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

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1 Define CCDF Leadership and Coordination with Relevant Systems

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

1.1 CCDF Leadership

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

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

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

Effective Date: 06/20/2019

a) Lead Agency or Joint Interagency Office Information:

Name of Lead Agency: Office of Children and Family Services

Street Address: 52 Washington Street

City: Rensselaer

State: NY

ZIP Code: 12144

Web Address for Lead Agency: http://ocfs.ny.gov/main/

b) Lead Agency or Joint Interagency Official Contact Information:

Lead Agency Official First Name: Sheila

Lead Agency Official Last Name: Poole

Title: Commissioner

Phone Number: (518) 474-6666

Email Address: Sheila.Poole@ocfs.ny.gov

1.1.2 Who is the CCDF Administrator?

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

Effective Date: 10/01/2018

a) CCDF Administrator Contact Information:

CCDF Administrator First Name: Janice

CCDF Administrator Last Name: Molnar

Title of the CCDF Administrator: Deputy Commissioner, Division of Child Care Services

Phone Number: (518) 486-6247

Email Address: Janice.Molnar@ocfs.ny.gov

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

Street Address:

City:

State:

ZIP Code:

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

CCDF Co-Administrator First Name:

CCDF Co-Administrator Last Name:

Title of the CCDF Co-Administrator:

Description of the role of the Co-Administrator:

Phone Number:

Email Address:

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

Street Address:

City:

State:

ZIP Code:

1.2 CCDF Policy Decision Authority

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

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

Effective Date: 10/01/2018

- ☐ All program rules and policies are set or established at the state or territory level. If checked, skip to question 1.2.2.
- ☑ Some or all program rules and policies are set or established by local entities. If checked, indicate which entities establish the following policies. Check all that apply.

1. Eligibility rules and policies (e.g., income limits) are set by the:
   - ☑ State or territory
   - ☐ Local entity (e.g., counties, workforce boards, early learning coalitions).

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

   - ☐ Other.

   Describe:

2. Sliding-fee scale is set by the:

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

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

The local department of social services (LDSS) indicates the family share percentage it will use (10 percent to 35 percent). The state's sliding fee scale for the weekly family share of child care is calculated by applying the family share percentage to the excess of the family's gross annual income over the federal poverty level, divided by 52. LDSSs report their family share in their Child and Family Services Plan, which is submitted to the New York State Office of Children and Family Services (OCFS). The plan is a multi-year plan that is updated annually. Note that the federal poverty level is the same as the term "state income standard" defined in social services law.

- [ ] Other.

Describe:

3. Payment rates are set by the:

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

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

- [ ] Other.

Describe:

4. Other. List and describe other program rules and policies and describe (e.g., quality rating and improvement systems [QRIS], payment practices):

1.2.2 How is the CCDF program operated? In other words, which entity(ies) implement or perform these CCDF services? Check all that apply

Effective Date: 10/01/2018

a) Who conducts eligibility determinations?

- [ ] CCDF Lead Agency
- [ ] Temporary Assistance for Needy Families (TANF) agency
- [ ] Other state or territory agency
- [x] Local government agencies, such as county welfare or social services departments
- [x] Child care resource and referral agencies
- [ ] Community-based organizations
- [ ] Other.

Describe

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

- [ ] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [x] Local government agencies, such as county welfare or social services departments
- [x] Child care resource and referral agencies
- [ ] Community-based organizations
- [x] Other.

Describe

OCFS maintains a Memorandum of Understanding (MOU) with the State University of New York and the City University of New York to subsidize child care services for low-income students enrolled in either of these two higher education systems. Further, through an MOU with the New York State Department of Agriculture and Markets, funds are provided to a network of child care agencies that serve the children of migrant workers and other farm workers. These entities assist parents in locating care.

c) Who issues payments?

- [ ] CCDF Lead Agency
- [ ] TANF agency
- [ ] Other state or territory agency
- [x] Local government agencies, such as county welfare or social services departments
- [x] Child care resource and referral agencies
- [ ] Community-based organizations
- [x] Other.

