



Child Care and Development Fund (CCDF) Plan For Minnesota FFY 2016-2018

1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

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))

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

Identify the Lead Agency or joint inter-agency office designated by the State/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))

Effective Date: 06/01/2016

Name of Lead Agency: [Minnesota Department of Human Services](#).

Address of Lead Agency: [444 Lafayette Road, Saint Paul, Minnesota 55155](#)

Name and Title of the Lead Agency Official: [Emily Piper, Commissioner](#)

Phone Number: [651-431-2923](#)

E-Mail Address: Emily.piper@state.mn.us

Web Address for Lead Agency (if any): <http://mn.gov/dhs/>

1.1.2 Who is the CCDF administrator?

Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, with responsibility for administering the State/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 entity with administrative responsibilities and include contact information.

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a) Contact Information for CCDF Administrator:

Name of CCDF Administrator: [Cindi Yang](#).

Title of CCDF Administrator: [Director of Community Partnerships and Child Care Services](#).

Address of CCDF Administrator: [444 Lafayette Road Saint Paul, Minnesota 55155](#)

Phone Number: [\(651\) 431-3828](#)

E-Mail Address: Cindi.Yang@state.mn.us

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

Name of CCDF Co-Administrator:

Title of CCDF Co-Administrator:

Phone Number:

E-Mail Address:

Description of the role of the Co-Administrator:

c) Primary Contact Information for the CCDF Program:

Phone Number for CCDF program information (for the public) (if any):

Web Address for CCDF program (for the public) (if any):

Web Address for CCDF program policy manual (if any):

Web Address for CCDF program administrative rules (if any):

1.1.3 Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.

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Outreach and Consumer Education (section 2)

Agency/Department/Entity [Minnesota Department of Human Services.](#)

Name of Lead Contact [Deb Swenson-Klatt.](#)

Subsidy/Financial Assistance (section 3 and section 4)

Agency/Department/Entity [Minnesota Department of Human Services.](#)

Name of Lead Contact [Elizabeth Roe.](#)

Licensing/Monitoring (section 5)

Agency/Department/Entity [Minnesota Department of Human Services.](#)

Name of Lead Contact [Reggie Wagner.](#)

Child Care Workforce (section 6)

Agency/Department/Entity [Minnesota Department of Human Services.](#)

Name of Lead Contact [Deb Swenson-Klatt.](#)

Quality Improvement (section 7)

Agency/Department/Entity [Minnesota Department of Human Services.](#)

Name of Lead Contact [Deb Swenson-Klatt.](#)

Grantee Accountability/Program Integrity (section 8)

Agency/Department/Entity [Minnesota Department of Human Services.](#)

Name of Lead Contact [Elizabeth Roe, Reggie Wagner, Deb Swenson-Klatt, Vicki Kunerth.](#)

[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 other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level?

In other words, identify whether CCDF program rules and policies are established by the state or territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies.

Check one.

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All program rules and policies are set or established at the State/Territory level.

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/Territory

County.

If checked, describe the type of eligibility policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of eligibility policies the local entity(ies) can set

Other.

Describe:

Sliding fee scale is set by the:

State/Territory

County

If checked, describe the type of sliding fee scale policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set

Other.

Describe:

Payment rates are set by the:

State/Territory

County.

If checked, describe the type of payment rate policies the county can set

Other local entity (e.g., workforce boards, early learning coalitions).

If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set

Other.

Describe:

Other.

List and describe (e.g., quality improvement systems, payment practices):

1.2.2 How is the CCDF program operated in your State/Territory?

In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply. and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).

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a) Who determines eligibility?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

County and tribal agencies have responsibility for operating the program.

Child care resource and referral agencies

Describe.

At the option of the county or tribal nation, they may contract with an outside agency to administer all or portions of their child care assistance program.

Community-based organizations

Describe.

At the option of the county or tribal nation, they may contract with an outside agency to administer all or portions of their child care assistance program.

Other.

Describe.

b) Who assists parents in locating child care (consumer education)?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

County and tribal agencies can provide resources for families.

Child care resource and referral agencies

Describe.

Child Care Resource and Referral Agencies provide resources through a statewide telephone service and a searchable database of licensed child care programs at www.parentaware.org.

Community-based organizations

Describe.

Community-based organizations can provide resources for families.

Other.

Describe.

c) Who issues payments?

CCDF Lead Agency

TANF agency

Describe.

Other State/Territory agency.

Describe.

Local government agencies such as county welfare or social services departments

Describe.

Child care resource and referral agencies

Describe.

Community-based organizations

Describe.

Other.

Describe.

1.3 Consultation in the Development of the State Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

1.3.1 Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply).

For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.

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[REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns

Describe:

Members of the Minnesota County Social Service Administrators (MACSSA) have been engaged at various levels in the planning process. They participated in the Minnesota Department of Human Services (DHS) March, 2015 CCDF Plan stakeholder meeting. This event engaged a broad array of stakeholders surrounding the content of the 2016-18 CCDF Plan. DHS provided a brief overview of the CCDF Plan, before facilitating breakout sessions on each its eight sections.

In addition, a separate presentation was held for two MACSSA sub-committees to discuss issues concerning licensing, subsidy, and county-level administration. There

were two subsequent meetings with county agency workers and supervisors to address issues specific to subsidy for licensed and legal non-licensed providers. All members of MACSSA we also given notice of the public hearing.

[REQUIRED IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act).

Describe:

Members of the State Advisory Council (the Governor's Early Learning Council) attended the March, 2015 CCDF Plan stakeholder meeting. A subset of State Advisory Council members then continued to meet regularly, reviewing the draft 2016-18 CCDF Plan prior to its public hearing. In addition, all members were invited to attend the public hearing, itself.

If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?

Yes,

No.

If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(1)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy

[REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes.

Describe, including which Tribe(s) you consulted with

The Minnesota Tribal Resources for Early Childhood Care (MNTRECC) includes representation from each of the 11 federally-recognized tribes in Minnesota.

DHS met with MNTRECC in July, 2015 and again in October, 2015 to present an overview of the 2016-18 CCDF Plan. Tribal members also attended the March, 2015 CCDF Plan stakeholder meeting. In addition, a Tribal member was a part of the subset of State Advisory Council members who reviewed the draft 2016-18 CCDF Plan prior to its public hearing. In addition, all members of MNTRECC were invited to attend the public hearing, itself.

Tribes in Minnesota may request further consultation as they draft their individual CCDF Plans. White Earth Nation and Red Lake Nation administer the Child Care Assistance Program using state policies. As such, they may be particularly interested in further consultation on the 2016-18 CCDF Plan.

- Check N/A if no Indian Tribes and/or Tribal organizations in the State
- State/Territory agency responsible for public education.

Describe:

The Minnesota Department of Education (MDE) was engaged at various levels throughout the planning process. MDE leadership attended the March, 2015 CCDF Plan stakeholder meeting, as well as an additional meeting to overview sections of the CCDF Plan which required MDE staff consultation. These sections included quality initiatives, such as infant/toddler supports, professional development, consumer education, licensing, and subsidy.

MDE staff participated on the advisory committees for CCDF Plan sections concerning the support of infant/toddler caregivers, and working with homeless and vulnerable populations. MDE staff who administer Early Learning Scholarships provided input specific to sections of the CCDF Plan concerning how Minnesota provides stable child care assistance to families.

The Department of Education reviewed and provided input on an initial draft of the 2016-18 CCDF Plan prior to its public hearing, and were also invited to attend the event itself.

- State agency/agencies 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 Section 619 for preschool).

Describe:

These programs are carried out by the Minnesota Department of Education (MDE). MDE was engaged at various levels throughout the planning process. MDE leadership attended the March, 2015 CCDF Plan stakeholder meeting, as well as an additional meeting to overview sections of the CCDF Plan which required MDE staff consultation. MDE staff working with "Part C" participated on the advisory committees for CCDF Plan sections concerning the support of infant/toddler caregivers, and working with homeless and vulnerable populations. The Department of Education reviewed and provided input on an initial draft of the 2016-18 CCDF Plan prior to its public hearing, and were also invited to attend the event itself.

- State/Territory institutions for higher education, including community colleges.

Describe:

Members of the higher education community participated in the March, 2015 CCDF Plan stakeholders meeting, and were also given notice of the 2016-18 CCDF Plan public hearing.

State/Territory agency responsible for child care licensing.

Describe:

State child care licensing is a division within DHS that is directly involved in the development of the CCDF Plan.

State/Territory office/director for Head Start State collaboration

Describe:

The state Head Start Collaboration Director, a staff member of the Minnesota Department of Education (MDE), was involved in the March, 2015 CCDF Plan stakeholder meeting. She also attended subsequent discussions with leadership from MDE, and meetings to discuss subsidy policy. The Head Start Collaboration Director also serves on advisory committees (working on sections of the CCDF Plan concerning consumer education, and working with homeless and vulnerable populations) and serves on the State Advisory Council. As such, she reviewed the CCDF Plan prior to its public hearing, and was also invited to attend the event itself.

There was also a meeting with the Licensing division of DHS, Head Start Directors, and MDE staff to discuss how the changes in the CCDF Plan health and safety requirements would impact Head Start programs.

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

The state Head Start Collaboration Director and local Head Start agency representatives participated in the Infant/Toddler Advisory Committee. Minnesota Department of Education (MDE) leadership attended the March, 2015 CCDF Plan stakeholder meeting, as well as an additional meeting to overview sections of the CCDF Plan which required MDE staff consultation. Staff from local agencies with Early Head Start-Child Care Partnership grants also attended the subsidy policy meetings.

State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

The Minnesota Department of Education (MDE) is responsible for the Child and Adult Care Food Program. MDE leadership attended the March, 2015 CCDF Plan stakeholder

meeting, as well as an additional meeting to overview sections of the CCDF Plan which required MDE staff consultation. DHS also presented an overview of the CCDF Plan to the Department of Education's Child Nutrition and Wellness Advisory Group. The Department of Education reviewed and provided input on an initial draft of the 2016-18 CCDF Plan prior to its public hearing, and were also invited to attend the event itself.

- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention

Describe:

The Minnesota Department of Health (MDH) was engaged at various levels throughout the planning process. MDH leadership attended the March, 2015 CCDF Plan stakeholder meeting, as well as an additional meeting to overview sections of the CCDF Plan which required MDH staff consultation. MDH staff were also involved in a sub-committee, working on the consumer education section of the CCDF Plan. The Department of Health reviewed and provided input on an initial draft of the 2016-18 CCDF Plan prior to its public hearing, and were also invited to attend the event itself.

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

Describe:

Agencies include the Minnesota Association for the Education of Young Children/Minnesota School Age Care Alliance, Ignite Afterschool, professional development trainers, the Greater Twin Cities United Way, school-age and afterschool programs, parks and recreation programs, the Minnesota Initiative Foundations, and representatives from the four Race to the Top-Early Learning Challenge Transformation Zones in Minnesota.

Many of these agencies participated in the March, 2015 CCDF Plan stakeholder meeting. They were also invited to attend the 2016-18 CCDF Plan public hearing.

- State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant

Describe:

The Minnesota Department of Health (MDH) was engaged at various levels throughout the planning process. MDH leadership attended the March, 2015 CCDF Plan stakeholder meeting, as well as an additional meeting to overview sections of the CCDF Plan which required MDH staff consultation. MDH staff were also involved in a sub-committee, working on the consumer education section of the CCDF Plan. The Department of Health

reviewed and provided input on an initial draft of the 2016-18 CCDF Plan prior to its public hearing, and were also invited to attend the event itself.

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

McKinney-Vento State coordinators for Homeless Education.

Describe:

The State Director to Prevent and End Homelessness and the Project Manager for the Minnesota Interagency Council on Homelessness were invited to the March, 2015 CCDF Plan stakeholder meeting. They were unable to attend but were able to provide feedback as part of serving on an advisory committee regarding working with homeless and vulnerable populations. They were also invited to the 2016-18 CCDF Plan public hearing.

State/Territory agency responsible for public health.

Describe:

The Minnesota Department of Health (MDH) was engaged at various levels throughout the planning process. MDH leadership attended the March, 2015 CCDF Plan stakeholder meeting, as well as an additional meeting to overview sections of the CCDF Plan which required MDH staff consultation. MDH staff were also involved in a sub-committee, working on the consumer education section of the CCDF Plan. The Department of Health reviewed and provided input on an initial draft of the 2016-18 CCDF Plan prior to its public hearing, and were also invited to attend the event itself.

State/Territory agency responsible for mental health.

Describe:

The Lead Agency is responsible for mental health services. The Early Childhood Mental Health System Coordinator for the Children's Mental Health Division has been engaged in various CCDF Plan stakeholder meetings. They were provided the opportunity to review and comment on the 2016-18 CCDF Plan, and were invited to attend its public hearing.

State/Territory agency responsible for child welfare.

Describe:

Child Welfare is a division of DHS. The Director of Child Welfare was invited to the initial CCDF Plan stakeholder meeting, and given notice of the 2016-18 CCDF Plan public

hearing. Child Welfare staff also participated in a workgroup focused on vulnerable populations.

State/Territory liaison for military child care programs.

Describe:

Support for military child care programs is provided by Child Care Aware Minnesota Coordinating Office. The organization participated in the March, 2015 CCDF Plan stakeholder meeting. They were also invited to subsequent, smaller stakeholder meetings which were related to sections of the CCDF Plan that address subsidy, licensing, and supporting infant/toddler caregivers. They also received notice of the 2016-18 CCDF Plan public hearing.

State/Territory agency responsible for employment services/workforce development.

Describe:

Employment services for TANF families is overseen by a division of DHS. Representatives attended the subsidy stakeholder meetings held on July 29, 2015 and September 9, 2015. They were also invited to attend the 2016-18 CCDF Plan public hearing.

County-contracted employment services staff were also advised of changes, and subsidy staff members reviewed subsidy-related elements of the Child Care and Development Block Grant (CCDBG) Plain Language Summary at an Employment Services Advisory Group meeting on August 14, 2015.

State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

Temporary Assistance for Needy Families (TANF) is included in the Economic Assistance and Employment Support Division of DHS. Representatives from TANF were invited to the March, 2015 CCDF Plan stakeholder meeting. Representatives from TANF also attended the subsidy stakeholder meetings held on July 29, 2015 and September 9, 2015, and were given notice of the 2016-18 CCDF Plan public hearing.

State/community agencies serving refugee or immigrant families.

Describe:

Members of the County Social Service agencies, CCR&R Head Start, Minnesota's Race to the Top-Early Learning Challenge Transformation Zones, and agencies serving homeless families were invited to CCDF Plan stakeholder engagement meetings. They

were also involved in advisory committees related to the planning process, and were given notice of the 2016-18 CCDF Plan public hearing.

Child care resource and referral agencies.

Describe:

Members of Child Care Aware agencies, which make up Minnesota's child care resource and referral (CCR&R system, participated in the March, 2015 CCDF Plan stakeholder meeting. They were also invited to subsequent, smaller stakeholder meetings which were related to sections of the CCDF Plan that address subsidy, licensing, and supporting infant/toddler caregivers. They also received notice of the 2016-18 CCDF Plan public hearing.

The Minnesota Department of Human Services has worked closely with the Child Care Aware of Minnesota Coordinating Office on CCDF Plan sections concerning consumer education, professional development, and quality initiatives.

Provider groups or associations.

Describe:

The Licensing Division of the Minnesota Department of Human Services held a stakeholder meeting with members of the Minnesota Licensed Family Child Care Association and the Minnesota Child Care Association (representing child care centers). The discussion at this meeting centered on how the changes in CCDF Plan health and safety requirements would impact their programs.

Worker organizations.

Describe:

The American Federation of State, County and Municipal Employees (AFSCME) Council Five were invited to the March, 2015 CCDF Plan stakeholder meeting. They were also invited to subsequent, smaller stakeholder meetings which were related to sections of the CCDF Plan that address subsidy and licensing. They also received notice of the 2016-18 CCDF Plan public hearing.

Parent groups or organizations.

Describe:

Other.

Describe:

Advocacy organizations, including the Minnesota Children's Defense Fund, Legal

Services Advocacy Project. Legal Aid and United Way were invited to the March, 2015 CCDF Plan stakeholder meeting. They were also invited to subsequent, smaller stakeholder meetings related to sections of the CCDF Plan the address subsidy, and given notice of the 2016-18 CCDF Plan public hearing.

DHS also met with the Department of Public Safety and Emergency Management officials regarding the development of a statewide disaster plan.

1.3.2. Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)).

Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, the description should include:

Effective Date: 07/12/2017

a) Date(s) of notice of public hearing: [11/09/2015](#)

Reminder - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice.

[Notice has been provided in State Register, on the Minnesota Department of Human Services website, and via email list communications.](#)

[The Minnesota Department of Human Services follows the Americans with Disabilities Act \(ADA\) policy for creating accessible documents, allowing those with disabilities to access the content of our 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.](#)

c) Date(s) of public hearing(s): [12/11/2015](#)

Reminder - Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.

d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed [Live-streamed online \(via web telepresence\), iTV sites in Greater Minnesota, and an archived digital recording of audio and video available to public on-demand \(at viewer's convenience\) for 90 consecutive days.](#)

e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) [Our proposed 2016-18 CCDF Plan was published on the child care page of the Minnesota Department of Human Services public website.](#)

f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? [The public comment period on our proposed 2016-18 CCDF Plan ran from December 1, 2015 through January 10, 2016. An internal planning group comprised of state staff from Child Care Assistance, Child Development Services, and Child Care Licensing met monthly to review feedback from the online comment form as well as comments in the public hearing and determine how to incorporate suggestions into the development of the plan. Some of the suggestions would require changes in state law, such as raising maximum reimbursement rates and increasing overall funding to reduce state CCAP waiting lists. Other comments we were able to implement immediately such as adding providers who serve homeless families to the advisory group for providing training and technical assistance on serving homeless populations.](#)

1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.

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Working with advisory committees.

Describe:

[All participants in various CCDF Plan stakeholder groups and advisory committees received notice of, and link to, our proposed 2016-18 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, our proposed 2016-18 CCDF Plan. They were also informed of the](#)

process for providing comments, and invited to the CCDF Plan public hearing.

Providing translation in other languages.

Describe:

Making available on the Lead Agency website.

List the website:

<http://tinyurl.com/CCDF-Plan>

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&Revision=1&SelectionMethod=LatestReleased&dDocName=id_000151

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

Describe:

The Minnesota Department of Human Services (DHS) used our social media accounts (Twitter and Facebook (we do not consider email to be a form of social media)) to garner engagement in and awareness of our 2016-18 CCDF Plan public hearing.

Our Facebook page may be found at <https://www.facebook.com/MinnesotaDHS/> and our Twitter page at <https://twitter.com/MinnesotaDHS>. As of December 2, 2015, we have 1,395 Twitter followers, and 1,072 Facebook followers. On average, our posts on Twitter reach about 500 followers and our Facebook posts reach about 200 followers. Post-reach is increased when we are able to include compelling imagery, or tag others who might then share the post with their networks. DHS designed social media posts to publicize our 2016-18 CCDF Plan public hearing with this in mind.

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

Describe:

Notice of our proposed 2016-18 CCDF Plan and public hearing and was provided in Minnesota's State Register and via email communications. Stakeholders were also engaged in over 28 separate meetings throughout 2015 to solicit input on our CCDF Plan.

Other.

Describe:

DHS used email lists, comprised of key stakeholders, to announce our proposed 2016-18 CCDF Plan, its public hearing, as well as links to the live online stream and video recording of the event itself.

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/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.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O))

Please describe 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 quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

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- [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.).

Describe:

The Minnesota Department of Human Services (DHS) Child Care Assistance Program (CCAP) coordinates with staff at Minnesota Department of Education (MDE) and the Center for Inclusive Child Care to approve special needs rates and link services to children with special needs to appropriate school district and other resources, with the goal of providing access to comprehensive full day services. CCAP also coordinates with MDE staff 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/Head Start or services at school-based programs.

DHS Child Development Services, which oversees consumer education, child care workforce and quality initiatives, coordinates with the Department of Education with the goals of: improving prekindergarten to grade three alignment, increasing professional development opportunities across sectors of early learning, supporting development of Head Start-child care partnerships, and development and implementation of Parent Aware policies and procedures.

[REQUIRED IF APPLICABLE] Tribal early childhood programs.

Describe, including which Tribes coordinating with:

The DHS Child Care Assistance Program (CCAP) 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 expand access to the CCAP program so that families fully participate when eligible, and/or coordinate with other tribal programs when applicable.

DHS Child Development Services, which oversees consumer education, child care workforce and quality initiatives, coordinates with tribal early childhood programs through a grant contract with Minnesota Tribal 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 helps facilitate partnerships between Tribal Child Care, other early childhood programs and the Minnesota Child Care Aware system. DHS, other state agencies and community-based organizations regularly collaborate with and seek input from MNTRECC on implementation of early care and education policies and procedures.

Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.

[REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities.

Describe:

DHS Child Development Services 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. Our 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 Parent Aware Ratings. 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 high-quality (Three- and Four-Star Rated programs). DHS Child Development Services also 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.

- [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act).

Describe:

The Child Care Assistance Program (CCAP) coordinates with some Head Start grantees, who in turn serve homeless children. The goal of coordination is to increase access to CCAP when the family may be eligible. Some counties or tribes may coordinate with programs at the local level that serve homeless children regarding access to CCAP.

DHS Child Development Services has established an advisory committee of state and local stakeholders. The goal of the committee is to provide guidance in implementing 6.1.10 of the CCDF Plan. Members of the committee include representation from Minnesota Housing Finance Agency, Minnesota Interagency Council on Homelessness, Wilder Foundation, various representatives from the Minnesota Department of Education, Minnesota Department of Health, Minnesota Department of Human Services and Child Care Aware of Minnesota.

- [REQUIRED] Early childhood programs serving children in foster care.

Describe:

Children in foster care access the same early childhood programs as children not in the foster care system. Those programs may participate in Parent Aware, other professional development supports and are often licensed. This includes child care, Head Start and school-based early childhood programs. In some local communities, agencies work together to develop unique strategies and programs for serving children at-risk, including children in foster care.

- State/Territory agency responsible for child care licensing.

Describe:

Licensing is located within DHS. Coordination occurs between Licensing, Child Development Services and the Child Care Assistance program with the goals of system alignment, so that providers, staff and families working with or experiencing each system have the same information and access to available information and resources.

State/Territory agency with Head Start State collaboration grant.

Describe:

The Child Care Assistance Program (CCAP) coordinates with the Minnesota Department of Education staff to expand access to full day services and continuity of care for children who may qualify to receive CCAP.

DHS Child Development Services coordinates regularly with the Minnesota Head Start Collaboration Director and other staff at the Minnesota Department of Education on the development and implementation of Parent Aware policies and procedures that relate to Head Start programs with the goal 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 in Three- and Four-Star Rated programs.

State Advisory Council authorized by the Head Start Act.

Describe:

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 in life. During the Plan period, DHS will seek coordination with the Early Learning Council on all required activities, including disaster preparedness, market rate surveys, professional development, and on-going updates to Minnesota's Early Learning Guidelines.

State/Territory/local agencies with Early Head Start-Child Care Partnerships grants.

Describe:

DHS Child Care Assistance Program (CCAP) coordinates with the Minnesota Department of Education 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 Child Development Services 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.

McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons

Describe:

The Child Care Assistance Program (CCAP) is coordinating with the Minnesota Interagency Council on Homelessness, the Minnesota Department of Education and counties to design the expedited application process for CCAP.

Child Development Services has established an advisory committee of state and local stakeholders. The goal of the committee is to provide guidance of implementing 6.1.10. Members of the committee include representation from Minnesota Housing Finance Agency, Minnesota Interagency Council on Homelessness, Wilder Foundation, various representatives from the Minnesota Department of Education, Minnesota Department of Health, Minnesota Department of Human Services and Child Care Aware of Minnesota.

Child care resource and referral agencies.

Describe:

DHS Child Development Services coordinates with the CCR&R agencies in Minnesota via grant contracts with the goals of both implementing and continuously improving the following programs and services: Parent Aware, training, grants to child care providers to improve quality, and provision of consumer education to parents about quality care and education options.

State/Territory agency responsible for public education.

Describe:

DHS Child Care Assistance Program coordinates with 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 Child Development Services 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 advise on Early Learning Scholarship policies related to access and continuity of care for children.

State/Territory institutions for higher education, including community colleges.

Describe:

DHS Child Care Assistance Program coordinates with staff at the Higher Education Office and some higher education institutions with the goal of providing families with information about eligibility for CCAP and a Post-Secondary Grant program offered by Higher Education Office in Minnesota.

DHS Child Development Services 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 provide access to coursework through higher education institutions.

- State/Territory agency responsible for Child and Adult Care Food Program (CACFP).

Describe:

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

- State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention.

Describe:

DHS Child Development Services coordinates with staff from the Minnesota Department of Health on the development and implementation of Parent Aware program policies.

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

Describe:

- State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant.

Describe:

DHS is working in consultation with the Minnesota Department of Health to ensure that information about maternal and childhood home visiting programs will be available on the comprehensive consumer education website, and we coordinate outreach strategies to promote these programs.

- Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).

Describe:

- State/Territory agency responsible for public health.

Describe:

DHS Child Development Services coordinates with staff from the Minnesota Department of Health on the development and implementation of Parent Aware program policies.

State/Territory agency responsible for mental health.

Describe:

Children's Mental Health is located within DHS. Coordination occurs between Children's Mental Health, Child Development Services and the Child Care Assistance program with the goals of system alignment, so that providers, staff and families working with or experiencing each system have the same information and access to available information and resources. Some of this work involves staff from the Minnesota Department of Health and Minnesota Department of Education staff as well.

State/Territory agency responsible for child welfare.

Describe:

DHS Child Care Assistance program coordinates with staff at the Minnesota Department of Human Services, Child Safety and Permanency to ensure that county agencies and other staff involved in child welfare are aware of resources available under CCDF. Minnesota recently began implementing North Star for Children, a benefit program for families involved in foster care, relative care and adoptions. This program includes some benefits for child care costs, and the two divisions work together to share applicable information so that families can be referred appropriately, and child care expenses can be covered as fully as possible.

DHS Child Development Services also coordinates with the Child Safety and Permanency Division to delivery training for licensed and non-licensed providers.

State/Territory liaison for military child care programs.

Describe:

DHS works with the statewide coordinating office of the CCR&Rsystem to coordinate with military child care programs.

State/Territory agency responsible for employment services/workforce development.

Describe:

DHS Child Care Assistance program coordinates with staff at the Minnesota Department of Human Services, Economic Assistance and Employment Supports to ensure that county agencies, job counselors 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 so that policies are aligned.

- State/Territory agency responsible for Temporary Assistance for Needy Families (TANF).

Describe:

Minnesota Department of Human Services staff who establish policy and procedures for the Child Care Assistance Program work closely with policy staff who are responsible for TANF. Coordination of 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 Child Care Aware (Minnesota's resource and referral system). The goal is to ensure that families who receive TANF get information they need to apply for the Child Care Assistance Program and understand their options for selecting high-quality care.

- State/Territory community agencies serving refugee or immigrant families

Describe:

DHS Child Development Services 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&Rsystem. That contract funds provision of a toll-free hotline and translators to ensure these families can access consumer education resources.

- 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 a county or local agency.

- Worker organizations.

Describe:

DHS coordinates with labor organizations to share information and obtain feedback during phases of various policy and program development. DHS also responds to requests for information and/or attends meetings and presents information and/or listens to concerns.

- Parent groups or organizations.

Describe:

- Other.

Describe:

1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs 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, homeless children, 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 in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high 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 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 or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits

(https://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) 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 the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Effective Date: 06/01/2016

Yes, If yes, describe at a minimum:

How do you define "combine"

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

Which funds will you 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.

Goal(s) of combining funds (why?) and expected outcomes, 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.

Method of fund allocation (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 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 high-quality early childhood program. Scholarships are not counted an 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.

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. 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.

No.

