, programs.

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☑ Carrying out other activities determined by the state/territory to improve the
quality of infant and toddler care provided within the state/territory and for which there
is evidence that the activities will lead to improved infant and toddler health and
safety, cognitive and physical development, and/or well-being

Describe:

Funding for the Health and Safety Initiative, which began in early 2017, provides coaching/consultation to child care programs through the Center for Inclusive Child Care. These services focus on assisting programs in meeting licensing regulations and implementing policies and practices which improve the health and safety of children in the program, including infants and toddlers. Services offered through this initiative utilize the Caring for Our Children-Third Edition as a resource to inform and support program improvement goals.

Coordinating	with	child	care	health	consultants.

Describe:

Coordinating with mental health consultants.

Describe:

Mental health consultation focuses on building the supply of child care providers by helping maintain providers in the field. This occurs by reducing staff stress and turnover.

Other

Describe:

As a grantee for the Department of Human Services, First Children's Finance works with communities through their Rural Child Care Innovation Program. This is an innovative community engagement process designed to address the challenges of child care in rural America. The program engages communities in a process designed to develop the right-sized solutions that meet unique aspects of the community.

First Children's Finance explains that through participation, communities can expect:

- Events that educate community members about the link between quality child care, rural economic development and viable communities
- The community's Core Team will increase their capacity to drive change by identifying resources and focusing their efforts on innovations that make a difference in the supply of child care

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- A thorough analysis of the current child care supply and demand and evaluation of community factors impacting the local child care supply
- Access to First Children's Finance's expertise, resources and tools, including research and financial modeling
- A Community Solution Action Plan that includes innovative solutions generated by the community through a facilitated Town Hall process
- Support and business improvement services to existing family child care providers and child care centers

In addition, First Children's Finance provides Business Cohorts which combine both training and technical assistance to child care providers who develop skills in:

- Creating a marketing plan for a child care business (Both Centers and Family Child Care)
- Planning for the future through accounting, annual budgets, cash flow projections and financial statements

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

The Department's measurable indictors are as listed below, including current data on how the State has met these performance to date:

- Percent of Grants (T.E.A.C.H., R.E.E.T.A.I.N.) n = 274 to Infant/Toddler workforce members 53%
- Number of Unique persons attending MNITC Trainings: 258
- Number of Persons earning the MNITC credential: 129
- Number of programs receiving Infant/Toddler Coaching: 100
- Number of Coaching Hours received: 1,695
- Number of children impacted: 5,462
- Number of Consultant Calls (family/provider): 347
- Number of Podcasts created (family/provider): 15
- Number of Tip Sheets created family/provider): 8
- Number of new slots created or maintained: 107

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7.6 Child Care Resource and Referral

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

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

The Department's measurable indictors are as listed below, including current data on how the State has met these performance to date:

- Coaching

- Programs receiving coaching services: 2,465

- Hours of Coaching: 21,686

- Training

Training events: 2,709Attendees: 48,399

- Unique Attendees: 16,007

- Grants

- Number of T.E.A.C.H., R.E.E.T.A.I.N., CDA Grants: 373

- Number of Regional Grants: 812

- Number of Unique site visitors to ParentAware.org: 98,658

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7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

Minnesota uses a portion of its quality set-aside funds to contract with the Center for Inclusive Child Care (CICC) to implement the Health and Safety Initiative. CICC offers statewide coaching services to licensed child care programs striving to meet or exceed licensing standards.

In addition, CCDF quality funds training delivery of training on inspections, monitoring, and health and safety for licensed child care providers. The health and safety training has been offered free of charge to providers in both classroom and online formats. The health and safety course development was also funded with CCDF quality funds.

Further, DHS uses a portion of its CCDF quality set-aside dollars to fund child care licensing staff within the Department's Licensing Division.

Additionally, Child Care Aware of Minnesota provides financial assistance through both a competitive grant process and incentives built into the state's QRIS, which may be used to pay for trainings in order to comply with minimum health and safety requirements.

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

No											
Yes	If ves	which	types	of pi	oviders	can	access	this	financial	assista	nce?

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Licensed CCDF providers
✓ Licensed non-CCDF providers
License-exempt CCDF providers
☐ Other
Describe:

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

The Department's measurable indicators are as listed below, as well as current data on performance when available:

Health & Safety Coaching

- Health & Safety:116 programs, 2,180 hours

Knowledge and Competency Training

- VII.A Establishing Health Practices: 796 events, 9,140 participants
- VII.B. Ensuring Safety: 2,846 events, 33,790 participants
- VII.C. Providing Healthy Nutrition: 327 events, 5,501 participants

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

In 2016, Child Trends released the Parent Aware Validation Report. This report summarized the findings of the Parent Aware evaluation to date, including the results of the child

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outcomes measures included in the evaluation. The information provided in this report was used to make updates to the Parent Aware Standards and Indicators, which went into effect July 2, 2017. There are no plans in place to conduct another Validation Study which includes child outcomes data during the period of this CCDF Plan.

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

The Department's measurable indicators are as listed below, including current data on how the State has met these performance measures to date. Indicators of progress:

CLASS Score Averages of current centers with either a Parent Aware Three- or Four-Star Rating (n=202)

- Emotional Support: 6.57

- Classroom Organization: 6.24

- Instructional Support: 3.12

Parent Aware Rated Programs

- Number of programs Rated (n=11,715): 24%
- Number of programs Highly Rated: 76%
- Programs increasing scores over time (n = 609): 52%

Slots in Highly Rated Programs by Regions/Metro Counties

Number of regions/metro area counties with at least 25% of child care slots in Parent Aware Rated programs (n=19). (calculated biennially):

- 4 of 12 regions in Greater Minnesota, and
- 6 of 7 metro area counties

Children in Child Care Assistance receiving care in Parent Aware Rated Programs

- Percent of children ages 0 5, who receive child care assistance funding, receiving services in Parent Aware Rated programs: 50%
- Percent of children ages 0 5, who receive child care assistance funding, receiving services in Parent Aware Highly Rated programs: 47%