Describe

OCFS maintains a Memorandum of Understanding (MOU) with the State University of New York and the City University of New York to subsidize child care services for low-income students enrolled in either of these two higher education systems. Further, through an MOU with the New York State Department of Agriculture and Markets, funds are provided to a network of child care agencies that serve the children of migrant workers and other farm workers. These entities assist parents in locating care.

1.2.3 Describe the processes the Lead Agency uses to monitor CCDF administration and implementation responsibilities performed by other agencies as reported above in 1.2.2, including written agreements, monitoring and auditing procedures, and indicators or measures to assess performance of those agencies (98.16(b)). Note : The contents of the written agreement may vary based on the role the agency is asked to assume or type of project, but must include at a minimum, tasks to be performed, schedule for completing tasks, budget which itemizes categorical expenditures in accordance with CCDF requirements, and indicators or measures to assess performance (98.11(a)(3)).

Effective Date: 10/01/2018

OCFS monitors how LDSS's administer the child care subsidy program through the Child and Family Services Plan, which is submitted to OCFS for review and approval. This plan is a multi-year document that is updated annually and includes details on how the county will

administer the subsidy program on the local level in terms of establishing parent co-pays, implementation of additional standards, and categories of families prioritized. It includes a requirement that LDSS commissioners sign assurances that their district will comply with all federal and state requirements related to the CCDF. On an annual basis, OCFS is able to monitors compliance with the details of the plan including established parent co-pays, implementation of additional local standards, and categories of families prioritized by the LDSS through a combination of automated reporting from the system of record, and ongoing review of procedures with LDSS. Additional review is conducted following any changes to the plan or based on requests for technical assistance from the LDSS. Regional trainings on child care subsidy program requirements are held for eligibility workers and supervisors and OCFS conducts quarterly phone conferences with LDSS staff to review procedures related to claiming and address emergent issues. Additionally, OCFS responds to problems and complaints on the individual and LDSS level as they arise and provides technical assistance for LDSS inquiries. Regarding the MOUs referenced in 1.2.2 b) and c), OCFS has written agreements with the entities which outline the requirements that must be adhered to, which include the type of project, tasks, and budget. Performance is measured by the proper and complete expenditure of funds included in the agreement.

Also, the OCFS Office of Audit and Quality Control conducts routine on-site audits of LDSSs and their records to verify compliance with applicable requirements including but not limited to those related to eligibility and the required documentation, and accuracy of payments. Written summaries are provided related to these findings.

Furthermore, New York State's network of Child Care Resource and Referral agencies (CCR&Rs) play an extensive role in providing information and referrals on a daily basis to parents and providers. OCFS monitors the CCR&Rs by:
- Conducting quarterly desk audits where the CCR&Rs submit their claims for payment and provide a list of community-specific strategies
- Conducting annual, on-site program documentation review to validate the accuracy of quarterly claims, including review of the contractually-mandated milestones.
- Conducting review of the data the CCR&Rs claimed during the particular quarter and examining the associated backup documentation.

1.2.4 Lead Agencies must assure that, to the extent practicable and appropriate, any code or software for child care information systems or information technology for which a Lead Agency or other agency expends CCDF funds to develop must be made available on request to other public agencies, including public agencies in other States, for their use in administering child care or related programs (98.15(a)(11)).

Effective Date: 10/01/2018

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

New York has not received any requests for code or software for child care information systems or information technology from other states, but is prepared to respond to any such requests that may be received. When working with state and local partners, the lead agency routinely shares data extracts and is invested in projects that facilitate automated data transfer of information related to child care programs to other government agencies to support their operational needs provided that such information can be shared without compromising confidentiality requirements. In addition, NYS has a public facing website, Open Data NY, that contains publicly accessible data sets from over 1,600 data resources—including child care data. Open Data NY allows data to be viewed and exported in different formats. The links to child care related data are as follows: https://data.ny.gov/Human-Services/Child-Care-Regulated-Programs/cb42-qumz, https://data.ny.gov/Human-Services/Child-Care-Regulated-Programs-API/fymg-3wv3, https://data.ny.gov/Human-Services/Child-Care-Regulated-Programs-Map/s8uq-s4wq.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