1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (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 reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level - State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

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. With CCDF quality set-aside funds, DHS supports the Minnesota Tribal Resources for Early Childhood Care (MNTRECC), which 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 encourage partnerships between Tribal Child Care, other early childhood programs and the Minnesota 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 Parent Aware and increase the supply of Rated programs, Minnesota's Quality Rating and Improvement System (QRIS), several philanthropic foundations contributed over \$11 million during the previous CCDF Plan period, mostly in conjunction with or to compliment efforts by local CCR&R agencies though out Minnesota, to fund the Parent Aware evaluation work, and to support the efforts of Parent Aware for School Readiness. Local Resource and Referral agencies have used these funds for such items as trainings, 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 of the initiatives were initially specifically aimed at increasing participation in Parent Aware by licensed family child care providers, the overall effect of the efforts have been tremendous in garnering additional support and buy-in from school districts, Head Start, and generally the community at large. In fact, Jennie-O Turkey Store, head- quartered in Willmar, MN, contributed significant dollars towards these efforts. Parent Aware for School Readiness (PASR) is a business led non-profit that uses private sector strategies to promote and protect Parent Aware Ratings. To promote the Ratings, PASR funded the development and launch of parentaware.org, a tool that helps parents shop of early care and education programs. Additionally, PASR funded a marketing campaign to complement the website that includes radio ads, public outreach and neighborhood based marketing. To protect Parent Aware Ratings, PASR along with the Greater Twin Cities United Way funds the Parent Aware evaluation. In the federal fiscal year 2016-18 CCDF Plan period, DHS looks forward to continuing to coordinate with Minnesota's philanthropic community on such efforts.

An innovative initiative of First Children's Finance and the six Minnesota Initiative Foundations called **Greater Than Minnesota** is an example of a public-private partnership. The initiative addresses the challenges of rural child care and early education in Greater Minnesota. The framework of Greater Than Minnesota is that, "in rural communities, child care exists and often struggles within a regional market context. Ebbs and flows of the local economy greatly influence the sustainability of a community's child care supply, and vice versa." The Greater Than Minnesota initiative addresses challenges through a framework of regional economic development that fosters community growth through:

- Recruiting and retaining new businesses, employees, and families
- Enabling parents to be more productive and less absent at work
- Strengthening and feeding the pipeline for a skilled future workforce

Three strategies that build on and intersect with each other include:

- Community Solution Action Plans
- Business Advisory Councils
- Learning Cohorts

DHS currently supports this initiative through the Race to the Top-Early Learning Challenge grant through June 30, 2016 and intends to remain a collaborative partner beyond the end of this funding.

Effective Date: 06/01/2016

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

States may use funds to support or establish Child Care Resource and Referral (CCR&R) systems (also see section 7.4). If they do, there are specific requirements for CCR&Rs (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to offer the families support and assistance in making an informed decision about child care options in an effort to ensure families are enrolling their children in the most appropriate child care setting to suit their needs and that is of high quality as determined by the State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faith-based and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

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

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

Effective Date: 06/01/2016

- Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4.

If yes, the local or regional referral agency is required to do all of the activities listed here.

See also related follow-up questions in Section 7.1 and 7.4. Does the CCR&R system provide all services identified below:

For the federal fiscal year 2016-18 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 agencies to provide a wide array of services for parents, early childhood programs and the public as described in Minnesota Statute [statute cite] and in federal law. In addition, the CCR&R system is instrumental in implementing Minnesota's QRIS. Minnesota's CCR&R system 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. Each District is comprised of multiple Regions. District level staff provide a wide range of information for parents searching for care for their children, including information on quality, a full range of child care options, child development and financial assistance (including specifically, child care assistance), the coordination and delivery of professional development opportunities for early childhood programs and the distribution of grants for programs to improve their quality. Regions 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-Minnesota Tribal Resources for Early Childhood Care-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, as well as management of the state's online parent search tool, provider training and education scholarships and an online learning program. Additionally some CCR&R programs contract with county agencies to administer child care assistance.

- No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States must include a Statewide Child Care Disaster Plan for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may include provision of temporary child care, and temporary operating standards for child care after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

1.8.1 Describe the status of State's Statewide Child Care Disaster Plan.

Effective Date: 11/29/2016

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

If applicable, describe additional ways the State/Territory addresses the needs of children receiving CCDF before, during and after a disaster or emergency, not already incorporated into the Statewide Child Care Disaster Plan. If available, please provide a link to the disaster plan

The Minnesota Department of Human Services, in partnership with other government entities, child care providers, and parents, developed a state plan to address the needs of all children in child care before, during, and after a disaster or emergency. [The Minnesota State Child Care Emergency Plan](#) addresses the roles and responsibilities for coordination, communication, and support in the event of a disaster or emergency that prioritizes the health, safety, and well-being of children. The plan includes guidance for continuing CCDF

assistance and child care services following an emergency.

- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Unmet requirement - Identify the requirement(s) to be implemented [Guidelines for continuing CCDF assistance and child care services after a disaster \(which may include provision of temporary child care, and temporary operating standards for child care after a disaster\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12. The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

1. 1. The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
 - a) the availability of child care assistance,
 - b) the quality of child care providers (if available),
 - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
 - d) Individuals with Disabilities Education Act (IDEA) programs and services,
 - e) Research and best practices in child development, and
 - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
- 2. Information related to the health and safety of children in child care settings. The

plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:

- a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).
- b) Information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
- c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

[2.1 Information about Child Care Financial Assistance Program Availability and Application Process](#)

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care services. (658D(b)(1)(A)), 658E(c)(2)(E)(i)(1))

2.1.1 Describe how the State/Territory informs families of availability of services.

Effective Date: 06/01/2016

a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?)

[Collaboration with TANF program and employment services providers, Promise Neighborhoods and other child care funding programs \(Head Start, Early Learning Scholarships\).](#)

b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations.

[Other program areas of DHS, County and Tribal agencies, TANF offices, other government offices, child care resource and referral agencies, contractors, community-based](#)

organizations, and child care providers.

c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach)?

Print materials are available and on the web through the DHS public website, county and tribal websites and CCR&R websites.

2.1.2 How can parents apply for services? Check all that apply.

Effective Date: 06/01/2016

Electronically via online application, mobile app or email.

Provide link <https://applymn.dhs.mn.gov/online-app-web/spring/public/process-login?execution=e1s1>

In-person interview or orientation.

Describe agencies where these may occur:

County or tribal human services agency or contracted organization administering CCAP for a county or tribal nation. This is not required.

Phone

Mail

At the child care site

At a child care resource and referral agency.

Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations.

Describe:

Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time).

Describe:

Using [ApplyMN](#) families can also apply for TANF cash assistance and SNAP benefits or by using a combined application form.

Other strategies.

Describe:

2.2 Consumer Education Website

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:

- information about the availability of the full diversity of child care services that will promote informed child care choices,
- Availability of child care assistance,
- Quality of child care providers (if available),
- Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP) for which families may also qualify.
- Individuals with Disabilities Education Act (IDEA) programs and services,
- Research and best practices in child development, including social and emotional development, early childhood development, meaningful parent and family engagement, and physical health and development (particularly healthy eating and physical activity), and
- State/Territory policies regarding the social-emotional behavioral health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children, in early childhood programs receiving child care assistance (CCDF).

Effective Date: 11/29/2016

- Yes. The State/Territory certifies as of March 1, 2016 that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.7 below.
- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and

descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Minnesota now collects and disseminates the above information to parents, providers and the general public. Using standard language that was developed to share with these audiences, a new brochure was created and current materials revised that include all the required information. \[ParentAware.org\]\(#\), Minnesota's consumer friendly website, was revised to include the standard language and required information. The brochure has been printed and other state agencies, CCR&Ragencies and other non-profit and philanthropic organizations have been notified via email, mail and in-person of its availability, as well as the updates made to \[ParentAware.org\]\(#\). The brochure and website are in the process of being translated into multiple languages and will be completed by July 1, 2017.](#)

Unmet requirement - Identify the requirement(s) to be implemented [Other programs \(specifically Temporary Assistance for Needy Families \(TANF\), Head Start and Early Head Start, Low-Income Home Energy Assistance Program \(LIHEAP\), Supplemental Nutrition Assistance Program \(SNAP\), Women, Infants and Children \(WIC\) program, Child and Adult Care Food Program \(CACFP\), Medicaid and State Children's Health Insurance Program \(SCHIP\)\) for which families may also qualify,](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete

implementation of this activity

Unmet requirement - Identify the requirement(s) to be implemented [Individuals with Disabilities Education Act \(IDEA\) programs and services](#)

2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access

Effective Date: 06/01/2016

a) Describe how the State/Territory makes information about the full diversity of child care services available to 1) parents of eligible children, 2) providers and 3) the general public. The primary source of information is Minnesota's CCR&R system through grant contracts between DHS and these state and local organizations. Counties, tribes and sub-contracted agencies also use a DHS publication, "Do You Need Help Paying for Child Care", which includes information about the child care assistance program, child care resource and referral services, preschool screening, Head Start, and school-district services for families and children.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Minnesota's CCR&R system operates a toll-free hotline and websites (www.parentaware.org and www.childcareawaremn.org) for parents to search for child care and other resources and the general public to access information about child care services. Information made available includes 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, community events and on request.

c) Describe who you partner with to make information about the full diversity of child care choices available

In addition to grant contracts with the CCR&Rsystem, DHS also partners with a diverse range of organizations and requires our grantees to collaborate with other organizations. These include early childhood 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.

2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand

Effective Date: 06/01/2016

a) Describe how the State/Territory makes information about child care quality available to 1) parents of eligible children, 2) providers and 3) the general public

The primary source of information is Minnesota's CCR&Rsystem, which operates a toll -free hotline and website through grant contracts between DHS and these state and local organizations. The hotline and website highlight information about the quality of child care services.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

Parent Aware is Minnesota's Quality Rating &Improvement System (QRIS) for child care and early education programs. Information about the Ratings and the quality of programs is found on parentaware.org, through a toll-free hotline, and accompanying print materials.

Parentaware.org includes a robust search engine that allows users to search by a variety of factors, including Star Ratings for programs serving children age birth-to-five years, location, hours of operation, and language spoken. For programs not eligible for a Star Rating, such as certain school-age programs, parentaware.org will show information regarding quality measures, such as accreditation.

c) Describe who you partner with to make information about child care quality available
In addition to grant contracts with the CCR&Rsystem, DHS also contracts with a diverse range of organizations and requires our grantees to collaborate with other organizations. These include early childhood 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 Department of Education and the Department of Health to ensure that, at a state level, dissemination of information is coordinated.

DHS also anticipates that partnerships with the philanthropic community to support Parent Aware will continue through at least December, 2016. In the 2014-15 CCDF Plan period, strategies supported through these partnerships included marketing Parent Aware Ratings to the public via a media campaign (online, print, radio), supporting and incentivizing providers to improve their quality, hosting community meetings, and targeted outreach to communities.

2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs.

For example, does the State/Territory share information about these other programs through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

Effective Date: 06/01/2016

a) Temporary Assistance for Needy Families (TANF)

Eligible parents 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). Parents can also be connected through their county 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. Consumer

education information will also be added to parentaware.org for parents and providers by September 30, 2016.

b) Head Start and Early Head Start Programs

Eligible parents 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). Parents can also be connected through their county workers when applying for child care assistance and through Child Care Aware of Minnesota, Minnesota's Child Care Resource & Referral System (CCR&R, on their website mnchildcare.org). Head Start and Early Head Start Programs participating in Parent Aware, Minnesota's Quality Rating & Improvement System (QRIS) for child care and early education program, are also listed on parentaware.org.

c) Low Income Home Energy Assistance Program (LIHEAP)

Eligible parents 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). Child Care Aware of Minnesota, Minnesota's Child Care Resource & Referral System (CCR&R, on their website mnchildcare.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. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

Eligible parents receive information regarding Supplemental Nutrition Assistance Programs (SNAP), 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 county workers when applying for child care assistance or can apply for both Minnesota's child care subsidy and SNAP program through [ApplyMN](#), Minnesota's online web application. Child Care Aware of Minnesota, Minnesota's Child Care Resource & Referral System (CCR&R, on their website mnchildcare.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 SNAP. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

e) Women, Infants, and Children Program (WIC)

Eligible parents 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). Child Care Aware of Minnesota, Minnesota's Child Care Resource & Referral System (CCR&R, on their website mnchildcare.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. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

f) Child and Adult Care Food Program (CACFP)

Eligible parents 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). Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

g) Medicaid

Eligible parents receive information regarding Medicaid, through the print document (also available online in .pdf format) "[Do You Need Help Paying for Child Care?](#)" (DHS-3551). Child Care Aware of Minnesota, Minnesota's Child Care Resource & Referral System (CCR&R, on their website mnchildcare.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. Parents can also be connected through their county workers when applying for child care assistance. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

h) Children's Health Insurance Program (CHIP)

Eligible parents receive information regarding 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). Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

i) Individuals with Disabilities Education Act (IDEA)

Eligible parents receive information regarding services available through 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). 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 developmental

information for parents and providers across the state. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)

Eligible parents receive information regarding other state/federally funded child care programs, through the print document (also available online in .pdf format) "[Do You Need Help Paying for Child Care?](#)" (DHS-3551). These programs include school readiness programs and early childhood family education (ECFE). Many of these programs that participate in Parent Aware, Minnesota's Quality Rating & Improvement System (QRIS) for child care and early education program, are also listed on [parentaware.org](#).

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

Eligible parents receive information regarding other early childhood programs, through the print document (also available online in .pdf format) "[Do You Need Help Paying for Child Care?](#)" (DHS-3551). Programs include Family Home Visiting programs in Minnesota. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs.

For example, does the State/Territory provide information to providers through CCR&Routreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc?

Effective Date: 06/01/2016

a) Temporary Assistance for Needy Families (TANF)

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as Temporary Assistance for Needy Families (TANF)) (in Minnesota, offered through the Minnesota Family Investment Program (MFIP)). Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

b) Head Start and Early Head Start Programs

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as Head Start and Early Head Start Programs. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

c) Low Income Home Energy Assistance Program (LIHEAP)

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as the Low Income Home Energy Assistance Program (LIHEAP). Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps)

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as Supplemental Nutrition Assistance Programs (SNAP). Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

e) Women, Infants, and Children Program (WIC)

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as Women, Infants and Children Program (WIC). Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

f) Child and Adult Care Food Program (CACFP)

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

This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as Child and Adult Care Food Program (CACFP). Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

g) Medicaid

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as Medicaid. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

h) Children's Health Insurance Program (CHIP)

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as the Children's Health Insurance Program (CHIP). Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

i) Individuals with Disabilities Education Act (IDEA)

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as services offered through the Individuals with Disabilities Education Act (IDEA). Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

j) Other State/Federally Funded Child Care Programs (example-State Pre-K)

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as other state/federally funded child care

programs. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program)

Information is shared with providers through the print document (also available online in .pdf format) [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#). This guide is under revision (to be completed by September 30, 2016 in accordance with the implementation plan outlined in response 2.2.1) to provide information with providers to link families to available human service programs such as Family Home Visiting programs in Minnesota. Consumer education information will also be added to parentaware.org for parents and providers by September 30, 2016.

2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

Effective Date: 06/01/2016

a) Describe how the State/Territory makes information about research and best practices in child development available to 1) parents of eligible children, 2) providers and 3) the general public

Through Parent Aware and Parent Aware Star Ratings, Minnesota's Quality Rating and Improvement System (QRIS), Minnesota shares information about research and best practices in child development. Parent Aware works side-by-side with families by offering free tools and resources to help them make informed choices about high-quality care and education opportunities. Parent Aware Star Ratings allow families to easily identify child care and early education programs using research-based best practices to prepare children for kindergarten. Providers who participate in Parent Aware Star Ratings can access coaching, training and resources about research and best practices in child development. Rated programs align teaching practices with Minnesota's early learning standards, the Early

Childhood Indicators of Progress (ECIPS). Parents, providers and the general public can view provider's ratings on parentaware.org or get information through a toll free hotline.

Minnesota also makes information about research and best practices in child development available to parents, providers and the general public through web content and printed materials. 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.

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 or evaluation at no cost.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.)

- Minnesota's CCR&R system operates a toll-free hotline and websites (www.parentaware.org and www.childcareawaremn.org) for parents, providers, and the general public to access quality rating information based on best practices and research in child development through web and direct communication.
- The Minnesota Department of Human Services offers a series of brochures, Your Growing Child, with information for parents, providers and the general public with information about children's developmental stages and milestones and best practices for caring for children at each age. These are shared with providers in the [Child Care Assistance Program \(CCAP\) Provider Guide \(DHS-5260\)](#), and parents, providers and the public through eDocs and available in print form through community partners.
- The Minnesota Department of Education has developed [Early Childhood Indicators of Progress](#) for children ages 3 until Kindergarten entry.
- The Minnesota Department of Human Services and Minnesota Department of Health have developed [Early Childhood Indicators of Progress](#) for children ages birth to age 3.
- Parents can access Help Me Grow developmental information and referral services through the internet or a toll-free hotline.

c) Describe who you partner with to make information about research and best practices in child development available

[Other state agencies including Minnesota Department of Education and Minnesota](#)

Department of Health, CCR&Ragencies, other non-profit and philanthropic organizations.

2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))

Effective Date: 06/01/2016

a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to 1) parents of eligible children, 2) providers and 3) the general public. At minimum, describe **what** you provide (e.g., early childhood mental health consultation services to child care programs) and **how** (i.e., methods such as written materials, direct communication, etc.) for each group:

i. Parents

Information on social emotional development and preschool expulsion is made available to parents via organizations such as PACER Center, a nationally known parent training and information center, and the Center for Inclusive Child Care (CICC), which provides consultation, technical assistance, and support to parents. Help Me Grow is a resource for parents supported by the Minnesota Department of Education (MDE) which address issues related to social emotional development.

Child Care Aware of Minnesota, Minnesota's Child Care Resource &Referral System (CCR&R, provides parent education statewide through the Child Care Aware Coordinating Office. As part of child care referral services, the system provides families with the Parent Toolkit brochure that is specifically designed to assist parents to select 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.

Child Care Aware of Minnesota is also responsible for internet online services for parents

to search for information on child care programs. Through this service, parents are provided with "how to select" information. Additionally, child care referral specialists are available to provide in-depth phone consultation to families with concrete information on child care options.

While Minnesota has no formal state-wide policy regarding preschool expulsion in child care settings or preschool or school-age children receiving child care assistance, there are resources to support eligible children and providers who serve them. The Child Care Assistance Program (CCAP) pays provider's higher reimbursement rates for children with special needs if requested by the parent and the provider, if the provider incurs higher cost 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 receive information about the higher rates in print materials that can be sent to them or accessed on the web. The Minnesota Department of Human Services (DHS) provides referrals to additional supports and services to families and providers who request higher rates for children with special needs.

ii. Providers

The Minnesota Department of Human Services (DHS) does provide leadership in the area of social emotional development and pre-school expulsion prevention strategies via support of the Center on the Social and Emotional Foundations for Early Learning research-based Pyramid Model. DHS supports the Pyramid Model through curriculum training and coaching for child care providers. All training developed by the DHS Child Development Services, in content areas of social-emotional development and child behavior guidance embeds the practices of the Pyramid Model. These trainings target 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. DHS also contracts with the Center for Inclusive Child Care (CICC) at Concordia College to provide consultation, technical assistance, and support to child care providers in both family child care and center-based care settings.

The State of Minnesota does have 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 (Department of Human Services) Chapters 245A, 245C, 626.556,

and 9503, and Family In-home Child Day Care Laws and Rules (Department of Human Services) 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."

Effective July, 2014, Minnesota legislation now requires licensed family child care providers to 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."

Effective August 31, 2015, all licensed child care providers are required to comply with rules relating to positive support strategies, safety interventions, and emergency use of manual restraint for children with a developmental disability or related condition.

The Minnesota Department of Education (MDE) is the lead on several initiatives addressing social emotional development and managing challenging behaviors through the following models: Pyramid Model (formerly known as TACSEI); Family Guided Routine Based Intervention; Reaching Potentials through Recommended Practices.

DHS Child Development Services participates on the MDE statewide Leadership Team, which supports the work of the above models of prevention and intervention. DHS facilitates partnerships between school districts and Head Start with child care programs in implementation of the above identified models. DHS is also partnering with DHS Children's Mental Health to pilot child care mental health consultation to child care providers, based on the Louisiana consultation model.

iii. General public

Information about the social-emotional/behavioral and early childhood mental health is disseminated to the general public via organizations such as PACER Center, a nationally recognized parent information/advocacy program, the Center for Inclusive Child Care, the Minnesota Department of Education (MDE) initiative Help Me Grow and the Minnesota Association for Infant & Early Childhood Mental Health, a membership

organization which, through education and advocacy, promotes the social emotional and mental health of children and support for caregivers.

b) Describe any partners used to make information regarding social-emotional/behavioral and early childhood mental health of young children available

Minnesota Department of Education, Parent Aware for School Readiness (PASR), Center for Inclusive Child care, Help Me Grow, Minnesota Parents Know, and CCR&Ragencies.

c) Does the State have a written policy regarding preventing expulsion of:

Preschool children (from birth to five) in early childhood programs receiving child care assistance?

Yes.

If yes, If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link

No.

School-age children from programs receiving child care assistance?

Yes.

If yes, describe how the State/Territory makes information about that policy available to 1) parents, 2) providers and 3) the general public (what you provide, how you provide and any partners used) and provide a link

No.

2.2.8 Coordination with Other Partners to Increase Access to Developmental Screenings

The State/Territory must develop and describe procedures for providing information on and referring families to existing developmental screening services. (658E(c)(2)E(ii)) At a minimum, the State/Territory must establish procedures to provide information to families and child care providers on: (1) 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.); and (2) a description of how a family or child care provider receiving CCDF may utilize the resources and services to obtain

developmental screenings for children receiving CCDF who may be at risk for cognitive or other developmental delays, which may include social, emotional, physical, or linguistic delays.

Effective Date: 10/01/2016

Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.

- Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

List the Lead Agency policy citation(s) and:

Screening is included as a "core early intervention service" in Minnesota Statutes, Section 125A.27(3). 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.

a) Describe procedures, including timelines for when infants, toddlers and preschoolers should be screened

Screening is a brief, simple procedure which is used to identify potential health or developmental problems in infants and young children who may need a health assessment, diagnostic assessment or educational evaluation. Screening in early childhood supports the child's readiness for kindergarten and promotes positive child health and developmental outcomes.

For children age birth to three years old, the primary providers of developmental screening are Early and Periodic Screening, Diagnostic and Treatment (EPSDT) (called Child and Teen Checkups in Minnesota), clinic providers, and the local public health Follow Along Program which is offered by the majority of Minnesota's counties. Child and Teen Checkups (C&TC is the name for Minnesota's EPSDT Program. Child & Teen Checkup is a comprehensive child health program which is provided to children and teens, from age birth through 20 years old, who are enrolled in Medical Assistance (MA) or MinnesotaCare.

b) Describe how CCDF families or child care providers receiving CCDF may utilize the 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.

For children age three to five, Minnesota has a state-mandated Early Child Health and Developmental Screening program, through which local school districts provide developmental and other child health screenings. Additional programs which focus on high-risk families and offer them developmental screenings include family home visiting, Head Start, and Early Head Start.

In Minnesota, school districts may offer developmental screening as part of a child's eligibility determination for services provided, under Section 619 and Part C of the Individuals with Disabilities Education Act. This is an optional activity for local school districts. Early Childhood Screening is offered throughout the year by local districts.

Child Care programs participating in Parent Aware, Minnesota's Quality Rating and Improvement System (QRIS), 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.

State-developed training which is offered through Child Care Aware of Minnesota 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.

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implementation of this activity

2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))

Effective Date: 06/01/2016

a) How does the State/Territory define substantiated parental complaint

While Minnesota does not currently have a definition of "substantiated parental complaint," the state treats all reports of alleged licensing violations and maltreatment the same regardless of the source of the report. A complaint is substantiated if, based upon the information gathered during an investigation, there is a preponderance of the evidence of a licensing violation or that maltreatment occurred. The source of the complaint is confidential under state law, however, so this information is not revealed.

b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format)

The Minnesota Department of Human Services has a document retention schedule that

governs how long documents are kept: Most documents are retained for seven years after the program closes, except for programs that close due to a licensing sanction or settlement agreement whose records are maintained permanently. Most documents are kept in both written format and electronically per the retention schedule. For licensed family child care, substantiated complaints resulting in a licensing sanction (fine, conditional order or order of revocation) are retained for seven years after the program closes, except for programs that close due to a licensing sanction or settlement agreement whose records are maintained permanently. Counties and tribes are responsible for maintaining a record of substantiated parent complaints regarding legally non-licensed providers serving children on child care assistance.

c) How does the State/Territory make substantiated parental complaints available to the public on request

The Minnesota Department of Human Services makes all data classified as public available upon request following the completion of an investigation. Minnesota maintains a public record of substantiated maltreatment and licensing violations for child care centers on its web-based Licensing Information Lookup. For licensed child care centers, the following documents are posted online: a public investigative memorandum summarizing the allegation of abuse or neglect that was investigated and indicating whether DHS determined that maltreatment occurred; correction orders; licensing sanctions including fines, conditional orders and orders of revocation resulting from substantiated licensing violations; and results of regularly scheduled compliance reviews. For licensed family child care, only substantiated complaints resulting in a licensing sanction (fine, conditional order or order of revocation) are posted online. The state plans to add correction reports and maltreatment reports for family child care providers and non-licensed providers in compliance with other parts of the Reauthorization law. Not all final determinations will indicate that a parental complaint was the impetus for the final maltreatment or licensing decisions. Minnesota law requires that reporters of alleged licensing violations and suspected maltreatment are confidential, therefore a parent being a source of a complaint is not identified. Counties and tribes are responsible for making the record of substantiated parent complaints regarding legally non-licensed providers serving children on child care assistance available to the public upon request.

d) Describe how the State/Territory defines and maintains complaints from others about providers

All complaints, regardless of the source, about providers from non-parents are received, reviewed, assessed, and made public using the same guidelines and processes that are

used for parental complaints. The source of the complaint is confidential under state law, however, so this information is not revealed.

2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.

Effective Date: 06/01/2016

- Application in other languages (application document, brochures, provider notices)
- Informational materials in non-English languages
- Training and technical assistance 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

For the Child Care Assistance Program, Minnesota is a county administered, state supervised state. Counties, tribes and local agencies develop local strategies for providing outreach and access to services for families who have limited English Proficiency. Minnesota requires counties and tribes who administer public assistance programs to submit an overall Limited English Proficiency Plan, which must be approved by the state. Minnesota also operates a Language Line, which is advertised on all notices to families.

None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages

Effective Date: 06/01/2016

For the Child Care Assistance Program, Spanish, Hmong and Somali are the three standard languages translated by the state for the Child Care Assistance Program application. The CCR&R system provides statewide live phone interpretive services to providers and parents who speak Hmong, Spanish and Somali. In addition, the Minnesota Department of Human Services provides language line services in more than one hundred forty languages. CCR&R Language line staff conduct outreach activities in communities in order to enhance awareness of the availability of language line services. Informational flyers and other marketing materials 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.

The CCR&R websites <http://parentaware.org> provide a web translation in Spanish, Somali and Hmong languages for parents and providers seeking information on the availability of early childhood services.

2.2.12 Describe how the Lead Agency or partners provide outreach and services to eligible persons with disabilities

Effective Date: 06/01/2016

The Minnesota Child Care Assistance Program (CCAP) is state-supervised and county administered; outreach and coordination with local services occurs at the local level. At the state level, CCAP staff at the Minnesota Department of Human Services (DHS) work with staff at the Minnesota Department of Health, the Minnesota Department of Education, and other business areas within DHS to provide programmatic updates and coordination. CCAP works with the Center for Inclusive Child Care (CICC) to coordinate supports and outreach to providers who serve families eligible for CCAP. CCAP includes information about services for children with disabilities in written materials, which are distributed to families and providers. CCAP policy allows for payment to pay special needs rates in some cases for children with disabilities.

The DHS Child Development Services unit contracts with the Center for Inclusive Child Care (CICC) to provide consultation to parents of children with disabilities and to provide training

and coaching to providers caring for children with special needs. Additional training for providers on caring for children with disabilities is provided through contracts with the Child Care Resource and Referral (CCR&R system).

Effective August 31, 2015, all licensed child care providers are required to comply with rules relating to positive support strategies, safety interventions, and emergency use of manual restraint for children with a developmental disability or related condition.

2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing processes for licensing and monitoring child care providers, processes for conducting criminal background checks, and offenses that prevent individuals from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse.

The State/Territory must make public certain information about the results of such monitoring on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1 Describe the status of State/Territory's consumer education website.

Effective Date: 10/01/2016

- Fully implemented and meeting all Federal requirements outlined above - by March 1, 2016.