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7.9 Accreditation Support

accre	Does the state/territory support child care providers in the voluntary pursuit of ditation by a national accrediting body with demonstrated, valid, and reliable am standards of high quality?
	Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes
	Describe the support efforts for all types of accreditation that the state/territory provides
	to child care centers and family child care homes to achieve accreditation
	School-age care supports include 50 percent reimbursement of accreditation fees, an
	accreditation support hotline, and technical assistance. A small number of programs
	receive in-depth consultation services and full accreditation fee reimbursement. Center-
	based care supports include 50 percent reimbursement of accreditation fees, and an
	accreditation support hotline. A small number of programs also receive technical
	assistance. Family child care supports include 50 percent reimbursement of accreditation
	fees.
	Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.
	Describe:
	Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care
	Describe:
	Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

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

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

The Department's measurable indicators are as listed below, including current data on how the State has met these performance measures to date:

- Number of accredited programs: 574 programs
- Number of programs receiving in-depth consultation: 9 programs

7.10 Program Standards

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

Minnesota provides coaching, consultation and training for providers to meet program standards that go beyond state licensing regulations, including standards associated with

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Parent Aware. The training incorporates information from Minnesota's Early Childhood Indicators of Progress, our state early learning standards. Training also aligns with Minnesota's Knowledge and Competency Framework for early childhood and school age care professionals. Providers can use our professional development registry to search for training by Knowledge and Competency Framework areas.

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

The Department's measurable indicators are as listed below, including current data on how the State has met these performance measures to date:

Coaching/Consulting by Type, including number of programs and total hours of support:

- Building Quality: 515 programs 108,801 hours
- Quality Improvement 563 programs, 1,520 hours
- Mental Health: 64 programs, 1,194 total hours of support
- Inclusive Coaching Supports: 145 programs,1,731 total hours of support
- Health & Safety Supports: 116 programs, 2,180 total hours of support
- Infant/Toddler Supports: 100 programs,1,695 total hours of support
- Professional Development Advisors: 1,437 programs, 2,408 hours of support

Training Events by KCF Area of Events approved and completed in Develop are listed below by Knowledge and Competency Framework area and include number of events held and attendees:

- KCF area I. Child Development & Learning: 692 training events, 7,724 attendees
- KCF Area II.A. Creating Positive Learning Experiences: 564 training events, 5,690 attendees
- KCF Area II.B. Promoting Cognitive Growth: 333 training events, 2,675 attendees
- KCF Area II.C. Promoting Social & Emotional Growth: 1203 training events, 18,795 attendees
- KCF Area II.D. Promoting Physical Activity: 110 training events, 1,181 attendees
- KCF Area II.E. Promoting Creative Development: 62 training events, 472 attendees
- KCF Area III. Relationships with Families: 575 training events, 5,531 attendees
- KCF Area IV.A. Observing, Recording & Assessing Development: 511 training events,

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- 5,597 attendees
- KCF Area IV.B. Assessing & Using Information to Plan: 99 training events, 722 attendees
- KCF Area IV.C. Assessing & Using information to Enhance & Maintain Program Quality: 155 training events,1,497 attendees
- KCF Area V. Historical & Contemporary Development Of Early Childhood Education: 89 training events, 264 attendees
- KCF Area VI. Professionalism: 1243 training events, 8,662 attendees
- KCF Area VII.A. Establishing Health Practices: 795 training events, 9,140 attendees
- KCF Area VII.B. Ensuring Safety: 2,837 training events, 33,790 attendees
- KCF Area VII.C. Proving Health Nutrition: 48 training events, 5,051 attendees

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

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

Quality funds are used to help child care programs implement the early learning guidelines through training, coaching, and consultation. Minnesota's early learning guidelines are the framework used across all quality improvement initiatives funded with CCDF funds. The guidelines are used by trainers, coaches and consultants to help early educators understand developmentally-appropriate expectations for children. For example, the guidelines are used whenever training, coaching or consultation addresses one of the following topics: child development, how to choose a curriculum, how to choose an assessment tool, how to plan lessons.

Parent Aware, Minnesota's Quality Rating and Improvement System, is the statewide program for improving child care and early childhood program quality across Minnesota. It encourages and incents programs to use the early learning guidelines in lesson planning, to choose a curriculum or assessment that is aligned with the early learning guidelines, and to

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receive training on child development and how to use the early learning guidelines.

The Department's measurable indicators are listed below, including current data on how the State has met these performance measures:

- Parent Aware Rated Programs: N Value 11, 715
- Rated (#/%): 2,763/24%
- Highly Rated(#/%): 2,112/76% of those Rated

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

No other activities are provided.

8 Ensure Grantee Program Integrity and Accountability

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

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

-- Memorandums of understanding within the Lead Agency's various divisions that administer or

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carry out the various aspects of CCDF

- -- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- -- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- -- Internal processes for conducting child care provider subsidy
- 8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity
- 8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:
 - Train on policy manual

Describe:

Staff within county and tribal agencies are required to attend a new worker training that includes both child care assistance policy and system instruction.

▼ Train on policy change notices

Describe:

DHS staff conduct in-person trainings for both DHS staff and members of other agencies that administer the CCDF program when program requirements involve major changes. In the fall of 2017, 16 trainings were offered in 12 different locations around the state to nearly 400 CCAP eligibility workers on program changes to come into compliance with federal law. Another training series was offered in spring of 2018 to provide additional information about program processes and changes. Fourteen trainings were offered in 12 different locations around the state to nearly 325 CCAP eligibility workers. Online trainings are developed to enhance the in-person trainings or as a policy or program integrity refresher. Several online trainings offered in the fall of 2017 and spring of 2018 were recorded and made available on a training toolkit for workers to access and review

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at any time.

Ongoing monitoring and assessment of policy implementation Describe:

Ongoing monitoring and assessment of policy implementation is done through monthly case reviews and through discussions with individual workers when policy questions are raised.