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

Employees, contractors, volunteers, and interns of the lead agency are subject to confidentiality requirements which include requirements related to the use and disclosure of confidential and personally identifiable information regarding children and families as a condition of their employment. Compliance with this requirement is explicitly included in language contained in the contracts with CCR&Rs and Enrollment Agencies. On a statewide level, confidentiality related to information technology and supporting systems is governed by New York State Technology Law Sections I-III which address use, confidentiality, security, and privacy. Messaging at sign on to NYS e-mail, internet and computer applications also includes language related to allowable use and dissemination of such systems.

Effective Date: 10/01/2018

1.3 Consultation in the Development of the CCDF Plan

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

(1) Appropriate representatives of units of general purpose local government-(658D(b)(2); 98.10(c); 98.12(b); 98.14(b)). General purpose local governments are defined by the U.S. Census at https://www.census.gov/newsroom/cspan/govts/20120301_cspan_govts_def_3.pdf.

(2) The State Advisory Council (SAC) on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) (658E(c)(2)(R); 98.15(b)(1)) or similar coordinating body pursuant to 98.14(a)(1)(vii).

(3) Indian tribe(s) or tribal organization(s) within the state. This consultation should be done in a timely manner and at the option of the Indian tribe(s) or tribal organization(s) (658D(b)(1)(E)).

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

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

Effective Date: 10/01/2018

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

On April 17, 2018, LDSSs were invited to testify at one of the state's three public hearings (May 1 in New York City, May 2 in Albany, and May 8 in Rochester), and/or to submit written comments directly to OCFS. On April 27, they were sent a link to the draft Plan. In addition, the lead agency held a phone conference with Local Department of Social Services commissioners on May 22, 2018.

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

New York State's Early Childhood Advisory Council (ECAC) meets on a quarterly basis; staff from the Lead Agency provide updates when relevant. New York's Lead Agency staff made a presentation at the March 22, 2018 ECAC meeting. The session included an activity to identify challenges and priorities of members and attendees who were in attendance on that day. Approximately 50 attendees in six work groups participated in the activity ranking their top strategy priorities. Additionally, the groups identified ways in which the ECAC could assist in implementing the strategy, as well as programs or structures that are already in place. From this activity, OCFS was able to identify the relevant recommendations, existing programs and structures to include in appropriate sections of the CCDF plan, especially in section 7.3.1.

c) Describe, if applicable, how the Lead Agency consulted with Indian tribes(s) or tribal organizations(s) within the state. Note: The CCDF regulations recognize the need for

States to conduct formal, structured consultation with Tribal governments, including Tribal leadership. Many States and Tribes have consultation policies and procedures in place.

New York's lead agency staff held conference call(s) with Tribal Nation leadership on January 9, 2018, January 17, 2018, and April 17, 2018. In addition, lead agency staff attended a Tribal Consultation on April 24, 2018 at which lead agency staff shared date and location information for the three public hearings. Tribal Nation staff were invited to attend and encouraged to provide feedback on the Plan. On May 16, 2018, lead agency staff provided a PowerPoint presentation via conference call for child care representatives from New York State tribal nations.

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

The lead agency proactively notifies various stakeholders within New York's early childhood community (e.g., New York's network of CCR&R's, the NYS Network for Youth Success, unions that represent family-based providers, other provider groups, and statewide advocacy organizations) about the public hearings that are held regarding the Plan. In addition, an evening webinar was held on May 2, for family-based providers that provided an outline of about the Plan.