Provide the link to the website:

and describe how the consumer education website meets the requirements to:

- a) Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe

b) Include a description of health and safety requirements and licensing or regulatory requirements for child care providers. Describe

c) Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers. Describe

d) Provide information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

e) Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate. Describe

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[The Department of Human Services has implemented the following requirements:](#)

- Minnesota's consumer-friendly website, [ParentAware.org](#), is searchable, by address, program name, as well as other features including a provider's quality rating. Search results list providers and with one click, bring consumers to a provider-specific page with a link to the Department's [Licensing Information Lookup website](#), which also has:
 - Provider-specific information about health and safety, licensing or

regulatory requirements met by the provider (and any history of violations) for licensed child care centers. Currently, correction orders for licensed child care centers are posted, which provides information about the presence of licensing violations and potential risks to children.

- Provider-specific information about negative actions (i.e., revocations, fines, suspensions, temporary immediate suspensions, and conditionals) issued to licensed child care centers and licensed family child care programs.
- Minnesota's consumer-friendly website, ParentAware.org, includes information on different [types of care and education](#), health and safety requirements, licensing and/or applicable regulatory requirements, and background study requirements.
- Minnesota's consumer-friendly website, ParentAware.org, provides links to the Department's [Child Care Licensing website](#), where consumers can access additional information. The Department's [Child Care Licensing website](#), also accessible in multiple languages upon request and to persons with disabilities through multiple formats, including:
 - Descriptions of health and safety requirements for licensed child care providers; and, the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers.
 - Definitions of terms, such as exempt care and corrective action plans.
 - Frequently asked questions for families and providers
- Minnesota's consumer-friendly website, 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.
- Additionally, health and safety information is sent to families who choose legal nonlicensed providers and the providers they choose. This information is also available on the Department's eDocs document repository: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-5192A-ENG>.

Unmet requirement - Identify the requirement(s) to be implemented [Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider \(including the last date of inspection, and any history of violations\)](#).

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Design, pilot and implement electronic field monitoring tool for licensing inspection reports to standardize data format and enable posting, including posting of information for licensed family child care providers and license exempt centers, on the Department's Licensing Information Lookup website with a link to the posting of each provider's information easily accessed via their profile webpage on ParentAware.org.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 9/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services; Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop or update ParentAware.org and the Department's Licensing Look-Up web materials and information.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services; Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Coordinate data collection of this information from multiple data sources within the Department and Counties.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services;
Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

Unmet requirement - Identify the requirement(s) to be implemented Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings. Describe

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Design, pilot and implement provider reporting portal to collect information related to serious injuries sustained across different child care setting.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services;
Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop or update web and print materials and information to post information on aggregate deaths and maltreatment in child care settings.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services; Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Coordinate data collection of this information from multiple data sources within the Department and Counties.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services; Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train license-exempt centers, legal nonlicensed providers, counties, and partners on reporting requirements surrounding deaths, serious injuries, and maltreatment.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services; Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop or update web and print materials and information to post information on serious injuries in child care settings.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services; Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

Unmet requirement - Identify the requirement(s) to be implemented The website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request and to persons with disabilities through multiple formats, differentiating between violations based on risk to children, and easy to locate and navigate.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Develop or update web materials and information in plain language for the results of monitoring and/or inspection results.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services; Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Work with web content specialist to redesign content, provide plain language descriptions of monitoring and/or inspection results.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with to complete implementation of this activity

Minnesota Governor's Office; state agencies including MN.IT Services; Minnesota Legislature; CCR&R agencies; child care providers and their organizations; and Counties.

3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements - and the opportunity for children to form trusting relationships with teachers - are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have 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 job search of not less than three (3) months, and to describe policies for graduated phase-out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

3.1 Eligible Children and Families

In order to be eligible for services, children must (1) be under the age of 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 such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

3.1.1 Eligibility Criteria Based upon Child's Age

Effective Date: 06/01/2016

a) The CCDF program serves children from 0 (weeks/months/years) to 12 years (through age 12).

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). Provide the Lead Agency definition of physical 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.



No

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))



Yes and the upper age is (may not equal or exceed age 19)



No.

3.1.2 How does the Lead Agency define the following eligibility terms?

Effective Date: 06/01/2016

a) 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.

b) 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.

3.1.3 Eligibility Criteria Based on Reason for Care

Effective Date: 06/01/2016

a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).

* 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 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.

*** attending job training**

For non-TANF participants, "attending job training" is included as an activity under "attending 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, Minnesota defines a person as "attending 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.

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

*** attending education**

For non-TANF participants, Minnesota defines a person as "attending education" if he or she is in an approved educational program in accordance with the standards established in a county's child care assistance fund plan and is making satisfactory progress as determined by the education program. 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 a person as "attending education" if he or she is participating in 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.

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

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)?

Yes.

No.

If no, describe additional requirements

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

Yes. If yes, how does the Lead Agency define "protective services" for the purposes of eligibility? Provide a brief description below.

1) Definition of protective services -

2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))

Yes.

No.

Note - If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities for CCDF purposes these children are considered to be in protective services and should be included in the protective services definition above.

No.

3.1.4 Eligibility Criteria Based on Family Income

Effective Date: 10/09/2017

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

* Definition of income -

Minnesota Statutes 2015 Chapter 119B Child Care Programs Minnesota Statutes 119B.011 Definitions Subd. 15. Income. "Income" means 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.

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. **Complete** columns (a) and

(b) based upon maximum eligibility initial entry into the CCDF program. Complete Columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI.

Note - If the income eligibility limits are not statewide, check here

Describe how many jurisdictions set their own income eligibility limits

Fill in the chart based on the most populous area of the state.

Family Size	(a) 100% of State Median Income (SMI) (\$/month)	(b) 85% of State Median Income (SMI) (\$/month) [Multiply (a) by 0.85]	(c) (IF APPLICABLE) \$/month Maximum "Entry" Income Level if lower than 85% Current SMI	(d) (IF APPLICABLE) % of SMI [Divide (c) by (a), multiply by 100] Income Level if lower than 85% Current SMI	(e) (IF APPLICABLE) \$/month Maximum "Exit" Income Level if lower than 85% Current SMI	(f) (IF APPLICABLE) % of SMI [Divide (e) by (a), multiply by 100] Income Level if lower than 85% Current SMI
1						
2	5449	4631	2561	47	3651	67
3	6731	5721	3163	47	4510	67
4	8012	6811	3766	47	5369	67
5	9295	7901	4369	47	6227	67

Reminder - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal [poverty guidelines](http://aspe.hhs.gov/poverty/index.cfm) are available at <http://aspe.hhs.gov/poverty/index.cfm>.

c) SMI Source and year [SMI Year 2018 published by the U.S. Department of Health and Human Services, Low Income Home Energy Assistance](https://www.acf.hhs.gov/sites/default/files/ocs/im_17_03_liheap_smi_fy18.pdf), available at https://www.acf.hhs.gov/sites/default/files/ocs/im_17_03_liheap_smi_fy18.pdf.

d) These eligibility limits in column (c) became or will become effective on: [October 9, 2017](#).

e) Provide the link to the income eligibility limits
<https://edocs.dhs.state.mn.us/lfsver/Public/DHS-6413F-ENG>

3.1.5 Graduated Phase-Out of Assistance

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income.

Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv))

This might be achieved through policies such as establishing a second income eligibility threshold at redetermination (e.g., establishing a different eligibility threshold for families first applying for assistance and those already receiving assistance, sometimes called an "exit threshold") or by granting a sustained period of continued assistance to the family before termination.

Effective Date: 10/01/2016

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out

- Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Unmet requirement - Identify the requirement(s) to be implemented [A graduated phase-out of assistance for families whose income has increased at the time of re-determination, but remains below the federal threshold of 85% of State median income.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note - this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example, averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Effective Date: 10/01/2016

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement

Minnesota Statutes 119B.09 Financial Eligibility Subd. 4. Eligibility; annual income; calculation. 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 most accurate assessment of income available to the family accounts for income changes which are not expected to continue in the future.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information.

Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

Effective Date: 06/01/2016

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 assistance.

Documentation is required at application.

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.

Child's information for determining eligibility (e.g., identity, age, etc.).

Describe:

The applicant must provide valid documentation of the child's name, age, and citizenship status (if applicable). Documentation is required at application.

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.

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 (MFIP)/Diversionary Work Program (DWP)-approved employment plan may be verified from the MFIP employment service counselor. Documentation is required at application and redetermination.

Family Income.

Describe:

The applicant must provide documentation of income, such as pay stubs or an employer statement. If the applicant is unable to obtain these documents, they may sign an authorization-to-release form and the county agency may contact the employer to request the documentation. 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, as well as whenever a new family member enters the household.

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 the time of both application and redetermination.

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.

Reminder - Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start - Child Care Partnerships, or public educational standards which may include pre-k settings (<http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01>).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

Effective Date: 06/01/2016

Time limit for making eligibility determinations.

Describe length of time :

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. With the consent of the applicant, the application process response time may be extended by 15 calendar days.

Track and monitor the eligibility determination process

Other.

Describe:

None

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

Per CCDF regulations, 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 under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization. Lead Agencies must coordinate with TANF programs to ensure, pursuant 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 TANF agency in accordance with section 407(e)(2) of the Social Security Act.

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

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

Effective Date: 06/01/2016

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency [The Minnesota Department of Human Services 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 set each year.

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

In writing

Verbally

Other.

Describe:

List the citation to this TANF policy.

List:

[Combined Manual 0005.12.12.06 Orientation to Financial Services.](#)

3.1.10 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient

Effective Date: 06/01/2016

Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

3.2 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher

payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

3.2.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:

Effective Date: 06/01/2016

a. Provide definition of "Children with special needs": Children with special needs is defined as those who require significant adaptation of the typical child care program and/or staff ratios due to the child's developmental needs, and/or the need to provide support and education to the caretaker as determined by county Social Services staff. This includes children with significant environmental and/or health factors that, in the absence of support, create barriers to the child's optimal achievement.

and describe how services are prioritized:

Services are prioritized by allowing a higher rate to be paid for children with special needs.

Environmental factors may include poverty and children whose parents, due to a condition, disability or age, may require support to fulfill the parent's responsibilities. Examples of such situations include mental illness, developmental disabilities, hearing impairment, a history of abuse or neglect, children determined to be at risk of abuse or neglect, chemical dependency, intra-familial violence, homelessness, or children of a minor parent. In addition, children affected by a federal or state disaster may be considered under this definition.

Special Needs Rates are established on an as-needed basis, 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. 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. 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.

b. Provide definition of "Families with very low incomes": Families with household income less than or equal to 47% of the SMI guidelines, adjusted for family size, at program entry and equal to or greater than 67% of the SMI, adjusted for family size, at program exit.

and describe how services are prioritized:

Copayments are waived for families with income less than 75% of FPG. Child care subsidies are guaranteed to TANF families and families transitioning off TANF. Child care subsidies for other low-income families are provided based on availability of funding.

c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) 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 General Education Development (GED) certificate are prioritized and served without being subject to a waiting list.

3.2.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in

which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)l)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Effective Date: 10/01/2016

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe the following:
- a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements
 - b. Procedures to conduct outreach to homeless families to improve access to child care services
 - c. Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Allow Homeless Children to Receive CCDF Assistance: Homeless children are allowed to receive CCDF assistance in Minnesota.

Procedures to provide a grace period to comply with immunization and other health and safety requirements to expedite enrollment for children who are in foster care if served by the Lead Agency to improve access to child care services: License exempt and legally nonlicensed providers have 90 days to collect immunization information from children. This effectively provides a grace period to homeless children enrolled with these providers.

Providing training and technical assistance to providers on homeless children and families has been fully implemented. An Advisory Committee provided guidance in the creation of a series based training for child care providers who serve homeless children. They also provided feedback on identified strategies to provide technical assistance to Child Care providers.

For all other requirements, work has begun on the implementation plan developed.

Unmet requirement - Identify the requirement(s) to be implemented A grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Implement training for CCAP agency staff related to changes to state law.

Projected start date for each activity: 05/22/2018

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Minnesota Governor's Office, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop a legislative package, which gives authority to implement federal requirements and/or appropriates funding to the Department to implement requirements.

Projected start date for each activity: 02/01/2015

Projected end date for each activity: 05/21/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Minnesota Governor's office, other state agencies including Minnesota Management & Budget, Minnesota Legislature, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise and publish Department policies, manuals, forms, and processes for CCAP agencies and families which reflect the changes to state law.

Projected start date for each activity: [05/22/2018](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop training for CCAP agency staff related to proposed changes to state law](#)

Projected start date for each activity: [05/22/2018](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office, other state agencies including Minnesota Management & Budget, Minnesota Legislature, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Update or develop Department policies, manuals, forms, and processes for CCA agency staff and families which reflect the proposed changes to state law.](#)

Projected start date for each activity: [05/22/2018](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office, other state agencies including Minnesota Management & Budget, Minnesota Legislature, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop changes to MEC² \(Minnesota's CCAP eligibility, authorization and billing system\) required to implement proposed changes to state law.](#)

Projected start date for each activity: [08/01/2017](#)

Projected end date for each activity: [05/21/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Minnesota Governor's Office, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Implement changes to MEC², Minnesota's statewide eligibility, authorization, and payment system, required to implement changes to state law.](#)

Projected start date for each activity: [05/22/2018](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Minnesota Governor's Office, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.

3.3 Protection for Working Parents

3.3.1 Twelve Month Eligibility

The CCDBG Act of 2014 establishes a 12-month eligibility period for CCDF families. States are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for not less than 12 months before the State redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) &(ii))

Note that this change means a State 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% SMI.

In addition, this change means the State may not terminate assistance prior to the end of the 12 month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. For example, if a working parent is temporarily absent from employment due to extended medical leave, changes in seasonal work schedule, or a parent enrolled in training or educational program is temporarily not attending class between semesters, the state should not terminate assistance.

Describe the status of the State's establishment of a 12-month eligibility re-determination period for CCDF families.

Effective Date: 10/01/2016

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

List the Lead Agency's policy citation(s) and describe circumstances considered temporary changes in work, education or training that are not subject to termination

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2018](#)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Minnesota has made substantial progress towards meeting this requirement.](#)

[Legislative changes passed in the 2017 legislative session implement a 12 month eligibility period as of October 23, 2017. On this date families will move from a 6 month to a 12 month redetermination timeline.](#)

[During their 12 month eligibility period, families:](#)

- Can continue to receive child care assistance if their income exceeds the state exit level (67% SMI) as long as it doesn't exceed 85% of SMI.
- Will not experience an increase in copayment amount except as permitted at redetermination.
- Will not need to verify most changes to maintain continued eligibility.

[Additional legislative changes passed effective December 18, 2017 will maintain consistent child care arrangements by ensuring that families:](#)

- Can continue to be eligible for child care assistance for up to 3 months after a permanent end to work or school activity.
- Can continue to receive child care assistance while experiencing temporary changes or breaks in work or school activities.
- Will only be required to report minimal changes to ensure that family income remains below 85% of SMI and to allow for program implementation.
- Can continue to receive child care assistance when transitioning between most Minnesota sub-programs.

[There are some less frequent situations in which families may lose eligibility during their 12-month eligibility despite not having changes in their income or activity status.](#)

Minnesota plans to reintroduce parts of the 2017 legislative package that did not pass in 2018 to come into full compliance with this federal requirement.

Unmet requirement - Identify the requirement(s) to be implemented [A minimum 12-month eligibility and redetermination period for CCDF families.](#)

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop a 2018 legislative package, which gives authority to implement remaining federal requirements and/or appropriates funding to the Department to implement requirements.](#)

Projected start date for each activity: [08/01/2017](#)

Projected end date for each activity: [02/19/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Minnesota Governor's Office, other state agencies including Minnesota Management & Budget, Minnesota Legislature, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.](#)

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Implement changes to MEC² \(Minnesota's statewide eligibility, authorization, and payment system\) required to implement changes to state law in 2017.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [12/18/2017](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Minnesota Governor's Office, counties and tribes, families, family advocates,](#)

providers, provider advocates, Minnesota Association of County Social Service Administrators.

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Implement training for CCAP agency staff related to changes in state law in 2017 session.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 12/18/2017

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Minnesota Governor's Office, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise and publish Department policies, manuals, forms, and processes for providers, CCAP agencies and families which reflect the changes to state law in 2017 session.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 12/18/2017

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Minnesota Governor's Office, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update or develop Department policies, manuals, forms, and processes for providers, CCAP agencies and families which reflect the proposed changes to state law in 2018 session.

Projected start date for each activity: 02/01/2016

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop training for CCAP agency staff related to proposed changes to state law in 2018.

Projected start date for each activity: 02/20/2018

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Minnesota Governor's Office, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop changes to MEC² (Minnesota's CCAP eligibility, authorization and

payment system) required to implement proposed changes to state law in 2018.

Projected start date for each activity: 02/20/2018

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Minnesota Governor's Office, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.

Tasks/Activities -What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Following the 2018 legislative session, determine if changes passed by the 2018 Legislature will impact work on Department policies, forms, manuals and training.

Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/22/2018

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Minnesota Governor's Office, counties and tribes, families, family advocates, providers, provider advocates, Minnesota Association of County Social Service Administrators.

3.3.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option - but does not require them - to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of

continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period - the State/Territory may not exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?
Effective Date: 06/01/2016

- Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY.
List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs
[Minnesota is developing this policy. This will require legislative changes. The tasks/activities, timelines, responsible agency, and partners detailed in 3.3.1 also apply to this policy.](#)
- No, the State/Territory does not allow this option.

3.3.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing re-determination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services,

particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Effective Date: 10/01/2016

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

Fully implemented and meeting all Federal requirements outlined above by March 1, 2016.

List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

2014 Minnesota Statutes 119B. 119B.02 Duties of Commissioner Subd. 4; 119B.03 Basic Sliding Fee Program Subd. 10. 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 office. The same methods to submit a completed redetermination form are available with the exception of an online redetermination form. Verifications can also be submitted at a county office, by regular mail, email and fax.

Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

3.4 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on income and the size of the family to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments. The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.4.1 Provide the CCDF copayments in the chart below according to family size.

Effective Date: 10/09/2017

Note - If the sliding fee scale is not statewide, check here and describe how many jurisdictions set their own sliding fee scale

Fill in the chart based on the most populous area of the State.

Family Size	(a) Lowest "Entry" Income Level Where Copayment First Applied	(b) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(c) What is the percent of income for (b)?	(d) Maximum Highest "Entry" Income Level Before No Longer Eligible	(e) What is the monthly copayment for a family of this size upon initial entry into CCDF?	(f) What is the percent of income for (e)?
1						
2	1015	5	.5	2560	131	5.1
3	1276	5	.4	3163	162	5.1
4	1538	5	.3	3766	192	5.1
5	1799	5	.3	4369	223	5.1

a) What is the effective date of the sliding fee scale(s)? [October 9, 2017](#).

b) Provide the link to the sliding fee scale <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6413F-ENG>

**3.4.2 How will the family's contribution be calculated and to whom will it be applied?
Check all that the Lead Agency has chosen to use.**

Effective Date: 10/09/2017

- Fee as dollar amount and
 - Fee is per child with the same fee for each child
 - Fee is per child and discounted fee for two or more children
 - Fee is per child up to a maximum per family
 - No additional fee charged after certain number of children
 - Fee is per family
- Fee as percent of income and
 - Fee is per child with the same percentage applied for each child
 - Fee is per child and discounted percentage applied for two or more children
 - Fee is per child up to a maximum per family
 - No additional percentage applied charged after certain number of children

- Fee is per family
- Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- Other.

Describe:

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 also receiving an Early Learning Scholarship) shall not affect the family's eligibility for child care assistance, and the amount paid shall be excluded from the family's income. Child 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 67 percent exit income range. Copayments are set at application and redetermination and do not increase during a family's 12 month eligibility period.

During the 12 month eligibility period, income must be at or below 85 percent of SMI. At redetermination, families lose eligibility above 67 percent of SMI. If at or under 67 percent of SMI, their copayment is recalculated and reset for the next 12 month eligibility period.

3.4.3 Will the Lead Agency use other factors in addition to income and family size to determine each family's copayment? (658E(c)(3)(B))

Effective Date: 06/01/2016

Yes, and describe those additional factors using the checkboxes below.

Number of hours the child is in care

Lower copayments for higher quality of care as defined by the State/Territory

Other.

Describe other factors.

No.

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.

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

Effective Date: 10/09/2017

Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size.

The poverty level used by the Lead Agency for a family size of 3 is \$ 20,420

No, the Lead Agency does not waive family contributions/co-payments

3.4.5 How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable?

Check all that apply:

Effective Date: 06/01/2016

Limits the maximum co-payment per family.

Describe:

- Limits combined amount of copayment for all children to a percentage of family income. List the percentage of the copayment limit.

Describe:

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 32 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 seven levels allow for a continued gradual increase 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.

- Minimizes 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 3.1.5.

Describe:

- Does not allow providers to charge families the difference between the maximum payment rate (addressed in section 4) and their private pay rate in addition to the copayment they are paying.

Describe:

- Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged to the families by the provider.

Describe:

- Other.

Describe:

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

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: 1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

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 enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

4.1.1 Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

Effective Date: 06/01/2016

Minnesota 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.

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

Effective Date: 06/01/2016

- Certificate form provides information about the choice of providers, including high quality providers
- Certificate is not linked to a specific provider so parents can choose provider of choice
- 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 application
- Community outreach, workshops or other in-person activities
- Other.

Describe

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

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 in order to be paid in the certificate program.

Effective Date: 06/01/2016

Yes. If yes, **describe**

the type(s) of child care services available through grants or contracts

the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.)

the process for accessing grants or contracts

the range of providers available through grants or contracts

how rates for contracted slots are set for grants and contracts

how the State/Territory determines which entities to contract with for increasing supply and/or improving quality

if contracts are offered statewide and/or locally:

No. If no, skip to 4.1.4.

b) Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):

Increase the supply of specific types of care with grants or contracts

for:

- 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 homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
- Other.

Describe:

Improve the quality of child care programs with grants or contracts for:

- Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
- Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
- Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
- Programs to serve children with disabilities or special needs
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas

- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
- Other.

Describe:

4.1.4 The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds.

(658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access

Effective Date: 06/01/2016

Describe the policies and procedures for unlimited access

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

Effective Date: 06/01/2016

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 number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act

Describe:

Restricted based on provider meeting a minimum age requirement

Describe:

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

Restricted based on hours of care (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 Child Care Aware agency to search for options for care.

Restricted to care by relatives

Describe:

Restricted to care for children with special needs or 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 home or center.

Restricted to in-home providers that meet some basic health and safety requirements

Describe:

Providers must pass background studies, and take First Aid and CPR prior to approval.

Other

Describe:

All providers must pass background studies and take First Aid and CPR prior to authorization for the Child Care Assistance Program. In addition, an in-home provider must meet training requirements that include ten health and safety topics and comply with annual monitoring inspections.

No.

4.2 Assessing Market Rates and Child Care Costs

The new law revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval. (see <http://www.acf.hhs.gov/programs/occ/resource/ccdf-reauthorization-faq>).

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the MRS or alternative methodology, including by posting the results on the Internet.

The State must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the State must take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1 Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both between July 1, 2013 and March 1, 2016?

Effective Date: 06/01/2016

MRS

Alternative Methodology.

Describe:

Both.

Describe:

Other.

Describe:

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities which could include worker organizations prior to developing and conducting the MRS or alternative methodology.

Effective Date: 06/01/2016

Describe:

The CCR&R system was consulted in the development of the questions of interest and methods of data collection for the MRS conducted from October 2013-May 2014. DHS contracts with CCR&R agencies to conduct the phone and mail portion of the MRS and provide ongoing feedback during the survey process. 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 Early Learning Council or similar body will be consulted during the development phase of the 2016 market rate survey.

4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable.

To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, 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 models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory.

Effective Date: 06/01/2016

Describe:

Minnesota conducts the MRS biennially in accordance with state statute and federal regulations. The survey population includes all licensed child care providers. Minnesota's CCR&R 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 was updated quarterly at the time of the most recent MRS and is now updated daily.

To encourage provider responses by building upon local relationships, the phone and mail implementation of the MRS is administered by local CCR&R agencies. In addition the State utilizes a web survey with 24 hour access, to allow for online responses and accommodate child care provider's business schedules.

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

Providers are 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 are grouped into county price clusters based on the price data collected. Price data in these county groups are 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.

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

Effective Date: 06/01/2016

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

The MRS methodology includes survey of the entire licensed child care provider population. Response rates are assessed for each county and provider type.

b) Type of provider:

The MRS methodology includes separate data collection and analysis 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) allows for differences in pricing practices across provider types.

c) Age of child:

The MRS methodology includes collection and analysis 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, such as quality level

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

4.2.5 Describe the process used by the State to make the results of the market rate survey widely available to the public.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016)

09/31/2014

b) Date report containing results were made widely available, no less than 30 days after the completion of the report 05/15/2015

c) How the report containing results was made widely available and provide the link where the report is posted if available

[Market Rate Survey \(MRS\)](#) results are posted on Minnesota Department of Human Services Public Website: [Child Care Research](#). Results were shared with colleagues at the Department of Education and the Child Care Resources and Referral statewide Coordinating Office shared these results through their email newsletter and website. It is the department's intent that future MRS results will be posted within 30 days of the final results becoming available to the State. Meeting the 30 day deadline for posting is dependent on staff resources outside the control of the division responsible for the MRS.

4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS or alternative methodology) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children).

Note - If the payment rates are not set by the State/Territory, check here

Describe how many jurisdictions set their own payment rates

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.

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

Rate \$ 268 per weekly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 25.5

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

Rate \$ 162.99 per weekly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 39.0

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

Rate \$ 225 per weekly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 26.9

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

Rate \$ 156.17 per weekly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 42.3

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., hourly, daily, weekly, monthly, etc.)
Percentile: 23.7

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., hourly, daily, weekly, monthly, etc.)
Percentile: 31.9

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

Rate \$ 186.14 per weekly unit of time (e.g., hourly, daily, weekly, monthly, etc.)
Percentile: 35.5

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., hourly, daily, weekly, monthly, etc.)
Percentile: 46.5

i) Describe the calculation/definition of full-time care:

Full-time care is defined as the weekly maximum rate.

j) Provide the effective date of the payment rates : [February 3, 2014](#).

k) Provide the link to the payment rates : <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6441B-ENG>

4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care.

In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

Effective Date: 06/01/2016

Tiered rate/rate add-on for non-traditional hours.

Describe:

Tiered rate/rate add-on 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.

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.

- Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on).

Describe:

- Tiered rate/rate add-on for programs meeting 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 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.

- Tiered rate/rate add-on for programs serving homeless children.

Describe:

Other tiered rate/rate add-on beyond the base rate.

Describe:

None.

4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology

Effective Date: 05/30/2017

Describe:

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 surveys conducted and analyzed in 2012 and 2014. The market rate survey results are used to inform development of the department's legislative proposals. The market rate survey results are also posted on the Minnesota Department of Human Services public website: [Child Care Research](#). The results are shared with

- colleagues at the Department of Education,
- the CCR&R statewide Coordinating Office who shared these results through their email newsletter and website, and
- legislators to inform setting of the maximum rates.

The department uses the price data gathered in each market rate survey to measure one type of access of our 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:

- legislators to inform setting of the maximum rates,
- local advocacy groups, and
- others upon request.

The department includes the percent of provider prices that are fully covered in our 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 Minnesota Department of Human Services public website: [Child Care Research](#). Once published, the Family Profile is shared with our partners in the local government and advocacy communities. It is also shared throughout the year upon request to other individuals.

4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014.

For example, providing tiered payment with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary.

Effective Date: 06/01/2016

Describe:

As of March 3, 2014 providers holding accreditations, credentials identified in MN Statute 119B. 13 subdivision 3b and Rated Three-Stars by Parent Aware Minnesota's QRIS are eligible for maximum rates set 15 percent higher than standard maximum rates. Providers Rated Three-Stars through Parent Aware are eligible for maximum rates set at a 20 percent

differential. Providers eligible for the quality differential maximum rates are paid at a lower rate if they charge private-pay families a rate lower than the differential maximum.

Payments are 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 5 years, but not yet in kindergarten and when the applicant's authorized hours are 30 or more.

High quality providers are participating in the State's subsidy system and families are able to access high quality care. As of December 31, 2014 there were 689 licensed providers with high-quality Parent Aware Ratings. From January to March 2015, 55 percent (380) of those providers served children through the subsidy program. For that same time period, one-third (33%) of all children served in the subsidy program were cared for by providers meeting quality standards through Parent Aware, accreditation or holding certain educational credentials (licensed family only).

4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

4.4.1 What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access - such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.

Effective Date: 06/01/2016

Payment rates are set at the 75th percentile or higher of the most recent survey.