Other

Describe:

In addition to the above, for the subsidy program, Minnesota ensures that all staff are informed and trained regarding changes made to its policies and procedures, which include program requirements and integrity, through bulletins or memos, County Link content, PolicyQuest (Minnesota's online system that allows counties and tribes to submit and log case-specific questions), regular contact with five CCAP policy specialists who are assigned to provide technical assistance to local agencies, MEC2 mentor group meetings, web announcements, training team curriculum update and revision of old and development of new forms. The 2018 Minnesota Legislature enacted a law that requires the Department to provide training to all county and private agency licensors on identifying and preventing CCAP fraud by December 31, 2019 (MS 245A.16, subd. 5(b)). The Department is in the process of developing this training and will begin training county and private agency licensors beginning in 2018.

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

Verifying and processing billing records to ensure timely payments to providers Describe:

County and tribal staff verify and process direct service billings according to Child Care Assistance Program policy. DHS provides training to county and tribal staff on processing payments according to policy within the eligibility payment system. Lead Agency staff will

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annually review timeliness of all payments for direct services and follow-up with county and tribes that have a high percentage of payments being made outside of the 21 day timeframe.

Fiscal oversight of grants and contracts

Describe:

DHS maintains CCDF grants and other contracts with the sub-recipient agencies and vendors. The grants and contracts contain language requiring compliance with federal, State and Department guidelines. The agencies and vendors certify that they will follow Department guidelines when the contracts are signed. They must also submit work plans and budgets that are included as attachments to the contract and must be approved by the Department to receive funding. Any requested changes to the work plans and budgets must be submitted to the Department for prior approval. The agencies must also submit to the Department the reports for any outside audits that have been completed.

In addition, the Department has established performance measures for the grant contractors based on the contract work plans which the Department uses to evaluate the work and performance of the agencies based on the established measures. The Department requires these agencies to submit regularly scheduled financial and program reports based on timelines that are included in the contract language (i.e. financial reports are submitted quarterly or more frequently for grant contracts and program reports are submitted biannually). These reports and related administrative data compiled by the Department are monitored ongoing as part of a desk review process. The Department also requires onsite monitoring visits with the agencies holding grant contracts annually for larger contracts or at least once during each contract period for smaller grant contracts and maintains ongoing communication and technical assistance with the agencies throughout the contract period. Other contracted agencies submit work products which are reviewed prior to final approval. Vendors submit invoices on a monthly basis which are reviewed by the agency before payment is made.

Tracking systems to ensure reasonable and allowable costs Describe:

Grants/contract expenditure reports and invoices are reviewed by Department staff with follow-up on any inconsistencies, unreasonable or unallowable costs. Non grant/contract

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costs: personnel expenditures are reviewed and approved by DHS management. Nonpersonnel expenditures go through a purchase order (EIOR) system requiring review and approval by several individuals to assure costs are reasonable and allowable.

Other

Describe:

Minnesota utilizes an integrated accounting system which manages the budgeting (established limits for CCDF funds), procurement (Obligates CCDF funds), accounts payable (Expends CCDF Feds), grant management (Creates the accounting codes and controls flow of CCDF Fund) and accounts receivable (used to generate Draw requests from the federal Payment Management System (PMS)), and cash receipting (posts CCDF funds wired from PMS) activities. Accounting transaction are run and monitored by accounting professionals. Reports are produced and reviewed for each step of the fiscal lifecycle. For federal grants, such as CCDF, an accounting profession will have it assigned as part of their portfolio and will review the specific terms and conditions of the federal awards. The accounting process is centralized in the Financial Operations Division which supervises the financial transactions in accordance with GAAP, GASB and applicable federal regulations.

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Conduct a risk assessment of policies and procedures Describe:

A complete risk assessment of policies and procedures is completed for the CCDF funds every three years. Risks are assessed and ranked based on likelihood and severity. Controls are then identified that will mitigate these risks and a risk mitigation plan is created for risks lacking adequate controls. In addition, the results of the full risk assessment and the risk mitigation plan are reviewed and updated on an annual basis. This work is completed to adhere to both federal and state requirements regarding internal controls within the CCDF Program.

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Establish checks and balances to ensure program integrity Describe:

MEC2, Minnesota's electronic system for determining eligibility and making payments, includes checks and balances through establishing security roles and system edits. County and tribal workers who administer CCAP can only hold two of three primary security roles (i.e. Provider Worker, Case Worker, and Billing Worker). The system is programmed with multiple edits and safeguards, including, but not limited to: tracking and limiting payments for absent days and holidays and capping provider payments according to policy.

☑ Use supervisory reviews to ensure accuracy in eligibility determination Describe:

Minnesota participates once every three years in the federal Improper Payment (IP) error report process and conducts an in-depth review of a sample of individual cases throughout the state. Cases handled by subcontractors are included in the full population used to select the sample for the IP process and, if selected, are subject to the same indepth review as other cases handled by a county or tribe. Minnesota also reviews a sample of cases from counties and tribes on an ongoing monthly basis, using the standards established in the Federal Error Report Data Collection Instructions to conduct the reviews. Counties and tribes may also develop a case management review process to determine causes of errors and identify specific policies needing review related to eligibility determination.

Other
Describe:

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may

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not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

- a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.
 - Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe

Minnesota participates in the Public Assistance Reporting Information System (PARIS) and follows-up on cases where the social security number of an individual identifies the client is active on public assistance in more than one state. Workers will refer cases to fraud as needed. In addition, Minnesota has an interface between the TANF program system (MAXIS) and the Social Security Administration for verification of social security numbers of individuals on the TANF program. While Child Care Assistance Program does not require the Social Security Number of all family members, it is a requirement for the TANF and SNAP programs, and other programs on MAXIS. This information is integrated between the MAXIS and the Minnesota Eligibility Child Care system. If a Child Care Assistance Program family has or is receiving benefits from a program on MAXIS, the Social Security Number and verification information is in the Minnesota Eligibility Child Care system. If the client information does not match the Social Security Number, workers can refer to fraud as needed.