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

Reminder:

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

Effective Date: 10/01/2018

a) Date of the public hearing. 05/01/2018

Reminder: Must be no earlier than January 1, 2018, which is 9 months prior to the October 1, 2018, effective date of the Plan. If more than one public hearing was held,

please enter one date (e.g. the date of the first hearing, the most recent hearing or any hearing date that demonstrates this requirement).

b) Date of notice of public hearing (date for the notice of public hearing identified in (a).
04/10/2018

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

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

Public hearings were held on May 1, 2018 (NYC), May 2, 2018 (Albany) and May 8, 2018 (Rochester). New York's notice about the public hearings and how to register was posted to the OCFS website on April 10, 2018. The link to the posting is: https://ocfs.ny.gov/main/childcare/view_article.asp?ID=1661.

d) Hearing site or method, including how geographic regions of the state or territory were addressed. Public hearings were held: May 1, 2018 in New York, NY - The New York City location is reasonably convenient to the two counties on Long Island and the northern metro counties and New York City suburbs. May 2, 2018 in Albany, NY. The state capital, Albany is in the middle of the eastern part of the state. May 8, 2018 in Rochester, NY. Rochester is about half way in between, and easily accessible, to Buffalo in the far western part of the state and Syracuse, in the center of the state.

e) How the content of the Plan was made available to the public in advance of the public hearing. (e.g. the Plan was made available in other languages, in multiple formats, etc.)
A draft of the plan was posted on the OCFS website on April 27, 2018.

f) How was the information provided by the public taken into consideration regarding the provision of child care services under this Plan? All comments have been carefully reviewed. As appropriate and feasible, ideas and suggestions have been integrated into New York's Plan.

1.3.3 Lead Agencies are required to make the submitted and final Plan, any Plan amendments, and any approved requests for temporary relief (i.e., waivers) publicly available on a website (98.14(d)). Please note that a Lead Agency must submit Plan amendments within 60 days of a substantial change in the Lead Agency's program. (Additional information may be found here: https://www.acf.hhs.gov/occ/resource/pi-2009-01)

a) Provide the website link to where the Plan, any Plan amendments, and/or waivers are available. Note: A Plan amendment is required if the website address where the Plan is posted is changed.

https://ocfs.ny.gov/main/childcare/stateplan/default

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

☑ Working with advisory committees.

Describe:

In order to maximize input in the Plan development process, stakeholder groups were notified by e-mail when the draft Plan was posted to the OCFS website. This included the Early Childhood Advisory Council. All amendments and Plan approvals also are posted on the OCFS website.

☑ Working with child care resource and referral agencies.

Describe:

In order to maximize input in the Plan development process, stakeholder groups were notified by e-mail when the draft Plan was posted to the OCFS website. This included New York's network of CCR&Rs. All amendments and Plan approvals also are posted on the OCFS website.

☑ Providing translation in other languages.

Describe:

The OCFS website has a translate page section that will allow families to translate the pages into 91 languages. Users of the website who are non-English speaking may also call the contact numbers listed and OCFS will conference in an interpreter from Language Line Services.

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

Describe:

Information on New York's three public hearing dates, including the link to the public

notice, was posted to the OCFS Facebook and Twitter pages. The link to where New York's draft CCDF Plan could be viewed was also included in the postings.

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

Describe:

In order to maximize input in the Plan development process, stakeholder groups were notified by e-mail when the draft Plan was posted to the OCFS website. This included commissioners of LDSS, the NYS Network for Youth Success, the unions that represent family-based providers, other provider groups, and statewide advocacy organizations. All amendments and Plan approvals also are posted on the OCFS website.

☐ Other.

Describe:

1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

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

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

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

receiving full-day services.

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

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

Effective Date: 10/01/2018

☑ (REQUIRED) Appropriate representatives of the general purpose local government, which can include counties, municipalities, or townships/towns.