Describe:

- Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted needs.
- Rates based on data on the cost to the provider of providing care meeting certain standards
Describe:
- Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile.
Describe:

- Data on the proportion of children receiving subsidy being served by high-quality providers.
Describe:

From January through March, 2015, one-third (33 percent) of all children served in the Child Care Assistance Program (CCAP) were cared for by providers meeting high-quality child care standards. Those high-quality providers were eligible for a higher payment through CCAP. The high-quality providers received a Three- or Four-Star Rating from Parent Aware (Minnesota's Quality Rating and Improvement System (QRIS)), held accreditations, and/or held certain educational credentials (licensed family child care only).

- Data on where children are being served showing access to the full range of providers. .
Describe:

The range of provider types chosen by families using a child care assistance subsidy mirrors the range of provider types available in the private market.

Of the 49,770 children served by the child care assistance program, 60 percent are in care with a licensed center, 26 percent with a licensed family child care, eight percent with a license exempt center and five percent in legal-nonlicensed family child care. The figures are based on the last provider payment made between July 1, 2013 and June 30, 2014.

When considering both center-based and family child care providers, 86 percent of families using a child care assistance subsidy select licensed providers. In the Minnesota child care market, 44 percent of families using child care report choosing licensed care as their primary arrangement ([Child Care Use in Minnesota: Report of the 2009 Statewide Household Child Care Survey](#)).

- Data on how rates set below the 75th percentile allow CCDF families access to the same quality of care as families not receiving CCDF.

Describe:

- Feedback from parents, including parent survey or parent complaints.

Describe:

- Other.

Describe:

The Minnesota Department of Human Services assesses the difference between maximum rates and child care 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 near ten percent, on average specifically the difference between the two amounts are:

- Hourly \$0.59 (12.40 percent);
- Daily \$4.13 (11.02 percent) and;
- Weekly \$15.99 (9.75 percent).

Method of determining uncovered amounts: all prices reported on the 2014 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.

4.4.2 Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

Effective Date: 10/01/2016

Does the State/Territory certify that payment rates are sufficient to ensure equal access either based on the current MRS or alternative methodology?

- Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access by March 1, 2016.

Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access

Families using subsidy can access a full range of providers including licensed child providers

and providers meeting quality standards. Access means that prices are fully covered or that the portion of child care provider prices that are not covered by maximum subsidy rates are modest enough to be covered by families, providers or third parties.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Response changed to yes. Unable to change drop down on "Overall Status."

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5 Payment Practices and Timeliness of Payments

The CCDBG Act of 2014 added a provision that requires States and Territories to describe in the Plan how the State/Territory's payment practices for CCDF child care providers reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory - so as to provide stability of funding and encourage more child care providers to participate in the subsidy program. To the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking

provider payments from a child's occasional absences due to holidays or unforeseen circumstances such as illness. (658E(c)(2)(S))

4.5.1 Describe the status of State/Territory's payment practices for CCDF child care providers that reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory

Effective Date: 10/01/2016

- Fully implemented and meeting all Federal requirements outlined above by March 1, 2016. Describe using 4.5.2 through 4.5.3 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

4.5.2 Describe how the payment practices to child care providers who serve CCDF-assisted children reflect generally accepted payment practices of other child care providers in the State/Territory to ensure stability of funding to encourage more child care providers to serve children who receive CCDF assistance. Check all that apply and describe.

The Lead Agency

Effective Date: 06/01/2016

- Pays prospectively prior to the delivery of services.

Describe:

- Pays within no more than 21 days of billing for services.

Describe:

As of January 2, 2017 (pending current legislation). This would require agencies to issue payment within 21 days of timely billing for services.

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance.

Describe including the State/Territory's definition of occasional absences

Program pays for a child's scheduled and authorized hours of attendance including 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 CCAP administering agency for the case.

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe

Specify percent and describe

- Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child is absent for a certain number of days in a month.

Specify the number of absence days allowed and paid for and describe

- Pays on a full-time or part-time basis (rather than smaller increments such as hourly)

Describe:

A weekly rate is paid when more than 35 hours of care are provided per week. A daily rate is paid when more than five hours of care are provided per day.

- Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.)

Describe:

Program pays up to two registration fees, per child, annually.

- Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment

Describe:

Providers receive a 15-day notice of any changes to a family's eligibility that may negatively impact payment.

- Has a timely appeal and resolution process for payment inaccuracies and disputes.

Describe:

Providers have a right to a fair hearing to dispute the assessment of an overpayment. For other inaccuracies and disputes, providers are directed to first contact the family's county and tribal agency administering child care assistance. If the family's county or tribal agency is not able to resolve the issue, either the provider or agency can involve the Minnesota Department of Human Services child care assistance program technical liaisons for resolution assistance.

- Other.

Describe:

- For those options not checked above, explain why these options are not generally accepted payment practices in your State/Territory.

4.5.3 Check and describe the strategies the State/Territory will use to ensure the timeliness of payments.

Effective Date: 06/01/2016

- Policy on length of time for making payments.

Describe length of time:

Payments must be made within 30 days of submitting billing forms if forms are submitted timely. Pending legislation will change to 21 days of submitting billing forms if forms are submitted timely.

- Track and monitor the payment process

Describe:

Payments can be tracked through state-wide eligibility and payment system.

- Use of electronic tools (e.g., automated billing, direct deposit, etc.)

Describe:

Providers can submit billing forms electronically at the option of the county or tribal agency. Providers can receive payments through warrants or electronic funds transfer.

- Other.

Describe:

4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?

Effective Date: 06/01/2016

- Yes.

Describe data sources

DHS currently determines most critical supply needs using three strategies:

1. Regular review of parent search results for <http://parentaware.org>, the online search tool Minnesota parents use to find child care and other early education options, including those with Parent Aware Star Ratings.
2. On-going analysis of the supply of Parent Aware-Rated programs by Star

Rating level and geographic area.

3. Consultation with stakeholders and contractors, including the Child Care Aware system that helps parents find child care.

No.

If no, how does the State/Territory determine most critical supply needs?

4.6.2 Describe what method(s) is used to increase supply and improve quality for:

Effective Date: 06/01/2016

a) Infants and toddlers (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

Other methods used 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. Specifically, the Program for Infant Toddler Care (PITC), and a new Minnesota Infant Toddler Credential. This credential will partially meet the training requirements for Minnesota's Quality Rating and Improvement System Parent Aware and for the National CDA as well as fully meet the training requirements for a Minnesota Infant Mental Health Endorsement at Level 1.

In addition, planning is underway for activities to be supported with the CCDF Infant/Toddler quality set-aside beginning federal fiscal year 2017. This may increase the supply and improve the quality of care for infants and toddlers. See sub-section 7.3.1 of

[this CCDF Plan for more information.](#)

b) Children with disabilities (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)
- Other.

Describe

The Child Care Assistance Program (CCAP) pays higher rates for children with documented special needs if the provider offers specialized services. CCAP also allows counties to select "at-risk" populations, within the state definition of at-risk, and at their option, approve programs that may receive payment at rates that are higher than standard or tiered reimbursement rates.

DHS Child Development Services continues a grant contract with the Center for Inclusive Child Care (CICC) to provide consultation to child care programs serving children with special needs as well as consultation to parents of children with special needs. In addition, CICC has developed over 50 training courses on content related to children with developmental disabilities, challenging behavior and other special needs. CICC partners with school districts and Head Start programs to help ensure continuity of intervention strategies for those children receiving early care and education services in multiple sites. CICC also provides ongoing consultation to early care and education providers who have completed a 20-hour training in the social-emotional pyramid model (CSEFEL).

c) Children who receive care during non-traditional hours (check all that apply)

- Grants and contracts (as discussed in 4.1.3)
- Family child care networks
- Start-up funding
- Technical assistance support
- Recruitment of providers
- Tiered payment rates (as discussed in 4.4.1)

Other.

Describe

d) Homeless children (check all that apply)

Grants and contracts (as discussed in 4.1.3)

Family child care networks

Start-up funding

Technical assistance support

Recruitment of providers

Tiered payment rates (as discussed in 4.4.1)

Other.

Describe

4.6.3 The CCDBG Act of 2014 requires States to describe the procedures and process it uses, in terms of the investments made to increase access to programs providing high quality child care and development services, to give priority for those investments to children in families in areas that have significant concentrations of poverty and unemployment and that do not have such high-quality programs. (658E(c)(2)(Q))

Effective Date: 10/01/2016

Describe the status of State/Territory's process and procedures to give priority for investments to children and families from areas with high concentrations of poverty and unemployment that do not have high-quality programs.

Fully implemented and meeting all Federal requirements outlined above.

Describe

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 Department of Education.

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 at-risk 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 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. Additionally, low-income families or families experiencing homelessness, are income eligible, and have a child under five years old who attends a Three- or Four-Star Rated program, are eligible for Early Learning Scholarships.

A portion of the funding for Minnesota's CCR&R system is based on a formula to appropriately address the services to be provided and the diversity of the communities and geography in Minnesota. The percent of children birth to five years old living in poverty is one factor considered.

Programs can participate in Building Quality, a pathway to a Parent Aware Rating that is designed to provide intensive supports to qualifying providers. To qualify, a certain number of children enrolled in a program must be considered high-needs, defined by the federal Government. This definition includes children from birth to kindergarten entry who are from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays, who are English Language learners, who reside on "Indian lands", who are migrant, homeless, or in foster care and other children as identified by the state."

- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to

complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

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

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the pre-service/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual

inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

5.1 Licensing Requirements and Standards

Each State is required to certify it has in effect licensing requirements applicable to all child care services provided within the State (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(l)(i))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to child care services provided within the State.

(658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

Effective Date: 06/01/2016

List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care

Family Child Care: the care of a child in a residence outside the child's own home for gain or otherwise, on a regular basis, for any part of a 24-hour day. Group Family Child Care: child care for no more than 14 children at any one time. The total number of children includes all children of any caregiver when the children are present in the residence. Child Care Center: the systematic organization or arrangement of activities, personnel, materials, and equipment in a facility to promote the physical, intellectual, social, and emotional development of a child in the absence of the parent for a period of less than 24 hours a day. Certified Centers: provides services with CCDF funds in formerly license-exempt centers.

5.1.2 Does your State/Territory exempt any child care providers from its licensing requirements?

Effective Date: 06/01/2016

Yes.

Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers

Currently, Minnesota has several exclusions from licensure for programs or individuals caring for children who receive CCDF. In 2017, Minnesota intends to seek statutory changes that will require health and safety standards (appropriate to the setting) and annual inspections for these license-exempt providers who receive CCDF. Upon enactment of these new requirements, the following provider types will be exempted from state licensing and be eligible to receive CCDF funding: care for children related to provider (legal non-licensed), care for children from one unrelated family (legal non-licensed), and care for children in license-exempt center settings. Minnesota believes the current background study and training requirements noted below, and the annual inspection requirements for providers other than those caring for related children, ensure the health and safety of children in these settings.

Care for children related to provider (legal non-licensed): Provider must be 18 years of age or older, have a background study and must complete cardiopulmonary resuscitation (CPR) and First Aid training before being authorized to receive CCDF assistance to care for children.

Care for children from one unrelated family (legal non-licensed): Provider must be 18 years of age or older, have a background study and must complete CPR and First Aid training before being authorized to receive CCDF assistance to care for children, and must complete additional training on approved topics. They will be subject to annual monitoring visits and must complete additional training on required health and safety topics each year.

In addition, legal non-licensed providers, including those caring for relatives, sign an acknowledgment that immunizations records are maintained and that local health and safety building and fire code requirements are met.

Care for children in license-exempt center settings: Minnesota will work with providers to seek health, safety, and inspection requirements for these settings through a certification structure during the 2017 legislative session.

No.

5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Effective Date: 10/01/2016

- Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.
- Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Minnesota is compliant with this requirement for three of four provider types. Licensed child care centers, licensed family child care providers, and legal non-licensed providers are required by statute and rule to comply with appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting are currently in effect. Child care standards](#)

for legal nonlicensed providers limit the number of children to relatives and children from one unrelated family. Of all unlicensed providers that receive CCDF funds and all licensed providers in Minnesota, 95% are fully compliant with this requirement.

Legislation was proposed and passed during the 2017 legislative session that grants the Department authority to develop a certification for "license-exempt centers" that want to participate in Minnesota's Child Care Assistance Program. Group size and ratio requirements are part of the certification.

Unmet requirement - Identify the requirement(s) to be implemented child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Following the 2017 legislative session, determine if changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Notify license-exempt centers and partners of changes passed into state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Implement changes to internal databases and systems required to implement changes to state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise and publish Department policies, manuals, forms, and processes for license-exempt centers, monitoring staff, and CCAP agencies, which reflect the changes to state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Effective Date: 05/30/2017

a) Licensed Center-Based Care

1. Infant

- State/Territory age definition:

Six weeks to 16 months old.

- Ratio:

1:4.

- Group Size:

8.

2. Toddler

- State/Territory age definition:

16 months to 33 months old.

- Ratio:

1:7.

- Group Size:

14.

3. Preschool:

- State/Territory age definition:

33 months old up to the child's first day of kindergarten.

- Ratio:

1:10.

- Group Size:

20.

4. School-Age

- State/Territory age definition:

Eligible to enter kindergarten within four months to 13 years old.

- Ratio:

1:15.

- Group Size:

30.

5. If any of the responses above are different for exempt child care centers, describe:

Currently, license-exempt centers that participate in Minnesota's Child Care Assistance

Program are not subject to ratio or group size requirements.

6. Describe, if applicable, ratios and group sizes for centers with mixed age groups.

For centers with mixed age groups, the staff-to-child ratio, group size, and staff distribution applied are for the age category of the youngest child present.

b) Licensed Group Child Care Homes:

1. Infant

- State/Territory age definition:

Six weeks to 12 months old.

- Ratio:

Group family child care license classes in Minnesota include C (1), C (2), C (3), and D.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 may be 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 license classes in Minnesota include C (1), C (2), C (3), and D.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 may be 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.

2. Toddler

- State/Territory age definition:

12 months to 24 months old.

- Ratio:

Group family child care license classes in Minnesota include C (1), C (2), C (3), and D.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 may be 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 license classes in Minnesota include C (1), C (2), C (3), and D.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 may be 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.

3. Preschool:

- State/Territory age definition:

24 months to five years of age.

- Ratio:

Group family child care license classes in Minnesota include C (1), C (2), C (3), and D.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 may be 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 license classes in Minnesota include C (1), C (2), C (3), and D.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 may be 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.

4. School-Age

- State/Territory age definition:

Five years through ten years of age.

- Ratio:

Group family child care license classes in Minnesota include C (1), C (2), C (3), and D.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 may be 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 license classes in Minnesota include C (1), C (2), C (3), and D.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 may be 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.

5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day

Group family child care license classes in Minnesota include C (1), C (2), C (3), and D.

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 may be 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.

6. If any of the responses above are different for exempt group child care homes, describe

Not applicable

N/A. State/Territory does not have group child care homes.

c) Licensed Family Child Care:

1. Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

The family child care license classes in Minnesota include A, B (1), and B (2).

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.

The provider's own children ten years of age and younger are required to be included the child to provider ratio and group sizes. The child to adult ratio and age distribution restrictions are in effect at all times and there are no provisions for additional school-age children for any part of the day.

Describe the group size:

The family child care license classes in Minnesota include A, B (1), and B (2).

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.

The provider's own children ten years of age and younger are required to be included the child to provider ratio and group sizes. The child to adult ratio and age distribution restrictions are in effect at all times and there are no provisions for additional school-age children for any part of the day.

Describe the threshold for when licensing is required:

The threshold for when a license is required is if an individual provides care to children from more than one family who is unrelated to the individual provider.

Describe the maximum number of children that are allowed in the home at any one time:

The family child care license classes in Minnesota include A, B (1), and B (2).

A. Family Child Care: The maximum total number of children allowed in a family child care home is ten with one adult caregiver.

B (1) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is five with one adult caregiver.

B (2) Specialized Infant and Toddler Care: The maximum total number of children allowed in the home is six with one adult caregiver.

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

The provider's own children ten years of age and younger are required to be included in the child to provider ratio and group sizes.

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

The family child care license classes in Minnesota include A, B (1), and B (2).

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.

The child to adult ratio and age distribution restrictions are in effect at all times and

there are no provisions for additional school-age children for any part of the day.

2. If any of the responses above are different for exempt family child care home providers, describe

Currently, Minnesota has two exemptions from licensure for family child care home providers: care for children related to provider (legal non-licensed) and care for children from one unrelated family (legal non-licensed). Child care standards for legal nonlicensed providers limit the number of children to relatives and children from one unrelated family.

d) Any other eligible CCDF provider categories:

Describe the ratios, group size, the threshold for when licensing is required, maximum number of children that are allowed in the home at any one time, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day.

Describe the ratios:

Currently, Minnesota has several exemptions from licensure for programs or individuals caring for children who receive CCDF, including care for children related to provider (legal non-licensed), care for children from one unrelated family (legal non-licensed), and care for children in license-exempt center settings (license-exempt center).

Currently, legal nonlicensed providers are limited to caring for related children and the children from up to one unrelated family.

Currently, license-exempt centers are not subject to ratio requirements.

Describe group size:

Currently, license-exempt centers are not subject to group size requirements.

Describe the threshold for when licensing is required:

For a family child care license: The threshold for when a license is required is if an individual provides care to children from more than one family who is unrelated to the individual provider.

For a child care center license: A child care program must obtain a license if or when it no longer falls into an applicable license exemptions:

- programs operated by a public school for children 33 months or older;
- 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;
- programs operated by a school; YMCA; YWCA; or JCC, whose primary purpose is to provide child care or services to school-age children;
- Head Start nonresidential programs which operate for less than 45 days in each calendar year;
- 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;
- camps licensed by the commissioner of health; or
- 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.

Describe maximum number of children that are allowed in the home at any one time:
For legal non-licensed 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 up to one unrelated family. This question is not applicable to license-exempt centers.

Describe if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size:

Currently, legal non-licensed providers are not subject to ratio or group size requirements beyond limiting care without a license to related children and the children from up to one unrelated family.

This question is not applicable to license-exempt centers.

Describe the limits on infants and toddlers or additional school-age children that are allowed for part of the day:

For license-exempt centers: Currently, there are no limitations on toddlers or additional school-age children that are allowed for part of the day, so long as the license-exempt center continues to fall under a license exemption. License-exempt centers cannot provide care to children under the age of 33 months without acquiring a license. For legally non-licensed providers: Currently, there are no limitations on infants and toddlers or additional school-age children that are allowed for part of the day, so long as the provider continues to fall under the license exemption limiting care without a license to related children and the children from up to one unrelated family.

5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))

Effective Date: 05/30/2017

a) Licensed Center-Based Care:

1. Infant lead teacher

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 a certain credential 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, or provisional certificate from the American Montessori Society, 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 day 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 from 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 infants only.

and 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.

An assistant teacher with a certain credential must have the appropriate education and experience, as described below.

- Assistant teacher education and experience requirements:

1. Assistant teacher education and experience requirements:
 1. High school diploma 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 day care or group family day care provider. Experience: 2,080 hours as a licensed family day care or group family day care provider. Education: 12 quarter credits.
 3. Diploma from Association 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 years 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 day care, from 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 infants only.

2. Toddler lead teacher

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 a certain credential 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, or provisional certificate from the American Montessori Society, 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 day 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 from the Minnesota Department of Education for elementary education with a kindergarten endorsement.
Experience: no additional required. Education: no additional required.

and 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.

An assistant teacher with a certain credential must have the appropriate education and experience, as described below.

Assistant teacher education and experience requirements:

1. High school diploma 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 day care or group family day care provider. Experience: 2,080 hours as a licensed family day care or group family day care provider. Education: 12 quarter credits.
3. Diploma from Association 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 years 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 day care, from 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.

3. Preschool lead teacher

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 a certain credential 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, or provisional certificate from the American Montessori Society, 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 day 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 from the Minnesota Department of Education for elementary education with a kindergarten endorsement. Experience: no additional required. Education: no

additional required.

and 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.

An assistant teacher with a certain credential must have the appropriate education and experience, as described below.

- Assistant teacher education and experience requirements:

1. High school diploma 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 day care or group family day care provider. Experience: 2,080 hours as a licensed family day care or group family day care provider. Education: 12 quarter credits.
3. Diploma from Association 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 years 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 day care, from 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.

4. School-Age lead teacher

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 a certain credential 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, or provisional certificate from the American Montessori Society, 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 day 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 from the Minnesota Department of Education for elementary education with a kindergarten

endorsement. Experience: no additional required. Education: no additional required.

and 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.

An assistant teacher with a certain credential must have the appropriate education and experience, as described below.

- Assistant teacher education and experience requirements:

1. High school diploma 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 day care or group family day care provider. Experience: 2,080 hours as a licensed family day care or group family day care provider. Education: 12 quarter credits.
3. Diploma from Association 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 years 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 day care, from 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.

5. Director qualifications:

A child care center director must be: at least 18 years old; a graduate of a high school or hold an equivalent diploma attained 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, and child development.

b) Licensed Group Child Care Homes:

1. Infant lead teacher

In Minnesota, group child care homes are licensed under family child care licensing requirements and there are not teacher or assistant teacher qualification requirements for group family child care.

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 meet the qualifications in item 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 day 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 day 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 year 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 from the Department of Education;
4. A kindergarten through sixth grade teaching degree from an accredited

university or college that includes a minimum of 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.

Not applicable.

and assistant qualifications:

Not applicable.

2. Toddler lead teacher

Not applicable.

and assistant qualifications:

Not applicable.

3. Preschool lead teacher

Not applicable.

and assistant qualifications:

Not applicable.

4. School-Age lead teacher

Not applicable.

and assistant qualifications:

Not applicable.

N/A. State/Territory does not have group child care homes.

- c) Licensed Family Child Care home provider 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 initial licensure.

- d) Other eligible providers qualifications:

License-exempt centers: Currently, Minnesota does not have provider qualifications for license-exempt child care centers.

Legal nonlicensed providers: Related and unrelated legal nonlicensed providers who provide care in their home or in the family's home, must be 18 years of age or older, passed a background study and have current certification in First Aid and CPR. Providers must complete 8 hours of approved training at each 2-year renewal.

5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics.

(658E(c)(2)(l)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

Effective Date: 10/01/2016

a) The State certifies that it has health and safety requirements for individuals (providers) receiving CCDF in the following areas:

- Prevention and control of infectious diseases (including immunization)
- Prevention of sudden infant death syndrome and use of safe sleeping practices
- Administration of medication, consistent with standards for parental consent
- Prevention of and response to emergencies due to food and allergic reactions
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
- Prevention of shaken baby syndrome and abusive head trauma
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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))
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
- Precautions in transporting children (if applicable)
- First aid and cardiopulmonary resuscitation

Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas as of March 1, 2016.

Provide a citation and a link if available

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Minnesota has partially implemented this requirement for its four CCDF provider types:](#)

- Licensed family child care providers are required by state statute and rule to comply with requirements in the ten health and safety areas.
- Licensed child care centers are required by state statute and rule to comply with requirements in the ten health and safety areas.
- Legislation was proposed and passed during the 2017 legislative session that grants the Department authority to develop a certification for "license-exempt centers" that want to participate in Minnesota's Child Care Assistance Program. The certification includes requirements in the ten health and safety areas.
- Minnesota has policies in effect that require legal non-licensed providers (related and unrelated) to self-attest to review health and safety information, including information related to:
 - Prevention and control of infectious diseases (including immunizations)
 - Prevention of and response to emergencies due to food and allergic reactions
 - Prevention of sudden infant death syndrome and use of safe sleep practices
 - Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic
 - Prevention of shaken baby syndrome and abusive head trauma
 - Emergency preparedness and response planning for emergencies

- Handling and storage of hazardous materials
- Precautions in transporting children
- Administration of medication
- First aid and cardiopulmonary resuscitation
- Early child development and school readiness

Note: legally nonlicensed related providers may be exempt from some requirements when permitted under federal law.

Unmet requirement - Identify the requirement(s) to be implemented [Prevention and control of infectious diseases \(including immunization\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Following the 2017 legislative session, determine how changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Notify providers and partners of changes passed into state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Implement training for licensors, agency staff, counties, and providers related to changes to state law.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Revise and publish Department policies, manuals, forms, and processes that reflect](#)

the changes to state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Unmet requirement - Identify the requirement(s) to be implemented First aid and cardiopulmonary resuscitation (CPR) certification

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Following the 2017 legislative session, determine how changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training and whether additional legislation is necessary to meet the federal requirements for first aid and CPR. Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Notify providers and partners of changes passed into state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Train licensors, agency staff, counties, and providers.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Revise and publish Department policies, manuals, forms, and processes that reflect the changes to state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Unmet requirement - Identify the requirement(s) to be implemented [Prevention of sudden infant death syndrome and use of safe sleeping practices](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Following the 2017 legislative session, determine if changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Notify providers and partners of changes passed into state law.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Train licensors, agency staff, counties, and providers.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Revise and publish Department policies, manuals, forms, and processes that reflect the changes to state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their](#)

organizations; and Counties.

Unmet requirement - Identify the requirement(s) to be implemented [Administration of medication, consistent with standards for parental consent](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Following the 2017 legislative session, determine if changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Notify providers and partners of changes passed into state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their](#)

organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train licensors, agency staff, counties, and providers.

Projected start date for each activity: 06/01/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise and publish Department policies, manuals, forms, and processes that reflect the changes to state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Unmet requirement - Identify the requirement(s) to be implemented Prevention of and response to emergencies due to food and allergic reactions

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Following the 2017 legislative session, determine if changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Notify providers and partners of changes passed into state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train licensors, agency staff, counties, and providers.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise and publish Department policies, manuals, forms, and processes that reflect the changes to state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Unmet requirement - Identify the requirement(s) to be implemented Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Following the 2017 legislative session, determine if changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Notify providers and partners of changes passed into state law.

Projected start date for each activity: 05/23/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train licensors, agency staff, counties, and providers.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Revise and publish Department policies, manuals, forms, and processes that reflect the changes to state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Unmet requirement - Identify the requirement(s) to be implemented [Prevention of shaken baby syndrome and abusive head trauma](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Following the 2017 legislative session, determine if changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Notify new providers and partners of changes passed into state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Train licensors, agency staff, counties, and providers.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their](#)

organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise and publish Department policies, manuals, forms, and processes that reflect the changes to state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Unmet requirement - Identify the requirement(s) to be implemented Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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))

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Following the 2017 legislative session, determine if changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Notify providers and partners of changes passed into state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and the organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train licensors, agency staff, counties, and providers.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and the

organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise and publish Department policies, manuals, forms, and processes that reflect the changes to state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Unmet requirement - Identify the requirement(s) to be implemented Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Following the 2017 legislative session, determine if changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the

Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Notify providers and partners of changes passed into state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train licensors, agency staff, counties, and providers.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise and publish Department policies, manuals, forms, and processes that reflect the changes to state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Unmet requirement - Identify the requirement(s) to be implemented Precautions in transporting children (if applicable)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Following the 2017 legislative session, determine if changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training. Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Notify providers and partners of changes passed into state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train licensors, agency staff, counties, and providers.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Revise and publish Department policies, manuals, forms, and processes that reflect the changes to state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children Basics* for best practices and recommended time needed to address these training requirements.

Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above as of March 1, 2016.

Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

For licensed centers: Minnesota has policies that require licensed child care centers to complete pre-service/orientation and ongoing training in all the health and safety topic areas. One gap in licensing requirements is that some child care center staff are currently exempt from first aid and CPR training requirements. These staff must always be under direct supervision of a staff person that has successfully completed training in first aid and CPR.

For licensed family child care: Minnesota has policies that require licensed family child care providers to complete pre-service/orientation and ongoing training in all the health and safety topic areas. One gap in licensing requirements is that not every caregiver in a family child care program is required to have first aid and CPR training. Current law requires that at least one caregiver in the program have this training whenever children are present; however, substitute caregivers who provide care less than 30 hours in a 12 month period are exempt from first aid and CPR training requirements.

For license-exempt centers: License-exempt centers were notified in March 2017 of the need to comply with training requirements for all child care staff to continue to receive child care assistance payments after September 30, 2017. Approximately half of over 700 license exempt centers have attested to their commitment to comply with training requirements by this date. The department contacted providers who have not committed to compliance in August 2017. The department plans to assess remaining providers in September to determine if further support needs to be offered to help providers understand and commit to training requirements or if providers should have their authorization for child care assistance terminated.