Run system reports that flag errors (include types).

Describe:

Eligibility workers are allowed to override results in the Child Care Eligibility and Payment system under certain situations. DHS flags these overrides and requires county and tribal agencies who are above a threshold to report on these overrides. This allows DHS to review and determine if override use was appropriate in county and tribal agencies with a number of overrides above the threshold. Agencies are required to report override information when the total number of cases with overrides,

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as a percentage of the total number of cases, exceeds a 25 percent threshold within a state fiscal year. Override usage has decreased approximately 30 percentover the last three years. In addition, DHS currently uses a report to monitor manual payments made by county and tribal agencies. Through this monitoring, system changes were made resulting in a reduction in overall manual payments being made in SFY18 when compared to SFY17.

Review enrollment documents and attendance or billing records Describe:

Providers are required to maintain daily attendance records for children receiving child care assistance and must include the date, first and last name and the times when the child is dropped off and picked up. Records must be available upon request by the county, tribe or DHS. The county can request attendance records when needed in the normal process of administering CCAP or when doing provider reviews. The county may stop payment, deny or end a service authorization to a child care provider when the county knows or has reason to believe that the provider has not kept attendance records for children receiving CCAP. In addition to the above, providers are required to report to the county or tribal agency, when child consecutive absences go above seven and when a child attends less than half of their authorized hours or days for a for-week period. Both of these practices may lead to identification and ultimate prevention of fraud or intentional program violations. Counties, tribes, and DHS review billing and attendance records and investigate fraud. Since 2008, agencies have established 69 Intentional Program Violations (IPV) against providers and 159 against program recipients.

Conduct supervisory staff reviews or quality assurance reviews.

Describe:

County and tribal workers are encouraged to conduct case management reviews. Templates are available for completion of either a full or targeted case review. These reviews may lead to prevention or identification of fraud or intentional program violations.

Audit provider records.

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Describe:

County and tribal workers are encouraged to conduct case management reviews of provider information. Templates are available for completion of this type of review. This type of review may lead to prevention or identification of fraud or intentional program violations.

Describe:

Staff within county and tribal agencies are required to attend a new worker training that includes both child care assistance policy and system instruction. DHS provided training to county and tribal eligibility workers about recent policy changes. When requested, education and training sessions are provided to county and tribal workers around the State providing information about how DHS Case Reviews are conducted and current error rates. State staff within DHS OIG conduct bi-annual training for fraud prevention investigators (FPI) staff on all types of recipient fraud, and for several years this training has included methods of identifying and investigating fraud by CCAP recipients and providers. Additionally, the same OIG staff conduct approximately ten training sessions per year across the state for eligibility workers/supervisors/FPI's, and prosecutors on how to identify indicators of fraud, and the steps to follow once a fraud indicator is observed. This training includes CCAP as well as the other programs DHS administers. State OIG staff involved in training county fraud investigators attend annual professional training at the state and national level to stay abreast of current trends and methods.

Other

Describe:

Investigate fraud referrals. State staff within OIG, during all training sessions, communicate to county eligibility staff and FPI's the importance of completing a fraud referral if a fraud indicator is detected involving a CCAP recipient or provider. Staff is trained that recipient fraud is investigated by county FPI's, and that fraud referrals involving CCAP providers are sent to OIG. Once a provider fraud referral is received by OIG, a preliminary review of the referral is conducted, as well as a review of OIG files to determine if OIG has received other information involving the provider. After completion of the initial review, if the fraud referral is determined to be at a priority

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level where OIG will be unable to investigate in a timely manner, the county FPI will be contacted, and a discussion will be held regarding the possibility of the FPI conducting an investigation either independently, or assisted by state OIG investigators. If the fraud referral will result in an investigation by OIG in the near term, research, preliminary investigative activities, and active investigative tasks will be conducted as soon the caseload allows.

- b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.
 - Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

Minnesota participates in the Public Assistance Reporting Information System (PARIS) and follows-up on cases where the social security number of an individual identifies the client is active on public assistance in more than one state. In addition, Minnesota has an interface between the TANF program system (MAXIS) and the Social Security Administration for verification of social security numbers of individuals on the TANF program. This information is integrated between the MAXIS and the Minnesota Eligibility Child Care system. If the client information does not match the Social Security Number, workers can work with families to determine the correct information. Working to clarify and obtain the correct information allows workers to identify and prevent unintentional program violations.

Run system reports that flag errors (include types).

Describe:

Eligibility workers are allowed to override results in the Child Care Eligibility and Payment system under certain situations. DHS flags these overrides and requires county and tribal agencies who are above a threshold to report on these overrides. This allows DHS to review and determine if override use was appropriate in county and tribal agencies with a number of overrides above the threshold. Override usage has decreased approximately 30 percentover the last three years. In addition, DHS currently uses a report to monitor manual payments made by county and tribal

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agencies. Through this monitoring, system changes were made resulting in a reduction in overall manual payments being made in SFY18 when compared to SFY17.

Review enrollment documents and attendance or billing records

Describe:

Providers are required to maintain daily attendance records for children receiving child care assistance and must include the date, first and last name and the times when the child is dropped off and picked up. Records must be available upon request by the county, tribe or DHS. The county can request attendance records when needed in the normal process of administering CCAP or when doing provider reviews. The county may stop payment, deny or end a service authorization to a child care provider when the county knows or has reason to believe that the provider has not kept attendance records for children receiving CCAP. In addition to attendance record requirements for providers, counties, tribes and DHS OIG review records. The DHS OIG reviews attendance records based on tips from the community or centers with high CCAP billing. During SFY17, county and tribal agencies established 20 claims totaling approximately \$625,000, which resulted from serious attendance record violations uncovered because of DHS OIG efforts. Providers are required to report to the county or tribal agency, when child consecutive absences go above seven and when a child attends less than half of their authorized hours or days for a for-week period. When this occurs, counties should follow up with families and providers when information provided and/or reviewed shows additional actions are required, such as ending a child's authorization if a child stopped attending.