Further, legislation was proposed and passed during the 2017 legislative session that grants the Department authority to develop a certification for "license-exempt centers" that want to participate in Minnesota's Child Care Assistance Program. Health and safety training requirements are part of the certification. One gap in certification requirements is that some staff are exempt from first aid and CPR training requirements.

For legally non-licensed providers: Current training requirements for legal nonlicensed providers (related and unrelated) include first aid and cardiopulmonary resuscitation (CPR) certification prior to initial registration and an additional 8 hours of training in child development prior to renewal. Providers are permitted take training in any of the required health and safety areas to meet the ongoing requirement but are not required to take training in all of the areas. Current training requirements are set in state statute.

Legal nonlicensed providers were notified in March 2017 of new training requirements and provided resources and support to access many free training opportunities across the state. Providers must submit proof of training completed to the Department of Human Services. Providers who had not submitted proof as of August 1, 2017 were sent follow up correspondence. The department is targeting approaches for determining compliance as described in the implementation below.

Note: Legal non-licensed related providers will be exempt from some of these requirements.

Health and safety training has been developed for Family Child Care, Child Care Centers, Legally Nonlicensed and License Exempt Centers that covers all eleven health and safety topics cited in the CCDF plan, as well as updates to current best practices and licensing regulations. There are pre-service courses for new providers and in-service courses for experienced providers. They are to be offered free of charge thru September 30th, 2018 through the Child Care Aware training delivery system to providers.

Unmet requirement - Identify the requirement(s) to be implemented pre-service (prior to initial service) or orientation (period from when service started) appropriate to the provider setting that address each of the requirements relating to the required topic areas

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Minnesota must require child care providers that participate in Minnesota's Child Care Assistance Program to complete pre-service or orientation training in pediatric

first aid and CPR by 9/30/2018. "Child care providers" includes any caregivers, teachers and directors. Specifically:

- For licensed child care centers, Minnesota must require pre-service or orientation training in pediatric first aid and CPR for all child care providers, including all aides and substitutes.
- For licensed family child care providers, Minnesota must require pre-service or orientation training in pediatric first aid and CPR for all caregivers.
- For license-exempt centers: Minnesota must require pre-service or orientation training in pediatric first aid and CPR for all child care providers as part of certification.

Projected start date for each activity: 04/25/2016

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Minnesota must begin certifying license-exempt centers and monitoring their compliance with health and safety trainings.

Projected start date for each activity: 05/25/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Minnesota must update or develop Department policies, manuals, forms, and processes for child care programs registered to receive child care assistance payments.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Minnesota must train licensors, agency staff, county staff, and tribal staff on the new training requirements for child care providers that are registered to receive child care assistance payments.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Determine whether additional legislation is necessary to bring Minnesota into compliance with the federal training requirements for first aid and CPR.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Minnesota will provide support and outreach for providers who have not completed the training required to serve currently authorized children on child care assistance. Providers who have not completed training by January 1, 2018 will have their Service Authorizations closed.

Projected start date for each activity: 09/30/2017

Projected end date for each activity: 01/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and County and tribal human services agencies, Child Care

Aware of Minnesota.

Unmet requirement - Identify the requirement(s) to be implemented [ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the required topic areas](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Minnesota must require child care providers that participate in Minnesota's Child Care Assistance Program to complete ongoing training in pediatric first aid and CPR by September 30, 2018. Specifically:](#)

- For licensed child care centers, Minnesota must require ongoing training in pediatric first aid and CPR for all child care providers, including aides and substitutes.
- For licensed family child care providers, Minnesota must require ongoing training in pediatric first aid and CPR for all caregivers.
- For license-exempt centers, Minnesota must require ongoing training in pediatric first aid and CPR as part of certification structure for all child care providers.

Projected start date for each activity: [04/25/2016](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Minnesota must update or develop Department policies, manuals, forms, and processes for child care programs registered to receive child care assistance](#)

payments.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Minnesota must train licensors, agency staff, county staff, and tribal staff on the new training requirements for licensed child care centers, licensed family child care programs, license-exempt centers, and legal nonlicensed providers.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

5.1.7 Does the State/Territory have health and safety requirements for any of the following optional areas?

Nutrition (including age appropriate feeding).

Describe:

Child care center meal and snack requirements are as follows:

Each meal must provide one-third of the child's daily nutritional needs as specified by the United States Department of Agriculture, Food and Nutrition Service, in Code of Federal Regulations, title 7, section 226.20. The license holder must provide or ensure the availability of:

- A snack for a child in attendance for more than two hours, but fewer than five hours;
- One meal and two snacks or two meals and one snack for a child in attendance five to ten hours unless four or more of these hours are spent in sleep;
- A minimum of two meals and two snacks for a child in attendance more than ten hours unless four or more of these hours are spent in sleep; and
- Program staff who are seated with the children during meal and snack times.

Family child care and group family child care providers are required to offer well-balanced meals and snacks daily, including the following:

1. Food served during the day must include servings from each of the basic food groups as defined by the United States Department of Agriculture's Code of Federal Regulations, title 7, section 226.20.
2. The provider shall follow written instructions obtained from the parents, at the time of enrollment, on each child's special diet or food needs. Parents shall be consulted about special food preferences.
3. Flexible feeding schedules must be provided for infants and toddlers, and the infant or toddler's usual diet and feeding schedule must be followed.
4. Food, lunches, and bottles brought from home must be labeled with the child's name and refrigerated when necessary. Bottles must be washed after use.



Access to physical activity.

Describe:

Child care centers are required to develop and carry out a child care program plan that includes, but is not limited to, the following:

- Goals and objectives to promote the physical, intellectual, social, and emotional development of the children in each age category.
- 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 daily schedule for both indoor and outdoor activities.
- Provide for a variety of activities that require the use of varied equipment and materials.

Family child care and group family child care providers are required to provide activities that provide for the physical, intellectual, emotional, and social development of the child.

The environment must facilitate the implementation of the activities. Activities must:

1. Be scheduled indoors and outdoors, weather permitting;
2. Be appropriate to the developmental stage and age of the child;
3. Include active and quiet activity; and
4. Contain provider-directed and child-initiated activity.

In addition, there are age group specific physical activity requirements, as follows:

- Infants: Provide freedom of movement to the infant or newborn during a large part of the waking day to the extent that safety and weather permits. The non-creeping child shall spend part of each day out of a crib or infant seat. The creeping infant or newborn shall have freedom to explore outside of the crib or infant seat.
- Toddlers: Provide the toddler with large muscle activities and activities which develop the child's small muscles and manipulative skills.
- Preschoolers: Provide time and areas for age appropriate large muscle play.
- School-age: provide space and opportunity for games, activities, or sports using the whole body, outdoors, weather permitting.



Screen time.

Describe:

Caring for children with special needs.

Describe:

Child care centers who admit a child with special needs are required to ensure that an individual child care program plan is developed to meet the child's individual needs. The individual child care program plan must be in writing and specify methods of implementation and be reviewed and followed by all staff who interact with the child. The child care program plan must be coordinated with any developmental disability, individualized education program plan, or reports from health care professionals regarding the child's needs.

Family child care and group family child care providers caring for children with disabilities requiring special therapy, program, or behavior guidance, the parents, physician, or therapist shall provide and the provider shall follow written instructions for any special needs. "Child with a disability" means a child who has been determined by a physician, a school district multidisciplinary team, or other person licensed to identify disabling conditions, to have a hearing, mental, neurological, developmental, serious emotional, social, learning, speech or language, physical, or visual impairment.

In addition, effective August 31, 2015, all licensed child care providers are required to comply with rules relating to positive support strategies, safety interventions, and emergency use of manual restraint for children with a developmental disability or related condition.

- Recognition and reporting of child abuse and neglect.

Describe:

According to Minnesota Statutes, 626.556, subdivision 3, a professional or professional's delegate engaged in the practice of child care is required to immediately report a belief of child neglect or physical or sexual abuse to the proper authorities. Additionally, licensed child care providers must have policies and procedures in place for reporting suspected maltreatment.

- Other subject areas determined by the State/Territory to be necessary to promote child development or to protect children's health and safety.

Describe:

5.1.8 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from these CCDF health and safety requirements.

Does the State/Territory exempt relatives from the requirement to receive pre-service or orientation health and safety training on any or all of the listed topics?

Effective Date: 06/01/2016

- Yes, all relatives are exempt from all health and safety training requirements.
If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care.
- Yes, some relatives are exempt from health and safety training requirements.
If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some)

and include how the State/Territory ensures the health and safety of children in relative care.

Relatives are exempt from these pre-service or orientation requirements:

- Prevention and control of infectious diseases (including immunization).
- Administration of medication, consistent with standards for parental consent.
- Prevention of and response to emergencies due to food and allergic reactions.
- Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic.
- Prevention of shaken baby syndrome and abusive head trauma.
- Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-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)).
- Handling and storage of hazardous materials and the appropriate disposal of bio contaminants.
- Precautions in transporting children (if applicable).

Relatives are not subject to on-site monitoring requirements. Relatives are subject to background study requirements and First Aid/CPR training pre-service training requirements. In addition, relatives sign an acknowledgment that immunizations records are maintained and that local health and safety building and fire code requirements are met. Counties and tribes must investigate complaints, keep records and share

substantial complaints, if requested.

No, relatives are not exempt from CCDF health and safety training requirements.

5.2 Monitoring and Enforcement Policies and Practices

5.2.1 The State/Territory certifies that the State/Territory shall have in effect policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements. (658E(c)(2)(J))

Effective Date: 10/01/2016

Yes.

The State/Territory certifies that it has policies and practices to ensure compliance with applicable licensing and health and safety requirements for providers receiving CCDF and their facilities as of March 1, 2016. List the policy citation

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Minnesota has policies and practices to ensure that all licensed child care centers and licensed family child care/group family child care programs comply with applicable requirements. Minnesota statutes, chapter 245A, governs all human services licensed programs. Relevant parts of chapter 245A includes provisions for:](#)

- License application procedures, ongoing inspection of programs, and provisions for reissuance/renewal of licenses.
- Denial of inadequate license applications.
- Correction order and conditional license for substantiated licensing violations.
- License sanctions for serious or chronic licensing violations.
- Child care center requirements related to maltreatment reports, including:
 - Internal review of policies, procedures, staffing, and need for corrective action.
 - Child care center risk reduction plan.
 - Staff orientation to risk reduction plan, and annual review of the plan.

[Minnesota has policies and practices to ensure that all certified license-exempt child care centers comply with applicable requirements. Minnesota statutes, chapter 245H, governs the certification of license-exempt child care centers, including: application procedures, health and safety requirements, monitoring, and decertification.](#)

[Minnesota does not currently have policies and practices to ensure that legal](#)

nonlicensed providers that care for children who receive child care assistance comply with all State or local licensing and health and safety requirements.

Unmet requirement - Identify the requirement(s) to be implemented policies and practices to ensure that providers for children receiving assistance and their facilities comply with applicable State or local licensing and health and safety requirements.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Implement any viable non-legislative implementation options for legal nonlicensed providers that can be put into place without changes to state law or budget implications.

Projected start date for each activity: 05/22/2018

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop a legislative package which gives authority to implement federal requirements and/or appropriates funding to the Department to implement requirements to ensure that legal nonlicensed providers that care for children who receives child care assistance comply with all State or local licensing and health and safety requirements.

Projected start date for each activity: 08/01/2016

Projected end date for each activity: 02/20/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update and develop department policies, manuals, forms, and processes for legal nonlicensed providers, agency staff and licensors which reflect the proposed changes to state law.

Projected start date for each activity: 02/20/2018

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop training for licensors, agency staff, counties, and providers on new policies for legal nonlicensed providers related to proposed changes to state law in 2018.

Projected start date for each activity: 02/20/2018

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Following the 2018 legislative session, determine if changes passed by the 2018 Legislature will impact work on Department policies, forms, manuals and training for changes related to legal nonlicensed providers. Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/22/2018

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Notify child care providers and partners of changes passed by state law.

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Implement training for licensors, agency staff, counties, and providers related to changes to state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Revise and publish Department policies, manuals, forms, and processes for license-exempt centers agency staff and licensors which reflect the changes to state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives). While the law does not specify strategies to meet these requirements, States and Territories could consider implementing a differential monitoring approach as long as the full complement of licensing and CCDF health and safety standards was representative and the frequency was at least annually.

Effective Date: 10/01/2016

a) **Licensing Inspectors** - It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements.

(658E(c)(2)(K)(i)(I))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

Child care center licensors and family child care licensors are trained in related health and safety requirements and all aspects of the state's licensing requirements, which includes requirements appropriate to the age of children in care and the type of provider

setting. Child care center licensors and family child care licensors are trained in related health and safety requirements and all aspects of the state's licensing requirements, which includes requirements appropriate to the age of children in care and the type of provider setting. Here is the citation that requires county family child care licensors to meet specific training requirements: Minn. Rules 9543.0130, subp. 3. Minnesota Statute 43A.21 requires state child care center licensors to meet specific training requirements. This statute requires the DHS commissioner to conduct trainings and develop training requirements for all employees (which is implemented via DHS internal policy requirements). DHS internal policy requires licensors to complete 6 hours of training annually. Further, licensors receive orientation training at the time of hire as well as ongoing training to ensure licensors are trained in all aspects of the licensing requirements.

- No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

b) Inspections for Licensed CCDF Providers - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Substantially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Minnesota has policies requiring licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of licensed child care centers and licensed family child care programs.](#)

[Minnesota has policies requiring state licensing inspectors to perform one unannounced inspection of licensed child care centers for compliance with health, safety, and fire standards, at least annually. For family child care, county licensing inspectors are required to perform an unannounced inspection for compliance with](#)

health, safety, and fire standards, at least annually.

Unmet requirement - Identify the requirement(s) to be implemented [require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards \(inspectors may inspect for compliance with all 3 standards at the same time.\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Update Department policies, manuals, forms, and processes for licensed family child care and licensed child care centers.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Hire new staff needed to conduct annual inspections.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train licensors, agency staff, and counties.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties

c) Inspections for License-Exempt CCDF Providers (except those serving relatives) -

It will have policies and practices that require licensing inspectors (or qualified monitors designated by the lead agency) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider (unless the provider is described in section (658P(6)(B)). (658E(c)(2)(K)(ii)(IV))

Yes.

The State/Territory certifies that as of March 1, 2016 it has policies and practices regarding inspections for license-exempt CCDF providers. List the policy citation and describe the annual monitoring visit requirements:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Minnesota does not have policies and practices that require licensing inspectors \(or qualified monitors designated by the lead agency\) to perform annual monitoring visits of legal nonlicensed providers.](#)

[Legal nonlicensed related providers will be exempt from this requirement.](#)

[Minnesota has policies that require certified license-exempt centers to receive annual monitoring visits.](#)

Unmet requirement - Identify the requirement(s) to be implemented [policies and practices that require licensing inspectors \(or qualified monitors designated by the lead agency\) of child care providers and facilities to perform an annual monitoring visit of each license-exempt CCDF provider \(unless the provider is described in section \(658P\(6\)\(B\)\)\)](#).

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Implement any viable non-legislative implementation options that can be put into place without changes to state law or budget implications.

Projected start date for each activity: 08/01/2016

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; Minnesota Legislature; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop a legislative package that, if passed, requires licensing inspectors (or qualified monitors designated by the lead agency) to conduct annual inspections for legal non-licensed unrelated providers and appropriates funds.

Projected start date for each activity: 08/01/2016

Projected end date for each activity: 05/22/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; Minnesota Legislature; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop department policies, manuals, forms, and processes for license-exempt centers and legal nonlicensed unrelated providers, agency staff and staff who will monitor providers which reflect the proposed changes to state law.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Following the 2017 legislative session, determine how changes passed by the 2017 Legislature will impact work on Department policies, forms, manuals and training.

Impacts could include: changes in scope or implementation date.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Notify programs and partners of changes passed into state law.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Revise and publish Department policies, manuals, forms, and processes for license-exempt centers and legal nonlicensed unrelated providers, agency staff and staff who will monitor providers which reflect the changes to state law.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Hire new staff needed to conduct annual inspections.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the](#)

Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Train licensors, agency staff, counties, and providers on policies impacting license-exempt centers and legal non-licensed unrelated providers.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.

d) **Ratio of Licensing Inspectors**) - It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))

Yes.

The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors:

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[State law requires the Minnesota Department of Human Services to inspect licensed child care centers at least annually \(see Minnesota Statutes 245A.09, subdivision 7\) and state law requires the counties to inspect licensed family child care programs at least annually \(see Minnesota Statutes 245A.16, subdivision 1\). While Minnesota does not have a specific policy on the ratio of licensing inspectors, it is the state's practice and position that both the Department of Human Services and the counties maintain adequate levels of staffing to ensure caseloads are manageable and inspections can be conducted as required by state law.](#)

[As of June 2016, the licenser-to-provider ratio for licensed child care centers is approximately 1 to 172 and the estimated state-wide average for licensed family child care providers to be 1 to 92. The Minnesota Department of Human Services is in the process of hiring licensers to meet the new state law requirement to conduct annual inspections of licensed child care centers, as well as additional staff to help oversee and ensure county licenser compliance with the annual inspection requirement for licensed family child care programs. Further, the Department is in the process of rolling out an electronic checklist, which will change the way licensers conduct inspections statewide.](#)

Unmet requirement - Identify the requirement(s) to be implemented [the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Implement changes passed by the 2017 Minnesota Legislature, including staff hiring.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [9/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; state agencies including the Department of Health and the Department of Education; Minnesota Legislature; Child Care providers and their organizations; and Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Implement annual inspections for licensed child care centers and licensed family child care programs.](#)

Projected start date for each activity: [01/01/2017](#)

Projected end date for each activity: [9/30/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Counties.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Determine an appropriate ratio of licensors to child care programs.](#)

Projected start date for each activity: [01/01/2018](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity [Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's office; Minnesota Legislature; and Counties.](#)

e) **Child Abuse and Neglect Reporting** - That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(i)) (658E(c)(2)(L))

Yes.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s):

[Minnesota Statutes, 626.556, Subdivision 3.](#)

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than November 19, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

5.2.3 States and Territories have the option to exempt relatives (as defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from inspection requirements.

Note this exception only applies if the individual cares ONLY for relative children. Does the State/Territory exempt relatives from inspection requirements listed in 5.2.2?

Effective Date: 06/01/2016

Yes, all relatives are exempt from all inspection requirements.

If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.

Relatives are subject to background study requirements and First Aid/CPR training pre-service training requirements. In addition, relatives sign an acknowledgment that immunizations records are maintained and that local health and safety building and fire code requirements are met. Counties and tribes must investigate complaints, keep records and share substantiated complaints, if requested.

Yes, some relatives are exempt from inspection requirements.

If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories must have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as other adults in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and 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 child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification ; and National Sex Offender Registry. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - 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.

Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual

costs to the State/Territory for processing and administration.

Transparency - The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process - The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks.

5.3.1 Describe the status of the State/Territory's requirements, policies, and procedures for criminal background checks for child care staff members and child care providers.

Effective Date: 10/01/2016

Fully implemented and meeting all Federal requirements outlined above.

List the policy citation within the Lead Agency's rules and describe the policies and procedures for criminal background checks using 5.3.2 through 5.3.9 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2017) [09/30/2018](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other) [Partially implemented](#)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

[Minnesota has implemented the following requirements: Fingerprint-based background studies, appeal rights, and privacy rights for licensed child care providers.](#)

[To date, Minnesota has made a good faith effort to implement the unmet requirements, including:](#)

- Developing a legislative package that, if passed, would give the Department the authority and resources to implement unmet

requirements. Please note, a legislative package was passed on May 25, 2017. However, the Governor has not yet signed this legislation.

Unmet requirement - Identify the requirement(s) to be implemented. [Requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers \(other than relatives\) that are licensed, regulated or registered under State/Territory law or receive CCDF funds.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop policies with stakeholders and other partners.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [05/22/2017](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop and work to pass legislative package.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [05/22/2017](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity
[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Department policies, manuals, forms, systems, and processes.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2017

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. Conduct the background checks as quickly as possible and shall not exceed 45 days after the child

care provider submitted the request.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop policies with stakeholders and other partners.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 05/21/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and work to pass legislative package.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 05/21/2018

Agency - Who is responsible for complete implementation of this activity

Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Department policies, manuals, forms, systems, and processes.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. 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.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop policies with stakeholders and other partners.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 05/21/2018

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop and work to pass legislative package.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [05/21/2018](#)

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Update Department policies, manuals, forms, systems, and processes.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. Fees for background checks - Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop policies with stakeholders and other partners.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 05/21/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet

requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop and work to pass legislative package.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [05/21/2018](#)

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Update Department policies, manuals, forms, systems, and processes.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Prepare and train licensors, agency staff, counties, and providers.](#)

Projected start date for each activity: [05/23/2017](#)

Projected end date for each activity: [09/30/2018](#)

Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Unmet requirement - Identify the requirement(s) to be implemented. [Ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop policies with stakeholders and other partners.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [05/22/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop and work to pass legislative package.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [05/22/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Department policies, manuals, forms, systems, and processes.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. [A process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop policies with stakeholders and other partners.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [05/21/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop and work to pass legislative package.](#)

Projected start date for each activity: [06/01/2015](#)

Projected end date for each activity: [05/21/2018](#)

Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Department policies, manuals, forms, systems, and processes.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. Not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop policies with stakeholders and other partners.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 05/21/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and work to pass legislative package.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 05/21/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Department policies, manuals, forms, systems, and processes.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead

agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

Projected start date for each activity: 05/23/2017

Projected end date for each activity: 09/30/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop policies with stakeholders and other partners.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 05/21/2018

Agency - Who is responsible for complete implementation of this activity
Minnesota Department of Human Services.

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and work to pass legislative package.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 05/21/2018

Agency - Who is responsible for complete implementation of this activity
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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Department policies, manuals, forms, systems, and processes.

Projected start date for each activity: 05/23/2017

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Agency - Who is responsible for complete implementation of this activity
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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

Projected start date for each activity: 05/23/2017

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Agency - Who is responsible for complete implementation of this activity
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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. Includes and 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 child care staff members at least once every 5 years.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop policies with stakeholders and other partners.

Projected start date for each activity: 06/01/2015

Projected end date for each activity: 05/21/2018

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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and work to pass legislative package.

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Update Department policies, manuals, forms, systems, and processes.](#)

Projected start date for each activity: [05/23/2017](#)

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Prepare and train licensors, agency staff, counties, and providers.](#)

Projected start date for each activity: [05/23/2017](#)

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Agency - Who is responsible for complete implementation of this activity
[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years;

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop policies with stakeholders and other partners.

Projected start date for each activity: 06/01/2015

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Agency - Who is responsible for complete implementation of this activity
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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and work to pass legislative package.

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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Update Department policies, manuals, forms, systems, and processes.](#)

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Prepare and train licensors, agency staff, counties, and providers.](#)

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Unmet requirement - Identify the requirement(s) to be implemented. [State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years,](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Develop policies with stakeholders and other partners. Develop and work to pass legislative package.

Projected start date for each activity: 06/01/2015

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Agency - Who is responsible for complete implementation of this activity
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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and work to pass legislative package.

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Agency - Who is responsible for complete implementation of this activity
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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Department policies, manuals, forms, systems, and processes.

Projected start date for each activity: 05/23/2017

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Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Prepare and train licensors, agency staff, counties, and providers.](#)

Projected start date for each activity: [05/23/2017](#)

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Agency - Who is responsible for complete implementation of this activity

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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Unmet requirement - Identify the requirement(s) to be implemented. [National Crime Information Center \(run by the FBI\)](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop policies with stakeholders and other partners.](#)

Projected start date for each activity: [06/01/2015](#)

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Agency - Who is responsible for complete implementation of this activity

[Minnesota Department of Human Services.](#)

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of](#)

Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and work to pass legislative package.

Projected start date for each activity: 06/01/2015

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Agency - Who is responsible for complete implementation of this activity
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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Update Department policies, manuals, forms, systems, and processes.

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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

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Agency - Who is responsible for complete implementation of this activity

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Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. FBI fingerprint check using Next Generation Identification

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop policies with stakeholders and other partners. Develop and work to pass legislative package.

Projected start date for each activity: 06/01/2015

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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Develop and work to pass legislative package.

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Update Department policies, manuals, forms, systems, and processes.](#)

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Prepare and train licensors, agency staff, counties, and providers.](#)

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care](#)

providers.

Unmet requirement - Identify the requirement(s) to be implemented. [National Sex Offender Registry](#).

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop policies with stakeholders and other partners.](#)

Projected start date for each activity: [06/01/2015](#)

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop and work to pass legislative package.](#)

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Update Department policies, manuals, forms, systems, and processes.

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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Unmet requirement - Identify the requirement(s) to be implemented. Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop policies with stakeholders and other partners.](#)

Projected start date for each activity: [06/01/2015](#)

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

[Develop and work to pass legislative package.](#)

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[Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations \(FBI\); child care providers.](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Prepare and train licensors, agency staff, counties, and providers.

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Agency - Who is responsible for complete implementation of this activity
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Governor's Office, Minnesota Legislature, Counties, Minnesota Bureau of Criminal Apprehension; the Federal Bureau of Investigations (FBI); child care providers.

5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3rd party meet the requirements, protecting the privacy of child care staff members, and providing opportunities for applicants to appeal the results of background checks.

Effective Date: 06/01/2016

Describe:

The Department of Human Services is the lead agency for conducting child care center background studies in Minnesota. DHS has established data sharing agreements and

memorandum of understanding with the Minnesota Department of Public Safety and the Minnesota Court Information System to securely and swiftly obtain criminal history and court information on prospective child care employees. Annually, DHS conducts over 320,000 background studies on a variety of health and human services providers using these systems and procedures. For fingerprint-based studies, DHS has a contract with an entity that provides finger print collection services. This contract stipulates timelines for processing fingerprints as well as robust security data practices and privacy requirements. Currently, background studies for licensed family child care providers, group family child care providers and legal nonlicensed providers are conducted by the counties. However, in 2017 DHS intends to seek legislative authority to transfer that function the State. For all disqualifications, background study subjects can challenge the correctness of the determination. For subjects who are disqualified for non-permanent bar determinations, the individual can request that the disqualification be set aside on the basis that the individual does not pose a risk of harm to people receiving services.

5.3.3 Describe how the State/Territory is assisting other States process background checks, including which agency/entity is responsible for working with other states

Effective Date: 06/01/2016

Describe:

When contacted by another state with a request for a child abuse or neglect report on an individual, the Minnesota Department of Human Services provides this information to the requesting state if that state has obtained the consent of the subject of the request. When a Minnesota criminal record is requested, DHS refers the requesting state to the Minnesota Bureau of Criminal Apprehension.

5.3.4 Does the State have a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment?

Effective Date: 06/01/2016

Yes.

Describe:

For all disqualifications due to felony drug offenses, background study subjects have two appeal rights. First, the individual can challenge the correctness of the determination. Second, the individual can request that the disqualification be set aside on the basis that the individual does not pose a risk of harm to people receiving services.

No.

5.3.5 Does the Lead Agency disqualify child care staff members based on their conviction for other crimes not specifically listed above?

Effective Date: 05/30/2017

Yes.

Describe:

The Commissioner shall disqualify an individual who is the subject of a background study from any position allowing direct contact with persons receiving services from the license holder upon receipt of information showing:

1. A conviction of, admission to, or Alford plea to one or more crimes listed below, regardless of whether the conviction or admission is a felony, gross misdemeanor, or misdemeanor level crime;
2. A preponderance of the evidence indicates the individual has committed an act or acts that meet the definition of any of the crimes listed below, regardless of whether the preponderance of the evidence is for a felony, gross misdemeanor, or misdemeanor level crime; or
3. An investigation results in an administrative determination.

The crimes for which a study subject can be disqualified are categorized as permanent, 15-year, ten-year, and seven-year disqualifiers. Crimes are identified in Minnesota Statutes, 245C.15.