Conduct supervisory staff reviews or quality assurance reviews.

Describe:

County and tribal workers are encouraged to conduct case management reviews.

Templates are available for completion of either a full or targeted case review. These reviews may lead to prevention or identification of unintentional program violations.

Audit provider records.

Describe:

County and tribal workers are encouraged to conduct case management reviews of

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provider information. Templates are available for completion of this type of review. This type of review may lead to prevention or identification of unintentional program violations.

Describe:

When requested, education and training sessions are provided to county and tribal workers around the State providing information about how DHS Case Reviews are conducted and current error rates. Having a better understanding about DHS Case Reviews may help county and tribal workers identify unintentional program violations.

Other
Describe:

- c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.
 - Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

Minnesota participates in the Public Assistance Reporting Information System (PARIS) and follows-up on cases where the social security number of an individual identifies the client is active on public assistance in more than one state. In addition, Minnesota has an interface between the TANF program system (MAXIS) and the Social Security Administration for verification of social security numbers of individuals on the TANF program. This information is integrated between the MAXIS and the Minnesota Eligibility Child Care system. If the client information does not match the Social Security Number, workers can work with families to determine the correct information. Working to clarify and obtain the correct information allows workers to identify and prevent agency errors.

Run system reports that flag errors (include types).

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Describe:

Eligibility workers are allowed to override results in the Child Care Eligibility and Payment system under certain situations. DHS flags these overrides and requires county and tribal agencies who are above a threshold to report on these overrides. This allows DHS to review and determine if override use was appropriate in county and tribal agencies with a number of overrides above the threshold. Override usage has decreased each year over the last three years, approximately 30 percent.In addition, DHS currently uses a report to monitor manual payments made by county and tribal agencies. Through this monitoring, system changes were made resulting in a reduction in overall manual payments being made in SFY18 when compared to SFY17.

Review enrollment documents and attendance or billing records Describe:

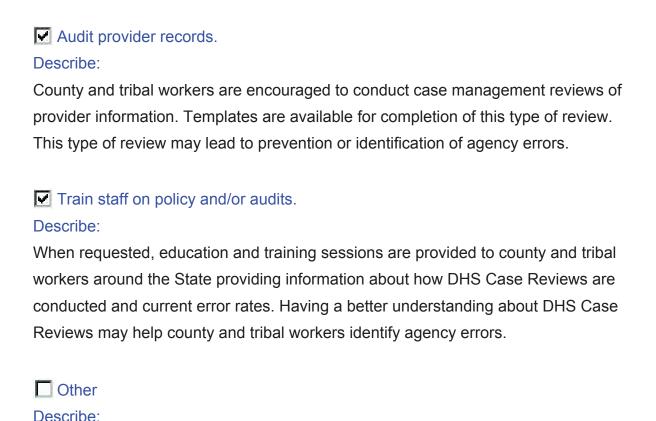
Providers are required to maintain daily attendance records for children receiving child care assistance and must include the date, first and last name and the times when the child is dropped off and picked up. Records must be available upon request by the county, tribe or DHS. The county can request attendance records when needed in the normal process of administering CCAP or when doing provider reviews. The county may stop payment, deny or end a service authorization to a child care provider when the county knows or has reason to believe that the provider has not kept attendance records for children receiving CCAP. In addition to the above, providers are required to report to the county or tribal agency, when child consecutive absences go above seven and when a child attends less than half of their authorized hours or days for a for-week period. When this occurs, counties should follow up with families and providers when information provided and/or reviewed shows additional actions are required, such as ending a child's authorization if a child stopped attending.

Conduct supervisory staff reviews or quality assurance reviews. Describe:

County and tribal workers are encouraged to conduct case management reviews.

Templates are available for completion of either a full or targeted case review. These reviews may lead to prevention or identification of agency errors.

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8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

- a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:
 - Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

Minnesota does not have a minimum dollar amount when recovering fraud claims (i.e. the minimum amount is \$0).

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

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Describe:

State OIG staff conduct training for both county fraud investigators as well as eligibility staff, and county prosecutors, on methods of recouping/recovering improper payments made as the result of fraud. Methods include civil actions as well as restitution requested at the conclusion of a criminal case. OIG staff routinely assist county and federal prosecutors in identifying the amount of improper program payments in various cases so that restitution can be ordered at the end of the case.

Recover through repayment plans.

Describe:

Families and/or providers and the county agency can agree to a repayment plan when non-participants are no longer eligible for the program or if the provider is no longer caring for children receiving child care assistance. Allowing families and/or providers to establish a repayment plan allows for payment based on ability to pay. The repayment plan is a written agreement between the two parties. Minnesota does not collect data on when collections are made through a repayment plan.

Reduce payments in subsequent months.

Describe:

The recovery method for collecting overpayments from participant families and current CCAP providers is recoupment. If the family or provider becomes eligible after serving their penalty period, recoupment amounts for fraud are as follows: a) family overpayments - the greater of the family's copayment, 10 percent of the overpayment or \$100, or b) provider overpayments - the greater of one-half the provider's payment, 10 percent of the overpayment, or \$100.

Describe:

Recovery of funds is made through interception of both federal and state tax return refunds. Of the total collected in SFY17 on fraudulent or intentional program violations, 6 percentwas collected through tax intercepts.

Recover through other means.