609.185 / Murder - 1st degree / Permanent Disqualification

609.19 / Murder - 2nd degree / Permanent Disqualification

609.195 / Murder - 3rd degree / Permanent Disqualification

609.20 / Manslaughter - 1st degree / Permanent Disqualification

609.205 / Manslaughter - 2nd degree / Permanent Disqualification

609.221 (felony-level offense) / Assault - 1st degree / Permanent Disqualification

609.222 (felony-level offense) / Assault - 2nd degree / Permanent Disqualification

609.2242 (felony-level offense), 609.2243 (felony-level offense) / Domestic assault-spousal abuse, child abuse or neglect, or crime against children / Permanent Disqualification

609.2247 / Domestic assault by strangulation / Permanent Disqualification

609.228 / Great bodily harm caused by distribution of drugs / Permanent Disqualification

609.245 / Aggravated robbery / Permanent Disqualification

609.25 / Kidnapping / Permanent Disqualification

609.2661 / Murder of an unborn child - 1st degree / Permanent Disqualification

609.2662 / Murder of unborn child - 2nd degree / Permanent Disqualification

609.2663 / Murder of unborn child - 3rd degree / Permanent Disqualification

609.322 / Solicitation, inducement, promotion of prostitution / Permanent Disqualification

609.324, subd. 1 / Other prohibited acts (any level offense) / Permanent Disqualification

609.342 / Criminal sexual conduct - 1st degree / Permanent Disqualification

609.343 / Criminal sexual conduct - 2nd degree / Permanent Disqualification

609.344 / Criminal sexual conduct - 3rd degree / Permanent Disqualification

609.345 / Criminal sexual conduct - 4th degree / Permanent Disqualification

609.3451 / Criminal sexual conduct - 5th degree / Permanent Disqualification

609.3453 / Criminal sexual predatory conduct / Permanent Disqualification

609.352 / Solicitation of children to engage in sexual conduct / Permanent Disqualification

609.365 / Incest / Permanent Disqualification

609.377 (felony-level offense) / Malicious punishment of a child / Permanent Disqualification

609.378 (felony-level offense) / Neglect or endangerment of a child / Permanent Disqualification

609.561 / Arson - 1st degree / Permanent Disqualification

609.66, subd 1e / Drive-by shooting / Permanent Disqualification

609.749, subd.3,4,5 (felony-level offense) / Harassment; stalking / Permanent Disqualification

609.855, subd 5 / Shooting at or in public transit vehicle or facility / Permanent Disqualification

617.23, subd 2, clause (1) or subd 3, clause (1) / Indecent exposure involving a minor / Permanent Disqualification

617.246 / Use of minors in sexual performance prohibited / Permanent Disqualification

617.247 / Possession of pictorial representations of minors / Permanent Disqualification

243.166 / Violation of predatory offender registration law / Permanent Disqualification
Chapter 152 / Drugs; controlled substance (Felony) / 15yr
Chapter 152 / Drugs; controlled substance (Gross-misdemeanor) / 10yr
Chapter 152 / Drugs; controlled substance (Misdemeanor) / 7 yr
152.021 / Controlled substance crime in 1st degree (Felony) / 15yr
152.021 / Controlled substance crime in 1st degree (Gross-misdemeanor) / 10yr
152.021 / Controlled substance crime in 1st degree (Misdemeanor) / 7 yr
152.022 / Controlled substance crime in 2nd degree (Felony) / 15yr
152.022 / Controlled substance crime in 2nd degree (Gross-misdemeanor) / 10yr
152.022 / Controlled substance crime in 2nd degree (Misdemeanor) / 7 yr
152.023 / Controlled substance crime in 3rd degree (Felony) / 15yr
152.023 / Controlled substance crime in 3rd degree (Gross-misdemeanor) / 10yr
152.023 / Controlled substance crime in 3rd degree (Misdemeanor) / 7 yr
152.024 / Controlled substance crime in 4th degree (Felony) / 15yr
152.024 / Controlled substance crime in 4th degree (Gross-misdemeanor) / 10yr
152.024 / Controlled substance crime in 4th degree (Misdemeanor) / 7 yr
152.025 / Controlled substance crime in 5th degree (Felony) / 15yr
152.025 / Controlled substance crime in 5th degree (Gross-misdemeanor) / 10yr
152.025 / Controlled substance crime in 5th degree (Misdemeanor) / 7 yr
152.0261 / Importing Controlled Substances Across State Borders (Felony) / 15yr
152.0261 / Importing Controlled Substances Across State Borders (Gross-
misdemeanor) / 10yr
152.0261 / Importing Controlled Substances Across State Borders (Misdemeanor) / 7 yr

152.0262 / Possession of Substances with Intent to Manufacture Methamphetamine
Crime (Felony) / 15yr
152.0262 / Possession of Substances with Intent to Manufacture Methamphetamine
Crime (Gross-misdemeanor) / 10yr
152.0262 / Possession of Substances with Intent to Manufacture Methamphetamine
Crime (Misdemeanor) / 7 yr
152.096 / Conspiracies Prohibited (Felony) / 15yr
152.096 / Conspiracies Prohibited (Gross-misdemeanor) / 10yr
152.096 / Conspiracies Prohibited (Misdemeanor) / 7 yr
152.097 / Simulated Controlled Substances (Felony) / 15yr
152.097 / Simulated Controlled Substances (Gross-misdemeanor) / 10yr

152.097 / Simulated Controlled Substances (Misdemeanor) / 7 yr
152.136 / Anhydrous Ammonia; prohibited Conduct; Criminal Penalties (Felony) / 15yr
152.136 / Anhydrous Ammonia; prohibited Conduct; Criminal Penalties (Gross-
misdemeanor) / 10yr
152.136 / Anhydrous Ammonia; prohibited Conduct; Criminal Penalties (Misdemeanor) /
7 yr

152.137 / Methamphetamine-Related Crimes Involving Children and Vulnerable Adults
(Felony) / 15yr
152.137 / Methamphetamine-Related Crimes Involving Children and Vulnerable Adults
(Gross-misdemeanor) / 10yr
152.137 / Methamphetamine-Related Crimes Involving Children and Vulnerable Adults
(Misdemeanor) / 7 yr
Felony level convictions- only [e.g. 169A.24] / Involving drug or alcohol use / 15yr
256.98 / Wrongfully obtaining assistance (Felony) / 15yr
256.98 / Wrongfully obtaining assistance (Gross-misdemeanor) / 10yr
256.98 / Wrongfully obtaining assistance
268.182 / False representation; concealment of facts (Felony) / 15yr
268.182 / False representation; concealment of facts (Gross-misdemeanor) / 10yr
268.182 / False representation; concealment of facts (Misdemeanor) / 7 yr
393.07, subd. 10, paragraph (c) Federal Food Stamp Program fraud (Felony) / 15yr
393.07, subd. 10, paragraph (c) Federal Food Stamp Program fraud (Gross-
misdemeanor) / 10yr
393.07, subd. 10, paragraph (c) Federal Food Stamp Program fraud (Misdemeanor) / 7
yr
260C.301 subd. 1(b) or subd. 3 / Termination of Parental Rights / 15 yr
518B.01, subd. 14. / Violation of an order for protection (Domestic Abuse Act) (Felony) /
15yr
518B.01, subd. 14. / Violation of an order for protection (Domestic Abuse Act) (Gross-
misdemeanor) / 10yr
518B.01, subd. 14. / Violation of an order for protection (Domestic Abuse Act)
(Misdemeanor) / 7 yr
609.165 / Felon ineligible to possess firearm (Felony) / 15yr
609.165 / Felon ineligible to possess firearm (Gross-misdemeanor) / 10yr
609.165 / Felon ineligible to possess firearm (Misdemeanor) / 7 yr

609.21 / Criminal vehicular homicide and injury (Felony) / 15yr
609.21 / Criminal vehicular homicide and injury (Gross-misdemeanor) / 10yr
609.21 / Criminal vehicular homicide and injury (Misdemeanor) / 7 yr
609.215 / Aiding suicide or aiding attempted suicide (Felony) / 15yr
609.215 / Aiding suicide or aiding attempted suicide (Gross-misdemeanor) / 10yr
609.215 / Aiding suicide or aiding attempted suicide (Misdemeanor) / 7 yr
609.221 / Assault 1st degree (Gross-misdemeanor) / 10yr
609.221 / Assault 1st degree (Misdemeanor) / 7 yr
609.222 / Assault 2nd degree (Gross-misdemeanor) / 10yr
609.222 / Assault 2nd degree (Misdemeanor) / 7 yr
609.223 / Assault 3rd degree (Felony) / 15yr
609.223 / Assault 3rd degree (Gross-misdemeanor) / 10yr
609.223 / Assault 3rd degree (Misdemeanor) / 7 yr
609.2231 / Assault 4th degree (Felony) / 15yr
609.2231 / Assault 4th degree (Gross-misdemeanor) / 10yr
609.2231 / Assault 4th degree (Misdemeanor) / 7 yr
609.224 / Assault 5th degree (Felony) / 15yr
609.224 / Assault 5th degree (Gross-misdemeanor) / 10yr
609.224 / Assault 5th degree (Misdemeanor) / 7 yr
609.224 - Repeat offenses *Repeat offenses under 609.224 = 15 year look back /
Assault 5th degree / 15yr
609.224, subd. 2 para (c) / 5th degree assault by caregiver against a vulnerable adult
(Felony) / 15yr
609.224, subd. 2 para (c) / 5th degree assault by caregiver against a vulnerable adult
(Gross-misdemeanor) / 10yr
609.224, subd. 2 para (c) / 5th degree assault by caregiver against a vulnerable adult
(Misdemeanor) / 7 yr

609.2242 / Domestic assault (Felony) / 15yr
609.2242 / Domestic assault (Gross-misdemeanor) / 10yr
609.2242 / Domestic assault (Misdemeanor) / 7 yr
609.2243 / Sentencing; repeat domestic assault (Felony) / 15yr
609.2243 / Sentencing; repeat domestic assault (Gross-misdemeanor) / 10yr
609.2243 / Sentencing; repeat domestic assault (Misdemeanor) / 7 yr
609.229 / Crimes committed for benefit of a gang (Felony) / 15yr

609.229 / Crimes committed for benefit of a gang (Gross-misdemeanor) / 10yr
609.229 / Crimes committed for benefit of a gang (Misdemeanor) / 7 yr
609.23 / Mistreatment of persons confined (Felony) / 15yr
609.23 / Mistreatment of persons confined (Gross-misdemeanor) / 10yr
609.23 / Mistreatment of persons confined (Misdemeanor) / 7 yr
609.231 / Mistreatment of residents or patients (Felony) / 15yr
609.231 / Mistreatment of residents or patients (Gross-misdemeanor) / 10yr
609.231 / Mistreatment of residents or patients (Misdemeanor) / 7 yr
609.2325 / Criminal abuse of a vulnerable adult (Felony) / 15yr
609.2325 / Criminal abuse of a vulnerable adult (Gross-misdemeanor) / 10yr
609.2325 / Criminal abuse of a vulnerable adult (Misdemeanor) / 7 yr
609.233 / Criminal neglect of a vulnerable adult (Felony) / 15yr
609.233 / Criminal neglect of a vulnerable adult (Gross-misdemeanor) / 10yr
609.233 / Criminal neglect of a vulnerable adult (Misdemeanor) / 7 yr
609.2335 / Financial exploitation of a vulnerable adult (Felony) / 15yr
609.2335 / Financial exploitation of a vulnerable adult (Gross-misdemeanor) / 10yr
609.2335 / Financial exploitation of a vulnerable adult (Misdemeanor) / 7 yr
609.234 / Failure to report maltreatment of a vulnerable adult (Felony) / 15yr
609.234 / Failure to report maltreatment of a vulnerable adult (Gross-misdemeanor) /
10yr
609.234 / Failure to report maltreatment of a vulnerable adult (Misdemeanor) / 7 yr
609.235 / Use of drugs to injure or facilitate crime (Felony) / 15yr
609.235 / Use of drugs to injure or facilitate crime (Gross-misdemeanor) / 10yr
609.235 / Use of drugs to injure or facilitate crime (Misdemeanor) / 7 yr
609.24 / Simple robbery (Felony) / 15yr
609.24 / Simple robbery (Gross-misdemeanor) / 10yr
609.24 / Simple robbery (Misdemeanor) / 7 yr
609.255 / False imprisonment (Felony) / 15yr
609.255 / False imprisonment (Gross-misdemeanor) / 10yr
609.255 / False imprisonment (Misdemeanor) / 7 yr
609.265 / Abduction (Felony) / 15yr
609.265 / Abduction (Gross-misdemeanor) / 10yr
609.265 / Abduction (Misdemeanor) / 7 yr
609.2664 / Manslaughter of unborn child - 1st degree (Felony) / 15yr
609.2664 / Manslaughter of unborn child - 1st degree (Gross-misdemeanor) / 10yr

609.2664 / Manslaughter of unborn child - 1st degree (Misdemeanor) / 7 yr
609.2665 / Manslaughter unborn child - 2nd degree (Felony) / 15yr
609.2665 / Manslaughter unborn child - 2nd degree (Gross-misdemeanor) / 10yr
609.2665 / Manslaughter unborn child - 2nd degree (Misdemeanor) / 7 yr
609.267 / Assault of unborn child - 1st degree (Felony) / 15yr
609.267 / Assault of unborn child - 1st degree (Gross-misdemeanor) / 10yr
609.267 / Assault of unborn child - 1st degree (Misdemeanor) / 7 yr
609.2671 / Assault of unborn child - 2nd degree (Felony) / 15yr
609.2671 / Assault of unborn child - 2nd degree (Gross-misdemeanor) / 10yr
609.2671 / Assault of unborn child - 2nd degree (Misdemeanor) / 7 yr
609.2672 / Assault of unborn child - 3rd degree (Felony) / 15yr
609.2672 / Assault of unborn child - 3rd degree (Gross-misdemeanor) / 10yr
609.2672 / Assault of unborn child - 3rd degree (Misdemeanor) / 7 yr
609.268 / Injury or death of unborn child in commission of a crime (Felony) / 15yr
609.268 / Injury or death of unborn child in commission of a crime (Gross-misdemeanor) / 10yr
609.268 / Injury or death of unborn child in commission of a crime (Misdemeanor) / 7 yr
609.27 / Coercion (Felony) / 15yr
609.27 / Coercion (Gross-misdemeanor) / 10yr
609.27 / Coercion (Misdemeanor) / 7 yr
609.275 / Attempt to coerce (Felony) / 15yr
609.275 / Attempt to coerce (Gross-misdemeanor) / 10yr
609.275 / Attempt to coerce (Misdemeanor) / 7 yr
609.3232 / Violation of an order for protection (Protective order authorized; procedures) (Felony) / 15yr
609.3232 / Violation of an order for protection (Protective order authorized; procedures) (Gross-misdemeanor) / 10yr
609.3232 / Violation of an order for protection (Protective order authorized; procedures) (Misdemeanor) / 7 yr
609.324, subd. 1(a) / Housing an unrelated minor engaged in prostitution (Gross-misdemeanor) / 10yr
609.324, subd. 1(a) / Housing an unrelated minor engaged in prostitution (Misdemeanor) / 7 yr
609.33 / Disorderly house (Felony) / 15yr
609.33 / Disorderly house (Gross-misdemeanor) / 10yr

609.33 / Disorderly house (Misdemeanor) / 7 yr
609.377 / Malicious punishment of a child (Gross-misdemeanor) / 10yr
609.377 / Malicious punishment of a child (Misdemeanor) / 7 yr
609.378 / Neglect or endangerment of a child (Gross-misdemeanor) / 10yr
609.378 / Neglect or endangerment of a child (Misdemeanor) / 7 yr
609.466 / Medical assistance fraud (Felony) / 15yr
609.466 / Medical assistance fraud (Gross-misdemeanor) / 10yr
609.466 / Medical assistance fraud (Misdemeanor) / 7 yr
609.495 / Aiding an offender (Felony) / 15yr
609.495 / Aiding an offender (Gross-misdemeanor) / 10yr
609.495 / Aiding an offender (Misdemeanor) / 7 yr
609.498, subd 1 or 1b / Aggravated 1st degree or 1st degree tampering with witness (Felony) / 15yr
609.498, subd 1 or 1b / Aggravated 1st degree or 1st degree tampering with witness (Gross-misdemeanor) / 10yr
609.498, subd 1 or 1b / Aggravated 1st degree or 1st degree tampering with witness (Misdemeanor) / 7 yr
609.52 / Theft (Felony) / 15yr
609.52 / Theft (Gross-misdemeanor) / 10yr
609.52 / Theft (Misdemeanor) / 7 yr
609.521 / Possession of shoplifting gear (Felony) / 15yr
609.521 / Possession of shoplifting gear (Gross-misdemeanor) / 10yr
609.521 / Possession of shoplifting gear (Misdemeanor) / 7 yr

609.525 / Bringing stolen goods into Minnesota (Felony) / 15yr
609.525 / Bringing stolen goods into Minnesota (Gross-misdemeanor) / 10yr
609.525 / Bringing stolen goods into Minnesota (Misdemeanor) / 7 yr
609.527 / Identity theft (Felony) / 15yr
609.527 / Identity theft (Gross-misdemeanor) / 10yr
609.527 / Identity theft (Misdemeanor) / 7 yr
609.53 / Receiving stolen property (Felony) / 15yr
609.53 / Receiving stolen property (Gross-misdemeanor) / 10yr
609.53 / Receiving stolen property (Misdemeanor) / 7 yr
609.535 / Issuance of dishonored checks (Felony) / 15yr
609.535 / Issuance of dishonored checks (Gross-misdemeanor) / 10yr

609.535 / Issuance of dishonored checks (Misdemeanor) / 7 yr
609.562 / Arson - 2nd degree (Felony) / 15yr
609.562 / Arson - 2nd degree (Gross-misdemeanor) / 10yr
609.562 / Arson - 2nd degree (Misdemeanor) / 7 yr
609.563 / Arson - 3rd degree (Felony) / 15yr
609.563 / Arson - 3rd degree (Gross-misdemeanor) / 10yr
609.563 / Arson - 3rd degree (Misdemeanor) / 7 yr
609.582 / Burglary (Felony) / 15yr
609.582 / Burglary (Gross-misdemeanor) / 10yr
609.582 / Burglary (Misdemeanor) / 7 yr
609.59 / Possession of burglary tools (Felony) / 15yr
609.59 / Possession of burglary tools (Gross-misdemeanor) / 10yr
609.59 / Possession of burglary tools (Misdemeanor) / 7 yr
609.611 / Insurance Fraud (Felony) / 15yr
609.611 / Insurance Fraud (Gross-misdemeanor) / 10yr
609.611 / Insurance Fraud (Misdemeanor) / 7 yr
609.625 / Aggravated forgery (Felony) / 15yr
609.625 / Aggravated forgery (Gross-misdemeanor) / 10yr
609.625 / Aggravated forgery (Misdemeanor) / 7 yr
609.63 / Forgery (Felony) / 15yr
609.63 / Forgery (Gross-misdemeanor) / 10yr
609.63 / Forgery (Misdemeanor) / 7 yr
609.631 / Check forgery; offering a forged check (Felony) / 15yr
609.631 / Check forgery; offering a forged check (Gross-misdemeanor) / 10yr
609.631 / Check forgery; offering a forged check (Misdemeanor) / 7 yr
609.635 / Obtaining signature by false pretense (Felony) / 15yr
609.635 / Obtaining signature by false pretense (Gross-misdemeanor) / 10yr
609.635 / Obtaining signature by false pretense (Misdemeanor) / 7 yr
609.66 / Dangerous weapons (Felony) / 15yr
609.66 / Dangerous weapons (Gross-misdemeanor) / 10yr
609.66 / Dangerous weapons (Misdemeanor) / 7 yr
609.665 / Spring guns (Felony) / 15yr
609.665 / Spring guns (Gross-misdemeanor) / 10yr
609.665 / Spring guns (Misdemeanor) / 7 yr
609.67 / Machine guns and short barreled shotguns (Felony) / 15yr

609.67 / Machine guns and short barreled shotguns (Gross-misdemeanor) / 10yr
609.67 / Machine guns and short barreled shotguns (Misdemeanor) / 7 yr
609.687 / Adulteration (Felony) / 15yr
609.687 / Adulteration (Gross-misdemeanor) / 10yr
609.687 / Adulteration (Misdemeanor) / 7 yr

609.71 / Riot (Felony) / 15yr
609.71 / Riot (Gross-misdemeanor) / 10yr
609.71 / Riot (Misdemeanor) / 7 yr
609.713 / Terroristic threats (Felony) / 15yr
609.713 / Terroristic threats (Gross-misdemeanor) / 10yr
609.713 / Terroristic threats (Misdemeanor) / 7 yr
609.72, subd. 3 / Disorderly conduct against a vulnerable adult (Felony) / 15yr
609.72, subd. 3 / Disorderly conduct against a vulnerable adult (Gross-misdemeanor) /
10yr
609.72, subd. 3 / Disorderly conduct against a vulnerable adult (Misdemeanor) / 7 yr
609.746 / Interference with privacy (Felony) / 15yr
609.746 / Interference with privacy (Gross-misdemeanor) / 10yr
609.746 / Interference with privacy (Misdemeanor) / 7 yr
609.746 - Repeat offenses *Repeat offenses under 609.746 = 10 year look back /
Interference with privacy / 10yr
609.749, subd. 2 / Harassment; stalking (Gross-misdemeanor) / 10yr
609.749, subd. 2 / Harassment; stalking (Misdemeanor) / 7 yr
609.79 / Obscene or harassing telephone calls (Felony) / 15yr
609.79 / Obscene or harassing telephone calls (Gross-misdemeanor) / 10yr
609.79 / Obscene or harassing telephone calls (Misdemeanor) / 7 yr
609.795 / Letter, telegram or package; opening; harassment (Felony) / 15yr
609.795 / Letter, telegram or package; opening; harassment (Gross-misdemeanor) / 10yr

609.795 / Letter, telegram or package; opening; harassment (Misdemeanor) / 7 yr
609.82 / Fraud in obtaining credit (Felony) / 15yr
609.82 / Fraud in obtaining credit (Gross-misdemeanor) / 10yr
609.82 / Fraud in obtaining credit (Misdemeanor) / 7 yr
609.821 / Financial transaction fraud (Felony) / 15yr
609.821 / Financial transaction fraud (Gross-misdemeanor) / 10yr

609.821 / Financial transaction fraud (Misdemeanor) / 7 yr
617.23 / Indecent exposure, penalties - not involving a minor (Felony) / 15yr
617.23 / Indecent exposure, penalties - not involving a minor (Gross-misdemeanor) /
10yr
617.23 / Indecent exposure, penalties - not involving a minor (Misdemeanor) / 7 yr
617.23 - Repeat offenses / Indecent exposure; penalties (Felony) / 15yr
617.23 - Repeat offenses / Indecent exposure; penalties (Gross-misdemeanor) / 10yr
617.23 - Repeat offenses / Indecent exposure; penalties (Misdemeanor) / 7 yr
617.241 / Obscene materials and performances; distribution and exhibition prohibited;
penalty. (Felony) / 15yr
617.241 / Obscene materials and performances; distribution and exhibition prohibited;
penalty. (Gross-misdemeanor) / 10yr
617.241 / Obscene materials and performances; distribution and exhibition prohibited;
penalty. (Misdemeanor) / 7 yr
617.241- Repeat offenses *Repeat offenses under 609.241 = 15 year look back /
Obscene materials and performances; distribution and exhibition prohibited; penalty /
15yr
617.243 / Indecent literature; distribution (Felony) / 15yr
617.243 / Indecent literature; distribution (Gross-misdemeanor) / 10yr
617.243 / Indecent literature; distribution (Misdemeanor) / 7 yr
617.293 / Harmful material; dissemination and display to minors prohibited (Felony) /
15yr
617.293 / Harmful material; dissemination and display to minors prohibited (Gross-
misdemeanor) / 10yr
617.293 / Harmful material; dissemination and display to minors prohibited
(Misdemeanor) / 7 yr
624.713 / Certain persons not to possess firearms (Felony) / 15yr
624.713 / Certain persons not to possess firearms (Gross-misdemeanor) / 10yr
624.713 / Certain persons not to possess firearms (Misdemeanor) / 7 yr

No.

5.3.6 Does your State State/Territory exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, 98.41(A)(ii)(A)) from background checks?

Effective Date: 06/01/2016

- Yes, all relatives are exempt from all background check requirements.
- Yes, some relatives are exempt from the background check requirements. If the State /Territory exempts some relatives from background check requirements, describe which relatives are exempt. from which requirements (some or all).
Describe.
- No, relatives are not exempt from background checks.

5.3.7 Describe how fees charged for completing the background checks do not exceed the actual cost of processing and administration, including how the State State/Territory ensures that 3rd party vendors or contractors do not charge fees that exceed the actual cost of processing and administration, if applicable.

Lead Agencies can report that no fees are charged if applicable:

Effective Date: 06/01/2016

Describe.

Minnesota Statute requires that the fees charged for DHS background studies recover the costs associated with the work needed to complete the studies. According to Minnesota law, all fees collected from background study work are specifically appropriated by the Minnesota Legislature for the purpose of conducting background studies.

5.3.8 Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue:

Effective Date: 06/01/2016

Describe.

Minnesota's child care center background study policies and procedures are available on the Minnesota Department of Human Services website. The website describes when a background study must be conducted, on whom, and how studies are submitted to DHS. There are also summaries of the disqualifying crimes, data practices topics for background study data, how to apply for variances and set asides, and links to Minnesota Statutes containing relevant background study law. Annually, DHS updates its website with a summary of new laws affecting background studies and those who are required to submit them.

5.3.9 Does the Lead Agency release aggregated data by crime?

Effective Date: 06/01/2016

Yes.

List types of crime included in the aggregated data:

No.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to

offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

[6.1 Training and Professional Development Requirements](#)

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements 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 across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require

renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State's training and professional development requirements 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.

a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).

b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.)

c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)

d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF

e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.

Effective Date: 10/01/2016

Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including

planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.1.2 Describe how the State provides ongoing training and professional development, provides for a progression of professional development (such as allows an individual to build on entry- and mid-level training and education both in terms of the skills and knowledge they attain but also in terms of credit that leads toward a higher level credential or certification, including articulation agreements) reflecting research and best practice to meet the developmental needs of participating children and improve the quality and stability of the child care workforce:

Effective Date: 06/01/2016

State/Territory professional standards and competencies.

Describe.

The Minnesota Department of Human Services (DHS) Child Development Services unit uses Minnesota's Knowledge and Competency Frameworks that outline standards, or expectations, regarding what people educating and caring for young children need to know. The Knowledge and Competency Frameworks also describe competencies which define the demonstration of specific skills needed at three distinct scaffolding levels. The Minnesota Department of Education, in coordination with DHS and the Department of Health, released three inter-related yet distinct Knowledge and Competency documents, (1) Infant/Toddler, (2) Preschool, (3) Family Child Care, in 2014. All three versions can be found on the Minnesota Department of Education website. See attachments (1) Attachment_6.1.2_KCFInfantTodler_2015.pdf, (2) Attachment_6.1.2_KCFPreschool_2015.pdf and (3) Attachment_6.1.2_KCFFamilyChildCare_2015.pdf.

Career ladder or lattice.

Describe.

The Department of Human Services (DHS) Child Development Services unit supports a grant contract with the Minnesota Center for Professional Development (MNCPD) that provides 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 MNCPD approved training hours, credentials, college credits and degrees earned. A Career Lattice Step certificate is issued after an individual completes the application process and becomes an Individual Member. Career Lattice Steps will be reviewed and reassigned with each Individual Membership annual renewal. [Minnesota's Career lattice can be viewed on the MNCPD website.](#) See attachment Attachment_6.1.2_CareerLattice_2015.pdf.

Articulation agreements between two- and four-year postsecondary early childhood education or degree programs.

Describe.

With other state agencies stakeholder organizations and community groups, the Minnesota Department of Human Service (DHS) Child Development Services unit 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. Minnesota, in conjunction with a two-year college, is pursuing an option to embed the Minnesota Child Care Credential (MNCCC) curriculum into the college's curriculum so students are awarded the MNCCC upon completion of the related coursework. 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 Board of Teaching standards with one aim to serve as a step toward fostering additional articulation agreements.

- Community-based training approved by a state regulatory body to meet licensing or regulatory requirements.

Describe.

Community-based training meeting licensing and/or other regulatory requirements is approved by the Minnesota Center for Professional Development (MNCPD), a grantee of the Minnesota Department of Human Services (DHS), Child Development Services.

Community-based non-credit training is offered via the state's Child Care Resource & Referral System (CCR&R, Child Care Aware of Minnesota, as well as through other community training organizations, individual trainers, and synchronous and asynchronous online training (both in-state and out-of-state online options are available).

All approved community-based training is listed on a state-wide training calendar on Develop (Minnesota's Quality Improvement and Registry Tool). Community-based training is generally offered at Level One (explores), Level Two (implements) and Level Three (designs and leads) of the Minnesota Knowledge and Competency Framework.

Community-based training addresses all the domains in Minnesota's Early Childhood Indicators of Progress (ECIPs) and includes specific training on children with disabilities, special health care needs and behavioral challenges, as well as English language learners.