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Describe:

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Unit to investigate and collect improper payments: The Department's Office of the Inspector General (OIG) assists local agency investigators when requested. The Child Care Provider Investigations unit conducts and investigates potential fraud among providers. Typically, the Department's Office of the Inspector General (OIG) investigates provider fraud or intentional program violations with the assistance of law enforcement and counties. County-level fraud investigators typically focus on recipient fraud, but they may investigate provider fraud with assistance or input from the DHS OIG. During SFY17, DHS OIG initiated six cases involving provider fraud. Each of those cases are either still under investigation, or in various stages of criminal prosecution. During this same time period, three OIG cases initiated in previous years were concluded. Each of those cases involved the provider being convicted of a felony level offense involving fraud. A total of \$168,267 in restitution was ordered in those cases. In addition, counties and tribes investigated family and provider fraud, resulting in establishment of 33 fraud claims totaling approximately \$340,000. In SFY18 thus far, this unit has obtained one felony conviction, and one finding of an Intentional Program Violation, with restitution ordered in the amount of \$1,449,105.67. The Department's OIG became operational in 2014 with staff consisting of four investigators, one supervisor, and two state crime bureau agents that are assigned full-time to the Department. The unit recently increased to nine investigators, one Criminal Forensic Analyst, one Investigative Assistant, two state crime bureau agents, and one supervisor.

Other

Describe:

County-level Fraud Prevention Investigations (FPI) staff conduct client fraud investigations as well as investigations of family child care providers. After consulting with the OIG's Child Care Provider Investigations unit, county FPI staff may investigate a provider operating a child care center, or they may refer the matter to the OIG. Investigators at the local level are primarily focused on reviewing allegations about client intentional program violations and/or fraud. Collections staff at the local

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level are focused on collecting all improper payments - unintentional program violations, intentional program violations and/or fraud and administrative errors resulting in overpayments. In calendar year 2017, county fraud investigators completed 700 child care investigations. The majority of these cases involved recipients, but a small number involved providers. These investigations resulted in 143 cases where benefits were reduced or stopped, and 49 cases where the recipient or provider was administratively disqualified from the program.

- b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:
 - Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

Minnesota allows for a minimum dollar amount of \$50 when recovering unintentional program violations and administrative errors. Minnesota does not have a minimum dollar amount when recovering fraud claims (i.e. the minimum amount is \$0).

П	Coordinate with and refer to the	e other	state/territory	agencies	(e.g.,
	state/territory collection agency	, law e	enforcement a	gency).	

Describe:

Recover through repayment plans.

Describe:

Families and/or providers and the county agency can agree to a repayment plan when non-participants are no longer eligible for the program or if the provider is no longer caring for children receiving child care assistance. Allowing families and/or providers to establish a repayment plan allows for payment based on ability to pay. The repayment plan is a written agreement between the two parties. Minnesota does not collect data when collections are made through a repayment plan.

Reduce payments in subsequent months.

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Describe:

The recovery method for collecting overpayments from participant families and current CCAP providers is recoupment. Recoupment for family errors is the greater of one-half of the family's copayment or \$10. Recoupment for provider errors is the greater of one-fourth the provider's payment or \$50.

Recover through state/territory tax intercepts.

Describe:

Recovery of funds is made through interception of both federal and state tax return refunds. Of the total collected in SFY17 on unintentional program violations, 21 percentwas collected through tax intercepts.

Recover through other means.

Describe:

Following are other ways in which recovery of funds for unintentional program violations can occur: a) recoupment of funds by reducing the amount of assistance paid; b) Civil Recovery: if the family no longer receives child care assistance or the provider is no longer caring for children receiving child care assistance and a repayment plan is not agreed upon; c) recovery of unintentional program violation funds by compromising the claim is available to families when the overpayment is not due to fraud. Compromising a claim involves payment of 75 percentof the claim is paid within 90 days of when the initial notification of the claim. Of the total collected in SFY17 for unintentional errors, 14 percent was collected through recoupment and compromise of claims.

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

Collection staff at the local level are focused on collecting all improper payments - unintentional program violations, intentional program violations and/or fraud and administrative error resulting in overpayments. In addition to investigating provider

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fraud, DHS OIG conducts reviews of provider attendance records. During SFY17, county and tribal agencies established 20 claims totaling approximately \$625,000, which resulted from serious attendance record violations uncovered as a result of DHS OIG efforts.

- c) 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.
 - Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

Minnesota allows for a minimum dollar amount of \$50 when recovering administrative errors. Minnesota does not have a minimum dollar amount when recovering fraud claims (i.e. the minimum amount is \$0).

Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

Families and/or providers and the county agency can agree to a repayment plan when non-participants are no longer eligible for the program or if the provider is no longer caring for children receiving child care assistance. Allowing families and/or providers to establish a repayment plan allows for payment based on ability to pay. The repayment plan is a written agreement between the two parties. Minnesota does not collect data on when collections are made through a repayment plan.

Reduce payments in subsequent months.

Describe:

The recovery method for collecting overpayments from participant families and current CCAP providers is recoupment. Recoupment for administrative errors for families is the greater of one-fourth of the family's copayment or \$10. Recoupment for administrative

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errors for providers is the greater of one-tenth the provider's payment or \$20.

Recover through state/territory tax intercepts.

Describe:

Recovery of funds is made through interception of both federal and state tax return refunds. Of the total collected in SFY17 on agency errors, 9 percentwas collected through tax intercepts.

Recover through other means.

Describe:

Following are other ways in which recovery of funds for agency errors can occur: a) recoupment of funds by reducing the amount of assistance paid; b) Civil Recovery: if the family no longer receives child care assistance or the provider is no longer caring for children receiving child care assistance and a repayment plan is not agreed upon; c) recovery of funds due to agency error by compromising the claim is available to families. Compromising a claim involves payment of 75 percentof the claim is paid within 90 days of when the initial notification of the claim. Of the total collected in SFY17 on agency errors, 12 percent was collected through recoupment and compromise of claims.

Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

Department of Human Services Program Compliance and Audit staff do monthly case reviews that identify administrative errors. The Department sends county and tribal agencies information about the administrative errors and they are required to follow-up, providing feedback to the Department. Collections staff at the local level are focused on collecting all improper payments - unintentional program violations, intentional program violations and/or fraud and administrative errors resulting in overpayments. Collection staff at the local level are focused on collecting all improper payments - unintentional program violations, intentional program violations and/or

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fraud and administrative error resulting in overpayments. In addition to investigating provider fraud, DHS OIG conducts reviews of provider attendance records. During SFY17, county and tribal agencies established 20 claims totaling approximately \$625,000, which resulted from serious attendance record violations uncovered as a result of DHS OIG efforts.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

Fraud investigations that determine whether a client has committed an Intentional Program Violation (IPV) will be resolved through the Administrative Disqualification Hearing (ADH) process or through a criminal prosecution process. The local investigator determines which process to pursue depending on the case specifics. The ADH process includes an opportunity for the client to sign a waiver admitting to the findings or to attend a hearing where they have the opportunity to dispute the findings. The criminal prosecution process usually involves criminally charging the client and the client having the opportunity to dispute the findings through the court process. A disqualification consent agreement or a court approved pre-trial diversion plan might also be used in the criminal prosecution process. If an IPV is determined to have occurred through any of these processes, the family is disqualified from receiving Child Care Assistance Program payments according to the following standards:

- 1. One year for the first offense.
- 2. Two years for the second offense.
- 3. Subsequent violations must result in permanent disqualification.

Once a disqualification has been imposed, it is only appealable through district or appellate court action.

Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

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Describe:

Fraud investigations that determine a provider has committed an Intentional Program Violation (IPV) will be resolved through the Administrative Disqualification Hearing (ADH) process or through a criminal prosecution process. The investigator determines which process to pursue depending on the case specifics. The ADH process includes an opportunity for the provider to sign a waiver admitting to the findings or to attend a hearing where they have the opportunity to dispute the findings. The criminal prosecution process usually involves criminally charging the provider and the provider has the opportunity to dispute the findings through the court process. A disqualification consent agreement or a court approved pre-trial diversion plan might also be used in the criminal prosecution process. If an IPV or fraud is determined to have occurred through any of these processes, the provider is disqualified from receiving payments for child care services from the Child Care Assistance Program to the following standards:

- 1. One year for the first offense.
- 2. Two years for the second offense.
- 3. Permanently for the third offense.

Once a disqualification has been imposed through the administrative process or through the criminal courts, which both allow a provider the opportunity for due process, it is only appealable through district or appellate court action.

Prosecute criminally.

Describe:

In cases where investigators believe there exists proof beyond a reasonable doubt that the provider intended to commit theft of program funds, investigators refer the case to state or federal prosecutors. If prosecution is declined, the cases are submitted for an Administrative Disqualification.

Other.

Describe:

Counties, tribes and DHS have the option to withhold a provider's authorization or payments if the provider:

- 1. Admits to giving materially false information on a billing form,
- 2. Was found to have intentionally provided false information on attendance records or billing forms, as determined by a preponderance of evidence,
- 3. Violates child care assistance program rules, until those rules are corrected,
- 4. Operates after receipt of an order of suspension, order of revocation, or a final order

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of conditional license, for as long as the conditional license is in effect,

- 5. Submits false attendance reports or refuses to supply them,
- 6. Gives false price information.

For conditions 1 and 2 listed above, county and tribal agencies must complete a provider fraud referral and/or pursue an Intentional Program Violation (IPV) disqualification. Once an IPV is established, the provider is disqualified from receiving payments for child care services from the Child Care Assistance Program to the following standards:

- 1. One year for the first offense.
- 2. Two years for the second offense.
- 3. Permanently for the third offense.

For conditions 3, 5, and 6, counties, tribal agencies or the Department of Human Services may withhold a provider's authorization or payment for up to three months beyond the time when corrections have been made by the provider. For condition 4, which involves situations when a licensed provider is operating while appealing an order of suspension or revocation of the license, the agency withholds the provider's registration until they receive confirmation from licensing the suspension or revocation has been reversed. Additionally, child care assistance payments to a licensed or license-exempt center are restricted to 25 or fewer children of employees per center. If a child care center is authorized for more than 25 children of center employees, the county cannot authorize additional dependents of an employee until the number of children falls below 25.

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories

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will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

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

Appendix A.1: In-state criminal registry or repository checks with fingerprints requirements for existing staff. (See related question at 5.4.1 (b)) Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring in-state criminal registry checks with fingerprints for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount

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of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families. Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. The health, safety, and well-being of children is a critical priority of Minnesota's child care

system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings.

Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's sex offender registry, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

Nevertheless, several statutory changes were made to state law in 2017 and 2018 to ensure that all licensed providers and license-exempt providers that receive CCDF funds obtain an enhanced background study that includes a fingerprint-based check of Minnesota's criminal registry. Beginning Fall 2018, the Department is working to implement this provision to bring Minnesota into alignment and compliance with federal law.

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■ Appendix A.2: In-state sex offender registry requirements for existing staff. (See related question at 5.4.2 (b))

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring in-state state sex offender registry checks for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings. Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's child abuse and neglect

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registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

Nevertheless, several statutory changes were made to state law in 2017 and 2018 to ensure that all licensed providers and license-exempt providers that receive CCDF funds obtain an enhanced background study that includes a check of Minnesota's sex offender registry. Beginning Fall 2018, the Department is working to implement this provision to bring Minnesota into alignment and compliance with federal law.

Appendix A.3: In-state child abuse and neglect registry requirements for existing staff. (See related question at 5.4.3 (b))

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring in-state abuse and neglect registry checks for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families. Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals

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historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings.

Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's sex offender registry, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

Nevertheless, several statutory changes were made to state law in 2017 and 2018 to ensure that all licensed providers and license-exempt providers that receive CCDF funds obtain an enhanced background study that includes a check of Minnesota's child abuse and neglect registry. Beginning Fall 2018, the Department is working to implement this provision to bring Minnesota into alignment and compliance with federal law.

■ Appendix A.4: National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b))

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring National FBI fingerprint check for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving

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Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings.

Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's sex offender registry, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

Nevertheless, several statutory changes were made to state law in 2017 and 2018 to ensure that all licensed providers and license-exempt providers that receive CCDF funds obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records. Beginning Fall 2018, the Department is working to implement this provision to bring Minnesota into alignment and compliance with federal law.