Training indicators identified in Parent Aware, Minnesota's Quality Rating & Improvement System (QRIS), also address training content related to developmental disabilities, special health care needs, children exhibiting behavioral challenges and dual language learners.

- Workforce data, including recruitment, retention, registries or other documentation, and compensation information.

Describe.

The Minnesota Department of Human Services (DHS) Child Development Services unit funded a 2011 Wilder Research report entitled Child Care Workforce in Minnesota. This report is utilized to support informed Department decision making and prioritization. See attachment [Attachement_6.1.2_WilderWorkforceReport_2011.pdf](#). DHS Child Development Services provides Retaining Early Educators through Attaining Incentives Now (R.E.E.T.A.I.N.) grants that are designed to offer financial incentives to keep strong, well-training professionals in the field and working with the same group of children over time. The Minnesota Center for Professional Development (MNCPD) serves as a professional development hub by providing Individual Memberships to practitioners, approving training and trainers and assigning Career Lattice Steps to recognize formal education and achievements. <http://mncpd.org>. As part of the Race to the Top-Early Learning grant, Minnesota published the 2014 Great Workforce Annual Report. See attachment [Attachment_6.1.2_GreatWorkforceReport_2014.pdf](#). Develop (Minnesota's Quality Improvement and Rating Tool), among other functions, serves a data system to house workforce and professional development data. Learn more at developtoolmn.org.

- Advisory structure that provides recommendations for the development, revision, and implementation of the professional development system or framework.

Describe.

Minnesota 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. The ELC Guiding Principles can be reviewed as attachment [Attachment_6.1.2_EarlyLearningCouncil_2015.pdf](#).

- Continuing education unit trainings and credit-bearing professional development.

Describe.

The Minnesota Center for Professional Development (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 transcripts.

State-approved trainings.

Describe.

State owned curricula designated as Parent Aware has been written specifically to meet the Parent Aware training indicators. Training is available at all levels of the MN Knowledge and Competency Framework.

Parent Aware Tier 1 Course Titles

- Basic Child Development.
- Authentic Observation.
- Child Care That Supports School Readiness (ECIP).
- Tipping the Scales:
 - Nutrition.
 - Obesity Prevention.
- Focus on Core Concepts.
- Introduction to Children with Special Needs.
- Creating Cultural Connections in Child Care.
- Overview of Curriculum.
- Assessment: Gathering and Using Information.

Advanced Parent Aware Training

A total of 20 advanced training courses meeting the current Parent Aware training indicators have been developed at levels two and three of the Minnesota Knowledge and Competency Framework. The following content areas are addressed:

- Child Development.
- Authentic Observation.
- Early Childhood Indicators of Progress.
- Nutrition and Obesity Prevention.
- Literacy.
- Young children with special developmental and health care needs.
- Family Engagement.
- Curriculum.
- Child Assessment.

Except for the two hour Authentic Observation Courses, all Parent Aware face-to-face training is series-based, roughly three to eight hours in length. Participants are expected to complete practical experience assignments between sessions. Online Parent Aware training curricula (delivered through Eager-to-Learn) require more hours than face-to-face training, to account for chats and message board discussions.

Minnesota has two state credentials; the Minnesota Child Care Credential and the Minnesota Infant-Toddler Credential. The Minnesota Child Care Credential meets all training requirements for Parent Aware, while the Minnesota Infant Toddler Credential

meets some of the training requirements for Parent Aware.

Minnesota Child Care Credential

- Series-based and sequenced (courses "build" upon one another).
- Meets all Parent Aware training requirements for One- through Four-Stars.
- 120 hours, meeting the training requirement for the national Child Development Associate Credential (CDA).
- Assignments between sessions meet the CDA portfolio requirements.
- May be taken without a high school degree or General Educational Development (GED).
- Offered in English, Spanish, Somali, and Hmong (by bilingual, bicultural Trainers).
- Offered face-to-face and online (through Eager-to-Learn), via a cohort model.
- Ongoing support to complete the CDA is offered through Child Care Aware of Minnesota Coordinating Office, Education Director.
- Focuses on ages birth to five years of age (is not intended for school-age care).

Minnesota Infant/Toddler Credential

- 30 hours, partially meeting the 120-hour training requirement for the national CDA.
- Partially meets Parent Aware training requirements.
- Meets all training requirements for the [Minnesota Infant/Toddler Mental Health Endorsement Level One](#)
- Assignments between sessions meet the CDA portfolio requirements.
- May be taken without a high school degree or GED.
- Offered face-to-face and online (through Eager-to-Learn), via a cohort model.
- Ongoing support to complete the CDA is offered through Child Care Aware of Minnesota Coordinating Office, Education Director.
- Focuses on children from birth to three years of age.
- Aligned with Infant/Toddler Certificate training, which is offered through the University of Minnesota, Center for Early Education and Development (CEED)
 - Minnesota Infant/Toddler Mental Health Endorsement levels two through four.
- Primarily intended for early care and education providers and is also applicable to cross-sector training for foster care, home visitors, child welfare, and child care licensing.

The following are current state developed training meeting family child care training requirements as cited in Statute. The majority of these courses are meant to address unsafe sleep practices and lack of appropriate adult supervision of children; two areas which frequently result in fatal or serious injuries in the family child care setting.

- Sudden Unexpected Infant Death (SUID).
- Abusive Head Trauma (AHT).
- Developmentally Appropriate Behavior Guidance - the Minnesota Department of Human Services has developed this pre-service training to meet the family child care training requirements for Child Development training and Behavior

Guidance training. Any individual or training organization may develop training to meet this training requirement. For information on what training content needs to be addressed, see [Minnesota Statue 245A.50 Family Child Care Training Requirements](#).

- Supervising for Safety.
- Active Supervision: A Developmental Perspective.
- Active Supervision: Emergency Situations.
- Active Supervision: Children with Special Needs.
- Active Supervision: Cultural Considerations.
- Active Supervision: What Else is in the Home.
- Active Supervision: Provider Privacy and Self-care.
- Active Supervision: Fatal and Non-fatal Injuries.
- Active Supervision: Out of Home Safety.
- Active Supervision: School-age Children.
- Active Supervision: Abuse & Neglect; and Who Else is in the Home.

Inclusion in state and/or regional workforce and economic development plans.
Describe.

Other.

Describe.

A Bi-lingual/Bi-cultural trainer recruitment project during the previous CCDF Plan period greatly increased the number of languages training can be offered in as well as grown the trainer pool in Minnesota. See attachment

[Attachment_6.1.2_BilingualBiculturalTrainers_2015.pdf](#). The Minnesota Department of Human Services (DHS) Child Development Services unit continues recognizes the value of Relationship-Based Professional Development (RBPD) such as coaching, consultation and mentoring by crediting RBPD hours approved by the Minnesota Center for Professional Development (MNCPD) on individual practitioner learning records. These hours are accepted by state child care licensors and some count toward requirements for Parent Aware, Minnesota's Quality Rating & Improvement System (QRIS).

A trainer support project provides support to trainers, coaches, consultants, and mentors, also known as Relationship Based Professional Development (RBPD) specialists, approved through the Minnesota Center for Professional Development (MNCPD). Services include but not limited to: providing training on adult education practices and training of trainers on state development courses; recruiting trainers and

RBPD Specialists in areas identified with the greatest need; supporting trainers and RBPD Specialists in a myriad of methods best suited to their learning styles.

6.1.3 Describe how the State/Territory developed its training and professional development requirements in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable) or other state or state-designated cross-agency body if there is no SAC

Effective Date: 06/01/2016

Describe.

When first created, Governor Dayton's Early Childhood Advisory Council formed a Professional Development workgroup comprised of state agency staff, higher education representatives and private and public training organizations to research current workforce professional development opportunities and make recommendations for a more cohesive and collaborative system statewide. When Minnesota was awarded the Race to the Top-Early Learning Challenge (RTT), much of the work of the Early Childhood Advisory Council Professional Development workgroup was addressed in the RTT Scope of Work initiatives and deliverables. Because of this, the Advisory Council decided to disband the Council's Professional Development Workgroup so as not to expend time and resources for duplicative work.

The Council, now known as the Early Learning Council, may be undergoing significant change of membership during the Federal Fiscal Year (FFY) 2016-18 CCDF Plan period. Because of this, and the fact that the Race to the Top-Early Learning Challenge grant ends in December 2016, the Departments of Human Services, Education, and Health will continue to consult with the Early Learning Council to determine how to move forward to best meet the professional development needs of the early care and education workforce in Minnesota, based in part on the requirements outlined in the 2016-18 CCDF Plan (with regard to training and professional development of the child care workforce).

6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements

Effective Date: 06/01/2016

Describe.

The Minnesota Department of Human Services (DHS) Child Development Services unit 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 is offered through the CCR&Rsystem, 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, 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) have been cross-walked with Head Start Development and Early Learning Framework; k-12 content standards, and State/Territory pre-k standards.

The State of Minnesota does have 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 (Department of Human Services) Chapters 245A and 9503, and Family Child Care Laws and Rules (Department of Human Services) Chapters 245A and 9502, both address behavior guidance methods, standards, and general requirements. Child Care Center Laws & Rules (Department of Human Services) Chapters 245A, 245C, 626.556, and 9503, and Family In-home Day Care Laws and Rules (Department of Human Services) 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 now requires licensed family child care providers to 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."

The Minnesota Department of Education (MDE) is the lead on several initiatives addressing social emotional development and managing challenging behaviors through the following models:

- Pyramid Model (formerly known as TACSEI).
- Family Guided Routine Based Intervention.
- Reaching Potentials through Recommended Practices.

The Minnesota Department of Human Services (DHS) Child Development Services unit participates on the Minnesota Department of Education (MDE) statewide Leadership Team, which supports the work of the above models of prevention and intervention. DHS facilitates partnerships between school districts and Head Start with child care programs in implementation of the above identified models.

Information on social emotional development and preschool expulsion is made available to both parents and providers via organizations such as PACER Center, a nationally known parent training and information center, and the Center for Inclusive Child Care, a DHS Child Development Services grantee, which provides coaching/consultation, technical assistance, and support and training to early care and education providers and parents. Help Me is a resource for both parents and providers supported by the Minnesota Department of Education (MDE) which address issues related to social emotional development.

Effective August 31, 2015, all licensed child care providers are required to comply with rules relating to positive support strategies, safety interventions, and emergency use of manual restraint for children with a developmental disability or related condition.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable)

Effective Date: 06/01/2016

Describe.

Through Child Care Resource &Referral (CCR&R grant contracts and partnerships, the Minnesota Department of Human Services (DHS) Child Development Services unit ensures that access to professional development opportunities for tribal organizations are offered through the CCR&Rsystem working in collaboration with individual tribes and in partnership with the Minnesota Tribal Resources for Early Childhood Care (MNTRECC). The CCR&Rsystem's Professional Development Advisors work with the tribes to ensure that professional development opportunities are responsive to tribal needs and supportive of the state's quality improvement efforts.

6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring 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 disabilities, and Native Americans, including Indians and Native Hawaiians.

Effective Date: 06/01/2016

Describe.

Through grant contracts, the Minnesota Department of Human Services (DHS) Child Development Services ensures that training is available through the state's Child Care Resource &Referral System (CCR&R training delivery system, as well as other training organizations, that 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 and, through the services of the Center for Inclusive Child Care, a DHS grantee, multiple trainings on children with disabilities and behavioral challenges. In addition, 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.

Minnesota has developed a 30-hour state Infant and Toddler 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.

DHS will continue to use a Universal, Multiple Cultural 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.

6.1.7 Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible children. Check all that apply and describe.

Effective Date: 06/01/2016

Financial assistance for attaining credentials and post-secondary degrees.

Describe.

Minnesota provides financial supports to providers looking 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. Financial supports are also available for training, assessment, and renewal fees associated with obtaining the Child Development Associate Credential (CDA). Minnesota also provides

financial support for the attainment of the Minnesota Child Care Credential and the Minnesota Infant/Toddler Credential.

Financial incentives linked to education attainment and retention.

Describe.

Minnesota provides support for the R.E.E.T.A.I.N. (Retaining Early Educators Through Attaining Incentives Now) program, which 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. R.E.E.T.A.I.N. bonuses are awarded annually. The bonuses range from \$500 to \$3,500 and can be used to cover program or personal expenses.

Registered apprenticeship programs.

Describe.

Outreach to high school (including career and technical) students.

Describe.

Policies for paid sick leave.

Describe.

Policies for paid annual leave.

Describe.

Policies for health care benefits.

Describe.

Policies for retirement benefits.

Describe.

Support for providers' mental health (such as training in reflective practices and stress reduction techniques, health and mental health consultation services).

Describe.

Minnesota is in the process of partnering with the lead agency's Children's Mental Health Division to develop and deliver mental health consultation services to child care providers participating in Parent Aware, Minnesota's Quality Rating and Improvement System.

Other.

Describe.

6.1.8 Describe how the State/Territory will recruit providers for whom English is not their first language, or who will serve and be available for families for whom English is not their first language.

Effective Date: 06/01/2016

Describe.

DHS has fully launched Parent Aware, the Minnesota Quality Rating System, and one focus is recruiting English Language Learner (ELL) providers to participate in it. Minnesota supports bilingual and bicultural coaches from the Spanish, Hmong and Somali language groups who can recruit and work with providers who speak those respective languages. Interpretive services are available for providers who speak languages other than Hmong, Somali and Spanish. Several state developed curricula, including the Minnesota Child Care Credential, have been translated and adapted in Hmong, Spanish and Somali. One CCR&R agency also has a dedicated program to support providers from immigrant and refugee communities in starting a child care business.

6.1.9 How will the Lead Agency overcome language barriers to serve providers for whom English is not their first language? Check the strategies, if any, that your State/Territory has chosen to implement.

Effective Date: 06/01/2016

- Informational materials in non-English languages
- Training and technical assistance in non-English languages
- CCDF health and safety requirements in non-English languages
- Provider contracts or agreements in non-English languages
- Website in non-English languages

- Bilingual caseworkers or translators available
- Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse workforce

Other.

Describe.

None

If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State has the ability to have translation/interpretation in all primary and secondary languages

In Minnesota, information to non-English speaking providers is provided in three languages, these include Somali, Spanish, and Hmong (the primary languages for most non-English speaking providers). Accordingly, all key informational materials are prioritized and translated into these three languages. Additionally, the Minnesota Child Care Aware and Parent Aware websites provide web translations Somali, Spanish, and Hmong languages. Live over-the-phone interpreter services are also available in these three languages.

6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Effective Date: 11/29/2016

Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).

Yes.

The State certifies that no later than March 1, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families.

Describe that training and technical assistance for providers

Training and technical assistance to providers on identifying and serving homeless families has been completed and these resources are now available to Minnesota's child care providers on an on-going basis. With the guidance of an advisory committee, three courses were developed and are now available for child care providers on serving children and their families who have experienced homelessness. Key stakeholders have reached out to child care providers on identifying and providing services to children and families who are or have experienced homelessness. Stakeholders will continue to provide technical assistance as needs arise. This technical assistance is supplemented by resources on a web page created on the parentaware.org, Minnesota's consumer education website, with resources for providers who serve children and families who are homeless as well as resources for families themselves.

- No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016) [9/30/2016](#)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Unmet requirement - Identify the requirement(s) to be implemented [Use CCDF for activities to improve quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families](#)

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

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

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

6.2.1 If checked yes to 7.1 in the next section, check which content is included training and professional development activities. Check all that apply.

Effective Date: 05/30/2017

Yes, If yes,

a) Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

DHS Child Development Services will utilize the following measures to evaluate progress:

- Average Step on Minnesota's Career Lattice.
- Percent of practitioners with a Bachelor's degree, Associate's degree or Child Development Associates Credential.
- Percent of practitioners advancing on Minnesota's Career Lattice.
- Number of hours of training offered and attended.
- Number of active trainers, Relationship Based Professional Development Specialists, and courses approved through the Minnesota Center for Professional Development.
- Number of bilingual/bicultural trainers.
- Number of individuals trained on Minnesota's Early Learning Guidelines.
- Number of individuals and programs receiving Relationship Based Professional Development (coaching, consulting, or mentoring).
- Number of individuals awarded the Minnesota Infant/Toddler Credential.
- Number of individuals awarded the Minnesota Child Care Credential.

b) Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe:

CCDF quality set-aside funds support the delivery of training and Relationship Based Professional Development services, approval of trainers and training content, financial supports to attain credentials, certificates and degrees, and support for accreditation.

Other funds.

Describe:

Race to the Top-Early Learning grant funds through September 30, 2016 and State General Funds support the following activities:

- Training delivery.
- Curriculum development.
- Coaching related to the use of the Classroom Assessment Scoring System.
- Recruitment and training of bilingual/bicultural trainers.
- T.E.A.C.H. Early Childhood Scholarships for access to higher education coursework.
- Operation of Minnesota's Professional Development Registry.
- Technical enhancements to Minnesota's Professional Development Registry.
- Development of Minnesota's Relationship Based Professional Development Credential.

c) Check which content is included in training and professional development activities.

Check all that apply.

Promoting the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity, using scientifically-based, developmentally-appropriate and age-appropriate strategies as required in 6.1.1c.

Describe:

The state of Minnesota has training requirements for both licensed family child care and center-based care settings Child Care Center Laws & Rules (Department of Human Services) Chapters 245A, 245C, 626.556 and Chapter 9503 and Family In-home Day Care Laws and Rules (Department of Human Services) Chapters 245A, 245C, 626.556 and Chapter 9502, specific to 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.

- Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and reduce challenging behaviors, including reducing expulsions of preschool-aged children from birth to five for such behaviors (see also Section 2).

Describe:

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 (Department of Human Services) Chapters 245A and Chapter 9503 and Family Child Care Laws and Rules (Department of Human Services) Chapters 245A and Chapter 9502, both address behavior guidance methods, standards, and general requirements.

Effective July, 2014, Minnesota legislation now requires licensed family child care providers to have 4 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.

In addition, effective August 31, 2015, all licensed child care providers are required to comply with rules relating to positive support strategies, safety interventions, and emergency use of manual restraint for children with a developmental disability or related condition.

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 classroom, online, and podcasts, as well as consultation and coaching services that are child and program specific. Finally, the Minnesota Department of Education provides training that is available to child care providers that addresses social emotional development and managing challenging behaviors through the following models:

- Pyramid Model (formerly known as TACSEI).
- Family Guided Routine Based Intervention.
- Reaching Potentials through Recommended Practices.



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. Also, the Center for Inclusive Child Care provides coaching and consultation services in child care center-based settings and family child care settings, supporting practitioners as they partner with families in promoting the positive development of their children.

- Developmentally appropriate, culturally and linguistically responsive instruction and evidence-based curricula, and learning environments that are aligned with the State/Territory Early Learning and Development Standards.

Describe:

DHS Child Development Services 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 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.

- On-site or accessible comprehensive services for children and 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:

Child Care business practices training for family child care providers is included in the Minnesota Child Care Credential, developed by DHS and delivered through the CCR&R system. Content areas include program evaluation along with training on Licensing Regulations; Risk reduction; Contracts and Policies; and Record Keeping and Taxes. Approved training written by independent trainers on family child care

business practices is also available through the CCR&Rsystem.

Also available in Minnesota is business training for child care center directors as a part of the Director's Credential. This Credential is recognized by the National Association for the Education of Young Children (NAEYC) and is delivered in partnership with Eager-To-Learn, the CCR&Rsystem's online learning venue, and the Minnesota Association for the Education of young Children. Content areas include: Program Evaluation, Hiring & Retaining Qualified Staff; Parent Provider Communications; and Code of Ethics for Administrators.

- Caring for children of families in geographic areas with significant concentrations of poverty and unemployment.

Describe:

Training courses developed by DHS, including the Minnesota Child Care Credential, the Minnesota Infant/Toddler Credential, Parent Aware foundational and advanced training, and licensing training for family child care providers utilizes a Universal Multiple Culture 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.

- Caring for and supporting the development of children with disabilities and developmental delays.

Describe:

Training and/or coaching for child care providers on working with young children with developmental disabilities and developmental delays is offered through the CCR&Rsystem 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.

- Supporting positive development of school-age children.

Describe:

Training on supporting the positive development of school-age children is available through the CR&Rsystem and also through other training organizations listed on

[Develop, Minnesota's Quality Improvement and Registry Tool.](#)

Other.

Describe:

d) Check how the State/Territory connects child care providers with available Federal and State/Territory financial aid, or other resources for pursuing postsecondary 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 postsecondary training including financial aid and academic counseling
- State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar or listing of opportunities) of relevant postsecondary education opportunities
- Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from State/Territory for completion of postsecondary education

Other.

Describe:

No.

6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas?

States and Territories are encouraged to consult with Caring for our Children for best practices and recommended time needed to address training hour requirements.

Effective Date: 06/01/2016

Yes. If yes, describe:

a) Licensed Center-Based Care

1) Number of pre-service or orientation hours and any required areas/content

[Child care center pre-service training requirements are topic specific, and include:](#)

[Orientation before starting assigned duties, including:](#)

- The center's philosophy, child care program, and procedures for maintaining health and safety and handling emergencies and accidents;
- Specific job responsibilities;
- Behavior guidance standards in Minnesota Rules, part 9503.0055; and,
- Maltreatment reporting responsibilities.

Before staff persons care for infants, they are required to receive training on reducing the risk of sudden unexpected infant death. Before staff persons care for infants or children under school age, they are required to receive training on the risk of abusive head trauma from shaking infants and young children.

Before transporting children under nine years of age, staff who place children in passenger restraints must receive child passenger restraint system training.

All teachers and assistant teachers must complete cardiopulmonary resuscitation (CPR) and first aid training within 90 days of starting work.

2) Number of on-going hours and any required areas/content

Child care center ongoing training requirements include:

1. A license holder must ensure that an annual in-service training plan is developed and carried out and that it meets the requirements in clauses (1) to (7). The in-service training plan must:

- Be consistent with the center's child care program plan;
- Meet the training needs of individual staff persons as specified in each staff person's annual evaluation report;
- Provide training, at least one-fourth of which is by a resource not affiliated with the license holder;
- Include Minnesota Rules, parts 9503.0005 to 9503.0170, relevant to the staff person's position and must occur within two weeks of initial employment;
- Provide that at least one-half of the annual in-service training completed by a staff person each year pertains to the age of children for which the person is providing care;
- Provide that no more than four hours of each annual in-service training requirement relate to administration, finances, and records training for a teacher, assistant teacher, or aide; and,
- Provide that the remainder of the in-service training requirement be met by participation in training in child growth and development; learning environment and curriculum; assessment and planning for individual needs; interactions with children; families and communities; health, safety, and nutrition; and program planning and evaluation.

2. For purposes of this subdivision, the following terms have the meanings given them.

- "Child growth and development training" has the meaning given it in Subdivision 2, Paragraph (a).
- "Learning environment and curriculum" means training in establishing an environment that provides learning experiences to

meet each child's needs, capabilities, and interests, including early childhood education methods or theory, recreation, sports, promoting creativity in the arts, arts and crafts methods or theory, and early childhood special education methods or theory.

- "Assessment and planning for individual needs" means training in observing and assessing what children know and can do in order to provide curriculum and instruction that addresses their developmental and learning needs, including children with special needs.
- "Interactions with children" means training in establishing supportive relationships with children and guiding them as individuals and as part of a group, including child study techniques and behavior guidance.
- "Families and communities" means training in working collaboratively with families, agencies, and organizations to meet children's needs and to encourage the community's involvement, including family studies and parent involvement.
- "Health, safety, and nutrition" means training in establishing and maintaining an environment that ensures children's health, safety, and nourishment, including first aid, cardiopulmonary resuscitation, child nutrition, and child abuse and neglect prevention.
- "Program planning and evaluation" means training in establishing, implementing, evaluating, and enhancing program operations.

3. The director and all program staff persons must annually complete a number of hours of in-service training equal to at least two percent of the hours for which the director or program staff person is annually paid, unless one of the following is applicable.

- A teacher at a child care center must complete one percent of working hours of in-service training annually if the teacher:
 - Possesses a baccalaureate or master's degree in early childhood education or school-age care;
 - Is licensed in Minnesota as a prekindergarten teacher, an early childhood educator, a kindergarten to sixth grade teacher with a prekindergarten specialty, an early childhood special education teacher, or an elementary teacher with a kindergarten endorsement; or
 - Possesses a baccalaureate degree with a Montessori certificate.
- A teacher or assistant teacher at a child care center must complete one and one-half percent of working hours of in-service training annually if the individual is:
 - A registered nurse or licensed practical nurse with experience working with infants;
 - Possesses a Montessori certificate, a technical college certificate in early childhood development, or a child development associate certificate; or

- Possesses an associate of arts degree in early childhood education, a baccalaureate degree in child development, or a technical college diploma in early childhood development.
- The number of required training hours may be prorated for individuals not employed full time or for an entire year.
- The annual in-service training must be completed within the calendar year for which it was required. In-service training completed by staff persons is transferable upon a staff person's change in employment to another child care program.
- The license holder must ensure that, when a staff person completes in-service training, the training is documented in the staff person's personnel record. The documentation must include the date training was completed, the goal of the training and topics covered, trainer's name and organizational affiliation, trainer's signed statement that training was successfully completed, and the director's approval of the training. Within the first year of employment, all staff must complete two hours of child growth and development training.

b) Licensed Group Child Care Homes

1) Number of pre-service or orientation hours and any required areas/content

Group family child care providers are required to complete the following topic specific pre-service training:

At least six hours of approved "supervising for safety" training that includes supervision basics, supervision outdoors, equipment and materials, illness, injuries, and disaster preparedness.

- At least four hours of child growth and development and behavior guidance training.
- First aid and cardiopulmonary resuscitation training.
- Sudden unexpected infant death training before caring for infants.
- Abusive head trauma training before caring for infants and children under school age.
- Child passenger restraint systems training if transporting children under age nine.

2) Number of on-going hours and any required areas/content

Group family child care providers are required to complete 16 hours of ongoing training each year. The 16 hours includes repeat of the above training topics as described below, and other training selected from specified topic areas to total 16 hours annual training.

Training topics that must be repeated on an ongoing basis include:

- At least two hours on "supervising for safety" each year.
- Child growth and development and behavior guidance training. The minimum number of ongoing hours for this topic is not specified in law, but approved courses are at least two hours in length.
- First aid every two years.
- Cardiopulmonary resuscitation every two years.

Sudden unexpected infant death and abusive head trauma training every two years in a course no more than two hours in length. (Viewing of a video no longer than one hour in length is required in the opposite years.)

Child passenger restraint system training must be repeated at least every five years.

c) Licensed Family Child Care Provider

1) Number of pre-service or orientation hours and any required areas/content

Family child care providers are required to complete the following topic specific pre-service training:

- At least six hours of approved "supervising for safety" training that includes supervision basics, supervision outdoors, equipment and materials, illness, injuries, and disaster preparedness.
- At least four hours of child growth and development and behavior guidance training.
- First aid and cardiopulmonary resuscitation training.
- Sudden unexpected infant death training before caring for infants.
- Abusive head trauma training before caring for infants and children under school age.
- Child passenger restraint systems training if transporting children under age nine.

2) Number of on-going hours and any required areas/content

Family and group family child care providers are required to complete 16 hours of ongoing training each year. The 16 hours includes repeat of the above training topics as described below, and other training selected from specified topic areas to total 16 hours annual training.

Training topics that must be repeated on an ongoing basis include:

- At least two hours on "supervising for safety" each year.
- Child growth and development and behavior guidance training. The minimum number of ongoing hours for this topic is not specified in law, but approved courses are at least two hours in length.
- First aid every two years.

- Cardiopulmonary resuscitation every two years.
- Sudden unexpected infant death and abusive head trauma training every two years in a course no more than two hours in length. (Viewing of a video no longer than one hour in length is required in the opposite years.)
- Child passenger restraint system training must be repeated at least every five years.

d) Any other eligible CCDF provider

1) Number of pre-service or orientation hours and any required areas/content

Legal nonlicensed providers must complete First aid and Cardiopulmonary resuscitation (CPR) training prior to receiving CCDF payments to care for children. There is no minimum number of hours required but there must be an in-classroom component to CPR training.

2) Number of on-going hours and any required areas/content

Legal nonlicensed providers must renew their registration to receive CCDF payments every two years. At renewal, providers must demonstrate eight hours of training in topics listed by the Minnesota Center for Professional Development Registry. First Aid and CPR courses may be counted in the additional eight hours of required training but are not required.

No

6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.

Effective Date: 10/01/2016

Fully implemented - as of March 1, 2016.

Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public

relations, and parent-provider communications, including who delivers the training, education and/or technical assistance

DHS Child Development Services supports a grant contract with First Children's Finance who provides loans and business development assistance to high quality child care businesses serving low and moderate-income families. First Children's Finance utilizes strategies such as:

- Providing business planning training, coaching and technical assistance to child care providers.
- Providing financing to child care providers through an array of loan programs that result in child care providers remaining in business and meeting their financial obligations.
- Convening child care providers, business leaders, and community stakeholders to develop child care plans - from individual business plans to region-wide community plans.
- Developing business tools for child care providers such as an operational handbook, tools and models to assist in operating their business.

DHS Child Development Services also supports strengthening provider's business practices through the [Eager-to-Learnonline Director's Credential](#) which is offered in collaboration with the Minnesota Association for the Education of Young Children. The credential is recognized by NAEYC and meets all the director training requirements for NAEYC Accreditation as well many state and national director administrative training requirements.

Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating

agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with the State/Territory lead agency to complete implementation of this activity

6.3 Early Learning and Developmental Guidelines

The CCDBG Act of 2014 added a requirement that the State/Territory will 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, or birth-to-five), describing what such children should know and be able to do, and covering the essential domains of early childhood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the option of the State/Territory, early learning and development guidelines for out-of-school time may be developed. States and Territories may use the quality set-aside as discussed in section 7 to improve on the development or implementation of early learning and development guidelines.

6.3.1 Describe the status of the State's early learning and development guidelines appropriate for children from birth to kindergarten entry.

Effective Date: 10/01/2016

- The State assures that the early learning and development guidelines are:
- Research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with entry to kindergarten
 - Implemented in consultation with the State educational agency and the State Advisory Council (SAC) or other state or state-designated cross-agency body if there is no SAC
 - Updated as determined by the State. List the date or frequency

All of the domains for children age birth to kindergarten entrance will be updated by the end of 2016 and then will be updated on the same schedule as the legislatively-mandated K-12 academic standards.

- Fully implemented and meeting all Federal requirements outlined above - as of March 1, 2016. List the Lead Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below
- Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

Overall Target Completion Date (no later than September 30, 2016)

Overall Status - Describe the State/Territory's overall status toward complete implementation for this requirement(s) (not yet started, partially implemented, substantially implemented, other)

Implemented requirement(s) - Identify any requirement(s) implemented to date if applicable

Tasks/Activities - What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)

Projected start date for each activity:

Projected end date for each activity:

Agency - Who is responsible for complete implementation of this activity

Partners - Who is the responsible agency partnering with to complete implement this activity

6.3.2 Check for which age group(s) the State has established early learning and development guidelines:

Effective Date: 06/01/2016

- Birth-to-three

Provide a link:

[Early Childhood Indicators of Progress: Minnesota's Early Learning Guidelines for Birth to Three](#)

Three-to-Five

Provide a link:

[Early Childhood Indicators of Progress: Minnesota's Early Learning Guidelines for Threeto Five](#)

Birth-to-Five

Provide a link:

Five and older (check if State/Territory has standards for five and older that complement academic but cover child development areas not covered by k-12 academic standards).

Describe and provide a link:

[School-age Indicators of Progress: Minnesota's Early Learning Guidelines for Five to Twelve](#)

Minnesota's School-age Indicators of Progress 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.

Other.

Describe:

6.3.3 Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to enhance children's cognitive, physical, social and emotional development and support children's overall well-being?

Effective Date: 06/01/2016

- Yes, the State/Territory has a system of technical assistance operating State/Territory-wide
- Yes, the State/Territory has a system of technical assistance operating as a pilot or in a few localities
- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

a) If yes, check all that apply to the technical assistance and describe.

- Child care providers are supported in developing and implementing curriculum/learning activities based on the State's/Territory's early learning and development guidelines.

Describe:

Child care providers working toward a full Rating through Parent Aware, Minnesota's Quality Rating and Improvement System (QRIS), receive coaching on creating lesson plans and identifying or developing curriculum that is aligned with Minnesota's early learning and development guidelines called the Early Childhood Indicators of Progress (ECIPs). Child care providers working toward an accelerated Rating with help from the Accreditation Facilitation Project receive consultation or mentoring on selecting or developing a curriculum aligned with the state's early learning and development guidelines.

- The technical assistance is linked to the State's/Territory's quality rating and improvement system.

Describe:

Programs working toward a full-rating in the Parent Aware Quality Rating and Improvement System receive coaching on the following items that must be aligned with the ECIPs, Minnesota's early learning guidelines:

- Conducting authentic observations.
- Using assessment and curriculum.
- Creating lesson plans.



Child care providers working with infants and/or toddlers have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Programs serving infants and toddlers that are working toward a full-rating in the Parent Aware Quality Rating and Improvement System receive coaching on the following items that all must be aligned with the ECIPs, Minnesota's early learning guidelines:

- Conducting authentic observations.

- Using assessment and curriculum.
- Creating lesson plans.

Child care providers working toward an accelerated Rating with help from the Accreditation Facilitation Project receive consultation or mentoring on selecting or developing a curriculum and an assessment tools aligned with the ECIPs.

- Child care providers working with preschool-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Programs serving preschool-age children that are working toward a full-rating in the Parent Aware Quality Rating and Improvement System receive coaching on the following items that all must be aligned with the ECIPs, Minnesota's early learning guidelines:

- Conducting authentic observations.
- Using an approved assessment and curriculum.
- Creating lesson plans that align with Minnesota Early Childhood Indicators of Progress.

Child care providers working toward an accelerated Rating with help from the Accreditation Facilitation Project receive consultation or mentoring in selecting or

- developing a curriculum and an assessment tools aligned with the ECIPs.

Child care providers working with school-age children have access to the technical assistance for implementing early learning and development guidelines.

Describe:

Child care providers serving school-age children who are working toward accreditation with help from the Accreditation Facilitation Project receive consultation on developing activities aligned with the state's school-age learning and development guidelines.

- b) indicate which funds are used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

CCDF Plan quality set-aside funds support a grant to the Minnesota Association for Young Children/Minnesota School Age Care Association for the Accreditation Facilitation Project and grants to the CCR&Rsystem to provide programs

- participating/Rated in Parent Aware with coaching and technical assistance.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State General Funds support grants to the CCR&Rsystem to provide programs participating/Rated in Parent Aware with coaching and technical assistance.

6.3.4 Check here to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
- Will be used to deny children eligibility to participate in the CCDF program
- Will be used as the primary or sole method for assessing effectiveness of child care programs
- Will be used to deny children eligibility to participate in the CCDF program

Effective Date: 06/01/2016

Yes.

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and

3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation
- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) 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, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

7.1 Activities to Improve the Quality of Child Care Services

7.1.1 What are your overarching goals for quality improvement?

Effective Date: 06/01/2016

Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services

Underpinning DHS's overarching goals for child care quality improvement is an agency-wide commitment to equity by decreasing disparities and improving outcomes for Minnesotans. Specifically, DHS strives to ensure that children of color and American Indian children have access to quality child care. DHS Child Development Services' goals for child care quality improvement include:

Goal One: Early care and education and school-age care settings are of high quality.

DHS Child Development Services works in partnership with others to increase the quality of early care and education and school-age care settings, with a focus on aspects of these settings most closely linked to improving the success of at-risk children in school and in life.

Goal Two: Parents choose and use quality early care and education and school-age programs.

DHS Child Development Services provides families and communities with consistent, transparent, understandable and measurable/actionable information on early childhood and school-age care and education settings that promotes self-reliance and parent support for their child's success in school and in life.

Goal Three: Early childhood educators have the knowledge and skills needed to support children's success.

DHS Child Development Services provides supports to equip child care and early childhood and school-age care providers with the knowledge, competencies, tools, and confidence needed to effectively support children's success in life and school, in partnership with their

families and their communities.

Goal Four: Children who are at-risk have access to quality early learning opportunities.

In coordination with CCAP and partner state agencies, DHS Child Development Services provides supports so that families with children with risk factors have information about and access to quality early learning opportunities in their community and that these quality programs are equipped to meet the needs of these children.

7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

Effective Date: 06/01/2016

- Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2. Indicate which funds will be used for this activity (check all that apply)
 - CCDF funds.
Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
CCDF quality set-aside funds support the Parent Aware Quality Rating and Improvement System, including local level implementation through the CCR&Rsystem of coaching and technical assistance to providers.
 - Other funds.
Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
Race to the Top-Early Learning Challenge funds (through September 30, 2016) and State General Funds (beginning January, 2016) support the following Parent Aware activities: local level implementation of coaching, technical assistance and quality improvement grants to providers through the CCR&Rsystem; the Parent Aware Rating process; data system development and maintenance; and statewide coordination. In addition, private funding from Parent Aware for School Readiness (PASR) and Greater Twin Cities United Way are anticipated to support marketing, evaluation, and accreditation facilitation activities in federal fiscal years 2016-2017.
- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.3. Indicate which funds will be used for this activity (check all that

apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

DHS is proceeding with planning in federal fiscal year 2016 for implementation of activities to improve the supply and quality of child care for infants and toddlers beginning federal fiscal year 2017. This timeline coincides with start of the CCDF Infant/Toddler quality set-aside prescribed under the reauthorized CCDBD law. Activities under consideration are all those listed in Section 7.3.1. As of the March, 2016 submission date of this Plan, the activities checked in 7.3.1 are those currently underway in Minnesota. These may be modified or additional activities may be checked pending completion of the planning process in spring, 2016.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Race to the Top-Early Learning Challenge funds will be used for the development and delivery of the Minnesota Infant/Toddler Credential.

Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

CCDF quality set-aside funds are used to provide on-going support to Minnesota's CCR&R system as described in 1.7.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State General Funds are appropriated on-going to support Minnesota's CCR&R system as described in 1.7.

Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

CCDF quality set-aside funds are used to support consultation on health and safety

concerns beginning July, 2016. Other uses of these funds for inspection, monitoring TBD.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

State General Funds support provision of low-cost required training for licensed family child care providers on safe sleep practices. DHS intends to seek an additional State General Fund appropriation to support CCDF requirements for inspection and monitoring in the 2016 Legislative Session.

Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

CCDF quality set-aside funds support the Parent Aware Quality Rating and Improvement System, including local level implementation through the CCR&Rsystem of coaching and technical assistance to providers.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Race to the Top-Early Learning Challenge funds (through September 30, 2016) and State General Funds (beginning January, 2016) support the following Parent Aware activities: local level implementation of coaching, technical assistance and quality improvement grants to providers through the CCR&Rsystem; the Parent Aware Rating process; data system development and maintenance; and statewide coordination. In addition, private funding from Parent Aware for School Readiness (PASR) and Greater Twin Cities United Way are anticipated to support marketing, evaluation, and accreditation facilitation activities in federal fiscal year 2016-2017.

Supporting accreditation. If checked, respond to 7.7. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

CCDF quality set-aside funds support a grant to the Minnesota Association for Young Children/Minnesota School Age Care Association for the Accreditation Facilitation Project.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

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 7.8. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

CCDF quality set-aside funds support the Parent Aware Quality Rating and Improvement System, including local level implementation through the CCR&R system of coaching and technical assistance to providers. Parent Aware includes standards relating to health, mental health, nutrition, physical activity, and physical development.

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

Race to the Top-Early Learning Challenge funds (through September 30, 2016) and State General Funds (beginning January, 2016) support the following Parent Aware activities: local level implementation of coaching, technical assistance and quality improvement grants to providers through the CCR&R system; the Parent Aware Rating process; data system development and maintenance; and statewide coordination. In addition, private funding from Parent Aware for School Readiness (PASR) and Greater Twin Cities United Way are anticipated to support marketing, evaluation, and accreditation facilitation activities in federal fiscal year 2016-2017. Parent Aware includes standards relating to health, mental health, nutrition, physical activity, and physical development.

Other activities determined by the State/Territory to improve the quality of child care services, and for which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or entry into kindergarten is possible. If checked, respond to 7.9. Indicate which funds will be used for this activity (check all that apply)

CCDF funds.

Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)

Other funds.

Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

7.2 Quality Rating and Improvement System

7.2.1 Does your State/Territory have a quality rating and improvement system (QRIS)?

Effective Date: 06/01/2016

Yes, the State/Territory has a QRIS operating State/Territory-wide.

Describe how the QRIS is administered (e.g., state or locally administered such as through CCR&Rs) and provide a link, if available

Parent Aware, Minnesota's Quality Rating and Improvement System, is administered by the Minnesota Department of Human Services through contracts with the Child Care Aware Child Care Resource and Referral system. Recruitment, coaching, and quality improvement supports are administered through local Child Care Aware agencies. Parent Aware's Ratings process is administered by the state Child Care Aware Coordinating Office.

Yes, the State/Territory has a QRIS operating as a pilot, in a few localities, or only a few levels

Provide a link, if available

No, but the State/Territory is in the development phase

No, the State/Territory has no plans for development

a) If yes, check all that apply to your QRIS.

Participation is voluntary

Participation is mandatory for providers serving children receiving subsidy.

If checked, describe the relationship between QRIS participation and subsidy (minimum rating required, participation at any level, etc.)

- Participation is required for all providers
- Includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
- Supports and assesses the quality of child care providers in the State/Territory
- Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
- Embeds licensing into the QRIS.

Describe:

Providers participating in Parent Aware must maintain a current license through the Minnesota Department of Human Services. Suspension or revocation of a provider's license will result in the termination of their Parent Aware Star Rating.

- Designed to improve the quality of different types of child care providers and services
- Describes the safety of child care facilities
- Addresses the business practices of programs
- Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
- Provides, to the maximum extent practicable, 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.

If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality

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.

- Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating

b) If yes, which types of settings or distinctive approaches to early childhood education and care participate in the State's/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 pre-kindergarten or preschool program
- Local district supported pre-kindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Other.

Describe:

Early Childhood Special Education Programs.

7.2.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory.

Effective Date: 06/01/2016

Describe:

DHS measures progress according to three key metrics: 1) the number and percent of programs participating/Rated/highly-Rated (a Three- or Four-Star Rating) in Parent Aware, 2) the percent of child care slots within each county that are in programs participating/Rated/highly-Rated in Parent Aware, 3) the percent of children receiving CCDF who are in programs participating/Rated/highly-Rated in Parent Aware.

7.3 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

The CCDBG Act of 2014 included changes targeted at improving the supply and quality of infant-toddler care. Lead Agencies are encouraged to systematically assess and improve the overall quality of care infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers and 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.

7.3.1 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.

Effective Date: 06/01/2016

- Establishing or expanding high-quality community or neighborhood-based family and child development centers, which may serve as resources to child care providers in order to improve the quality of early childhood services provided to infants and toddlers from low-income families and to help eligible child care providers improve their capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families.

Describe:

- Establishing or expanding the operation of community or neighborhood-based family child care networks.

Describe:

- Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers.

Describe:

Training specific to infants and toddlers has been available in Minnesota since the 1990's with the introduction of Program for Infant Toddler Care (PITC) with 60 hours of training on all PITC modules provided by certified PITC trainers. More recently, DHS contracted with the University of Minnesota Center for Early Education and Development to develop a 30 hour Minnesota Infant Toddler Credential which will partially meet the training requirements of the National Child Development Associate Credential; all of the training requirements for Level 1 Endorsement for a Minnesota Infant and Early Childhood Mental Health Certificate. The coursework can also be applied to meeting the Parent Aware training indicator requirements.

- Providing financial incentives (including the use of grants and contracts as discussed in section 4) to increase the supply and quality of infant-toddler care.

Describe:

- Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists.

Describe:

- 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:

A regional consultation and referral plan is in place to assist child care providers and families make appropriate referrals for evaluation when a child in care is suspected of developmental delays. Training and coaching/consultation is also available to providers and families via services from the Center for Inclusive Child Care and the Pacer Center. The Minnesota Department of Education is the lead for the national Help Me Grow initiative.

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's/Territory's QRIS.

Describe:

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's/Territory's child care licensing regulations.

Describe:

Minnesota Statutes 9502 and 9503 address licensing regulations and Rule: Chapter 245A, 245C, 626.556. Licensing regulations specific to the infant/toddler age group are addressed in both MN Statute and Rule.

- Developing infant and toddler components within the early learning and development guidelines.

Describe:

The current early learning guidelines, in Minnesota termed the Early Childhood Indicators of Progress (ECIPs), are currently undergoing revision, funded with Race to the Top- Early Learning Grant. The revised ECIPs will incorporate the Birth to Three and Three to Five indicators into one unified document spanning the entire age range.

- Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care.

Describe:

Information about high-quality infant and toddler care can be accessed by parents through the CCR&Rsystem, as well information provided by the Minnesota Department of Education through its [Help Me Grow website](#).

- Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being.

Describe:

There is a coordinated effort underway among the state agencies of Health, Human Services, and Education to develop a streamline, consumer friendly system of early childhood screening with the goal of more children at risk being identified for appropriate services.

- Other.

Describe:

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory

Effective Date: 06/01/2016

Describe:

Minnesota measures progress according to three key metrics: 1) Number of individuals who

complete the PITC, 2) Number of individuals who complete the Infant Toddler Credential, and 3) Number of programs that receive coaching from the Center for Inclusive Child Care.

7.4 Child Care Resource & Referral

7.4.1 Describe the status of the child care resource and referral system

Effective Date: 06/01/2016

State/Territory has a CCR&R system operating State/Territory-wide.

Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system is coordinated and if it is voluntary

Minnesota's CCR&R system 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. Each District is comprised of multiple Regions. District level staff provide a wide range of information for parents searching for care for their children, including information on quality, a full range of child care options, child development and financial assistance (including specifically, child care assistance), the coordination and delivery of professional development opportunities for early childhood programs and the distribution of grants for programs to improve their quality. Regions 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-Minnesota Tribal Resources for Early Childhood Care-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, as well as management of the state's online parent search tool, provider training and education scholarships and an online learning program. Additionally some CCR&R programs contract with county agencies to administer child care assistance.

- State/Territory has a CCR&R system operating in a few localities but not fully operating State/Territory-wide

Describe:

- State/Territory is in the development phase

7.4.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Effective Date: 06/01/2016

Describe:

The CCR&Rsystem in Minnesota is responsible for implementing Minnesota's QRIS so the measures related to the QRIS are also a measure of the performance of the CCR&Rsystem. This includes metrics describe in 7.2.2 and others, such as the average number of coaching hours provided to QRIS participants and the satisfaction of QRIS participants. Other key metrics for the CCR&Rsystem include:

1. Number of training events offered in each region per Core Competency &QRIS component,
2. Number of attendees at training events,
3. Satisfaction of parents who receive referrals.

7.5 Facilitating Compliance with State Standards

7.5.1 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?

Effective Date: 06/01/2016

Describe:

DHS uses a portion of its CCDF quality set-aside funds to support licensors within our Licensing Division; for contracts for the CCR&R system to develop and deliver training on inspection, monitoring, and health and safety requirements; and for small grants available for providers to meet health and safety and licensing standards. Beginning July, 2016, CCDF quality funds will be used for a new grant to support consultation on health and safety issues for providers with serious licensing violations.

7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Effective Date: 06/01/2016

Describe:

Currently, DHS measures the number of grants distributed to providers to support them in meeting health and safety standards. Thanks to a redesigned Registry, DHS is now able to measure, by county and provider type, the percent of the workforce that has received training on key health and safety topics. Additional metrics will be devised to measure the impact of the new grant to support consultation on health and safety issues for providers with serious licensing violations.

7.6 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.6.1 One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings.

Effective Date: 06/01/2016

Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children

DHS measures the quality and effectiveness of child care programs through Parent Aware, Minnesota's Quality Rating and Improvement System. One of the measures included in Parent Aware is the scores programs receive on the Classroom Assessment and Scoring System (CLASS®) observation tool. In addition, in federal fiscal year 2016, DHS collaborates with private funding partners to fund the evaluation of Parent Aware, and Child Trends, a research institution, to carry out the evaluation of Parent Aware.

7.6.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Effective Date: 06/01/2016

Describe:

As described in 7.2.2, DHS measures progress according to three key metrics:

1. The number and percent of programs participating/Rated/highly-Rated (Three- or Four-Star Rating) in Parent Aware,
2. The percent of child care slots within each county that are in programs participating/Rated/highly-Rated in Parent Aware,
3. The percent of children receiving CCDF who are in programs participating/Rated/highly-Rated in Parent Aware.

7.7 Accreditation Support

7.7.1 Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

- Yes, the State/Territory has supports operating State/Territory-wide.

Describe the supports for all types of accreditation 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, and an accreditation support hotline.

- Yes, the State/Territory has supports operating as a pilot or in a few localities

Describe:

- No, but the State/Territory is in the development phase
- No, the State/Territory has no plans for development

7.7.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Describe:

School-age Care Accreditation

- Council on Accreditation (COA) - After School Program (ASP) & Youth Development Program (YDP) Accreditation.
- Minnesota Afterschool Accreditation Program (MAAP), offered by the Minnesota School-Age Care Alliance (MNSACA).

Center-based Child Care Accreditation

- Accredited Professional Preschool Learning Environment (APPLE).
- AdvancED - Early Learning Accreditation.
- American Montessori Society (AMS) School Accreditation.
- Association of Christian Schools International (ACSI) Accreditation.

- Association of Montessori International (AMI) - Montessori School Recognition.
- Council on Accreditation (COA) - Early Childhood Education Program Accreditation.
- Green Apple Accreditation of Children's Services (GAACS) - Early Education Center (EEC) Accreditation.
- National Accreditation Commission (NAC) for Early Care and Education Programs Accreditation.
- National Association for the Education for Young Children (NAEYC) Accreditation.
- National Early Childhood Program Accreditation (NECPA) Accreditation.
- National Lutheran School Accreditation (NLSA).

Family Child Care Accreditation

- National Association for Family Child Care (NAFCC) Accreditation.

7.8 Program Standards

7.8.1 What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development?

Effective Date: 06/01/2016

Please describe:

The Minnesota Departments of Human Services and Health offer varied, non-credit training for child care providers through state-developed training. Six courses in nutrition and obesity prevention have been developed by the Minnesota Department of Human Services, meeting 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 Toddler Credential.

Several nationally recognized nutrition and obesity curricula, sponsored by the Minnesota Department of Health, are offered in Minnesota. Trainers approved through the Minnesota Center for Professional Development (MNCPD) are authorized to train these curricula after successfully completing a Training of Trainers course.

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.

7.8.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory

Effective Date: 06/01/2016

Describe:

Not applicable.

7.9 Other Quality Improvement Activities

7.9.1 List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten.

Effective Date: 06/01/2016

Not applicable.

8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an

opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

8.1 Program Integrity

8.1.1 Describe how the State ensures that their definitions for violations have been modified, staff trained, and program integrity procedures revised to reflect new requirements.

Effective Date: 06/01/2016

Describe:

In Minnesota, a violation may be the result of a misapplication of law, regulation, or policy governing the administration of CCDF funds. Depending upon the nature of the misapplication, the violation would be classified as unintentional, intentional or an administrative error. As the policies and procedures change related to reauthorization, the classification of a misapplication law, regulation or policy may also change. When this occurs, the State will provide updated policy information to county workers to administer the program as well as State staff that complete the child care case reviews. Information will include how those changes may affect their work and the classification of a misapplication of law, regulation or policy.

8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements.

Check all that apply.

Effective Date: 06/01/2016

- Issue policy change notices
- Issue new policy manual
- Staff training
 - Orientations
 - Onsite training
 - Online training
- Regular check-ins to monitor implementation of the new policies.

Describe:

- 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 through bulletins or memos, County Link content, mentor group meetings, web announcements, training team curriculum update and revision of old and development of new forms.

8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF.

The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements.

Definition: "Subrecipient means a non-Federal entity that receives a subaward from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a

beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors"). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

Effective Date: 06/01/2016

Describe:

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, ten 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 to be followed when administering the Minnesota Child Care Assistance Program. Current county plans are effective through 12/31/2017. The Department of Human Services 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.

Expected level of funding for each federal fiscal year for child care services and related activities (includes direct services authorized by counties):

- FFY2016 Total Funds Available of \$184,544,503 includes \$85,587,327 CCDF, \$49,691,426 State Match and MOE and \$49,265,750 TANF Transfer funding.
- FFY2017 Total Funds Available of \$184,936,753 includes \$85,587,327 CCDF, \$49,691,426 State Match and MOE and \$49,658,000 TANF Transfer funding.
- FFY2018 Total Funds Available of \$184,936,753 includes \$85,587,327 CCDF, \$49,691,426 State Match and MOE and \$49,658,000 TANF Transfer funding.

State Funds are also available in each of the years above in addition to the total funds

shown.

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.

DHS maintains CCDF grants/contracts with the sub-recipient agencies that 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 grant/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 contracts/grants 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 the agencies to submit regularly scheduled financial and program reports based on timelines that are included in the grant/contract language (i.e., financial reports are submitted quarterly and program reports are submitted biannually). These reports are monitored ongoing as part of a desk review process. The Department also requires on-site monitoring visits with the agencies once during each grant/contract period and maintains ongoing communication and technical assistance with the agencies throughout the grant/contract period.

8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.
Effective Date: 06/01/2016

a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

Run system reports that flag errors (include types)

Describe:

County workers are allowed to override results in the Child Care Eligibility and Payment system under certain situations. DHS flags these overrides and requires counties who are above a threshold to report on these overrides. This allows DHS to review and determine if override use was appropriate in counties with a number of overrides above the threshold. In addition, DHS currently uses a report to monitor manual payments made by counties.

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

Investigate fraud referrals.

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

b) Check which activities the Lead Agency has chosen to conduct to identify administrative error.

Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), 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))

Run system reports that flag errors (include types)

Describe:

Review of enrollment documents, attendance or billing records

Conduct supervisory staff reviews or quality assurance reviews

Audit provider records

Train staff on policy and/or audits

Other.

Describe:

[Investigate fraud referrals.](#)

None.

Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines:

8.1.5 Which activities (or describe under "Other") the Lead Agency will use to investigate and collect improper payments due to program violations or administrative error as defined in your State/Territory?

The Lead Agency has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to recover misspent funds as a result of fraud.

Effective Date: 05/30/2017

a) Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: 50

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe:

- Other.

Describe:

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.

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines

b) Check which activities the Lead Agency will use for intentional program violations or fraud?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: Minnesota currently allows for a minimum dollar amount of \$0 when recovering overpayments due to intentional program violations or fraud and \$50 when recovering unintentional program violations and administrative errors.

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months

- Recover through State/Territory tax intercepts
- Recover through other means
- Establish a unit to investigate and collect improper payments.

Describe composition of unit below

Unit to investigate and collect improper payments: The Department's Office of Inspector General supervises local agency investigations and collections. The Child Care Provider Investigations unit conducts and investigates potential fraud among providers.

- Other.

Describe:

In some situations, county-level Fraud Prevention Investigations (FPI) staff conduct initial client fraud investigations and, depending on the situation, may refer the investigation to a fraud control investigator if inappropriate payments are identified. Investigators at the local level are focused on reviewing allegations about client intentional program violations and/or fraud. Collection's 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.

- None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to fraud, include action steps and completion timelines:

c) Check which activities the Lead Agency will use for administrative error?

- Require recovery after a minimum dollar amount in improper payment.

Identify the minimum dollar amount: 50

- Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
- Recover through repayment plans
- Reduce payments in subsequent months
- Recover through State/Territory tax intercepts
- Recover through other means

Establish a unit to investigate and collect improper payments.

Describe composition of unit below

Other.

Describe:

Department of Human Services Program Compliance and Audit staff do monthly case reviews which identify administrative errors. Counties are sent information about the administrative errors and 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.

None.

Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to administrative error, including action steps and completion timelines

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?

The Lead Agency is required to impose sanctions on clients and providers in response to fraud.
Effective Date: 06/01/2016

Disqualify client.

If checked, please describe, including a description of the appeal process for clients who are disqualified:

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 provider.

If checked, please describe, including a description of the appeal process for providers who are disqualified:

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, it is only appealable through district or

appellate court action.

Prosecute criminally

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 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 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, or operating under a final order of conditional license, the agency withholds the provider's registration until they receive confirmation from licensing that the provider's license status has changed and is no longer conditional, or the suspension or revocation has been reversed.

Additionally, child care assistance payments to a licensed or license-exempt centers are restricted for employees' children or dependents if more than 50 percent of the children cared for at the center receive subsidy payments and are children of the center's employees. The Department of Human Services periodically monitors centers' compliance with this policy.