Appendix A.5: National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for new or prospective staff. (See related question at 5.4.5 (a))

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring a search of the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new or prospective staff.

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Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings.

Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's sex offender registry, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

The Department will work with members of the public, providers, and the Legislature to identify options for a proposal for the 2019 Legislative Session that would require a

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name-based check of this database.

Appendix A.6: National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) search requirements for existing staff. (See related question at 5.4.5 (b))

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring a search of the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children

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in public school settings.

Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's sex offender registry, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

The Department will work with members of the public, providers, and the Legislature to identify options for a proposal for the 2019 Legislative Session that would require a name-based check of this database.

Appendix A.7: Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring a search of interstate criminal registries in certain circumstances (including in any other state where the individual has resided in the past 5 years) for new or prospective staff if the staff person lived in a state that is not participating in the National Fingerprint File.

Because Minnesota is an NFF state, we automatically obtain interstate criminal information from any state that is also a participant when and FBI check is conducted.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will

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need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. The health, safety, and well-being of children is a critical priority of Minnesota's child care

system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings. Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's sex offender registry, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

The Department will work with members of the public, providers, and the Legislature to identify options for a proposal for the 2019 Legislative Session that would require a name-based check of these databases.

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring a search of interstate criminal registries in certain circumstances (including in any other state where the individual has resided in the past 5 years) for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

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The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. The health, safety, and well-being of children is a critical priority of Minnesota's child care

The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings.

Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's sex offender registry, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

Additionally, because Minnesota is a National Fingerprint File state, we automatically obtain interstate criminal information from any state that is also a participant when an FBI record check is conducted.

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The Department will work with members of the public, providers, and the Legislature to identify options for a proposal for the 2019 Legislative Session that would require a name-based check of these databases.

Appendix A.9: Interstate sex offender registry or repository check for new or prospective staff. (See related question at 5.4.7 (a))

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring a search of interstate sex offender registries in certain circumstances (including in any other state where the individual has resided in the past 5 years) for new or prospective staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver. The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those

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individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings. Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

The Department will work with members of the public, providers, and the Legislature to identify options for a proposal for the 2019 Legislative Session that would require a name-based check of these databases.

Appendix A.10: Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b))

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring a search of interstate sex offender registries in certain circumstances (including in any other state where the individual has resided in the past 5 years) for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

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Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings. Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's sex offender registry, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

The Department will work with members of the public, providers, and the Legislature to identify options for a proposal for the 2019 Legislative Session that would require a name-based check of these databases.

Appendix A.12: Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring a search of interstate child abuse and neglect registries for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance

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Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

The Department estimates that approximately 80 percent of individuals required to obtain a background study that complies with CCDF requirements have already obtained a background study that meets some of the federal requirements. For those individuals historically not required by the Department to obtain a background study (because those individuals provided care in license-exempt child care programs), many were required by other state laws to obtain a background study because those individuals served children in public school settings.

Further, effective Fall 2018, all new and prospective staff and caregivers will obtain an enhanced background study that includes a fingerprint-based search of FBI criminal records, a search of Minnesota's criminal records, a search of Minnesota's sex offender registry, a search of Minnesota's child abuse and neglect registry, and an interstate search of child abuse and neglect registries (in certain circumstances).

Nevertheless, several statutory changes were made to state law in 2017 and 2018 to ensure that all licensed providers and license-exempt providers that receive CCDF funds obtain an enhanced background study that includes an instate child abuse and neglect registries check (in certain circumstances). Beginning Fall 2018, the Department is working to implement this provision to bring Minnesota into alignment and compliance with federal law.

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Appendix A. 13: New staff hired to work provisionally until background checks are completed. (See related question at 5.4.9)

Describe the provision from which the state/territory seeks relief.

The Minnesota Department of Human Services requests a waiver from sanction for the provision requiring new staff hired to work provisionally until background checks are completed for licensed centers, licensed family programs, and certified license exempt centers.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Minnesota Department of Human Services is seeking a waiver to extend the amount of time needed to implement this provision. First, and foremost, granting this extension will allow Minnesota to improve services by continuing to serve approximately 30,000 children from 16,000 families each month through Minnesota's Child Care Assistance Program, as a penalty would only impede Minnesota's ability to serve these children and families.

Further, granting this extension will allow Minnesota time to implement enhanced background study requirements for an estimated 100,000 to 120,000 individuals who will need new background studies in a manner that limits undue burden on providers serving Minnesota's children and families.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The health, safety, and well-being of children is a critical priority of Minnesota's child care system and will not be compromised as a result of this waiver.

Minnesota allows prospective staff persons and caregivers to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results.

Minnesota is in compliance with this requirement for individuals affiliated with legal nonlicensed programs.

The Department is working to implement this provision to bring Minnesota into alignment

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and compliance with federal law.

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Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 0377-580-258-1.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ သင့်လူမှုရေးအလုပ်သမား အားမေးမြန်း ခြင်းသို့ မဟုတ် 1-844-217-3563 ကိုခေါ် ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលខេ 1-888-468-3787 ។

請注意,如果您需要免費協助傳譯這份文件,請告訴您的工作人員或撥打1-844-217-3564。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, demandez à votre agent chargé du traitement de cas ou appelez le 1-844-217-3548.

Thoy ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ဟ်သူဉ်ဟ်သးဘဉ်တက္၊ စဲနမ္၊်လိဉ်ဘဉ်တါမၤစာၤကလီလာတါကကျိုးထံဝဲဧဉ်လံ \hat{p} တီလံ \hat{p} မီတခါအာံၤန္န \hat{p} ,သံကွ \hat{p} ဘဉ်ပှၤဂ္ဂါဝီအပှၤမၤစာၤတါလာနဂိါမ္တတ မွာ်ကိုးဘဉ် 1--844--217--3549 တက္ပါ.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 담당자에게 문의하시거나 1-844-217-3565으로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກຳກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1 (8-16)



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