Describe the coordination goals and process:

OCFS actively engages with the commissioners of LDSSs and their staff on an ongoing basis. There are 58 LDSSs in New York, each of which has flexibility in the administration of its own child care subsidy program, within the regulations and guidelines established by OCFS. As a state-supervised, county-administered state, OCFS depends on the LDSSs to implement the child care subsidy program in ways that respond to local conditions in terms of promoting access and supporting continuity of care. So, for example, pending the availability of funds, LDSSs can prioritize among optional categories for eligible families which vulnerable populations to serve once they have met the needs of those populations they must serve. Here, the goal is to respond to local demands. The goals of the coordination between OCFS and the LDSSs are to assist LDSSs in complying with state regulations for child care subsidy and in managing their child care subsidy caseloads; to jointly tackle the problem of child care subsidy fraud; to encourage and support local innovation; and to solicit feedback for improving the subsidy program on a statewide level. In addition to one-on-one relationships with the LDSSs, OCFS partners with the New York Public Welfare Association (NYPWA), the membership organization for LDSS commissioners. OCFS issues directives, guidance, and general information; conducts site visits; communicates via phone and e-mail; and regularly presents at NYPWA's twice/yearly conferences.

☑ (REQUIRED) State Advisory Council on Early Childhood Education and Care (or similar coordinating body) (pursuant to 642B(b)(I)(A)(i) of the Head Start Act).

Describe the coordination goals and process:

The New York State ECAC was formed in 2009 to provide counsel to the Governor on issues related to young children and their families. ECAC membership is comprised of experts in education, health care, child welfare, and mental health. Members represent state agencies, advocacy groups, foundations, higher education, unions, child care resource and referral agencies and other key organizations concerned with the wellbeing of young children and their families, as appointed by the Governor. The goal of coordinating with the ECAC is to benefit from membership expertise when taking on new initiatives to improve child care quality, as well as vetting current ideas and projects, including reviewing and commenting on draft regulations regarding continuity of care. As a prime example, since the adoption of the final CCDF rule, OCFS, in partnership with the ECAC, sponsored a series of statewide community forums with various stakeholder groups to discuss the impact of federal changes on the provision of child care services and strategies to improve the child care subsidy program and to address the challenges of increasing access in a fiscally responsible way. OCFS received valuable input, including suggestions on how to implement the new requirements, and is poised to work on implementation utilizing this feedback. OCFS engages with the ECAC through attendance at quarterly membership meetings and through work on various ECAC work groups.

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

☑ (REQUIRED) Indian tribe(s) and/or tribal organization(s), at the option of individual tribes.

Describe the coordination goals and process, including which tribe(s) was consulted:

The OCFS regional offices interact regularly with tribal members - sometimes with the goal of improving regulatory compliance, sometimes with the goal to jointly help problem solve on other related issues and also to provide technical assistance. OCFS regulates two St. Regis Mohawk tribal nation child care programs (one child care center serving infants and preschoolers, and one Head Start program serving preschoolers). Being operated by a sovereign nation, these programs do not require licensure by OCFS; however, they have chosen to do so voluntarily. Both are located on the St. Regis reservation in Akwesasne in Franklin County. OCFS also licenses

and provides technical assistance to two child care programs operated by the Seneca Nation of Indians; and has been advising the Shinnecock Indian Nation, which has opened a new child care center. At this time the Shinnecock Indian Nation has chosen not to be licensed by OCFS. They continue to work closely with the local CCR&R. As issues arise, OCFS regional office staff work directly with child care center administration and at times seek resources from the OCFS Buffalo Regional Office Native American Services liaison.

In addition, beginning in July and continuing through November of 2018, OCFS staff is participating in a State and Tribal Coordination Community of Practice (CoP) offered by the Office of Child Care and facilitated by the National Center on Tribal Early Childhood Development and the State Capacity Building Center.

☐ N/A-There are no Indian tribes and/or tribal organizations in the State.

☑ (REQUIRED) State/territory agency(ies) responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers andPart B, Section 619 for preschool).

Describe the coordination goals and process:

OCFS continues to collaborate with early intervention, special education programs, legal advocates, child care councils, unions (Civil Service Employees Association (CSEA) & United Federation of Teachers (UFT)), advocates for early childhood education, staff from not-for-profit child care centers, and pediatricians with the goal of updating policy to support children with special needs, and increasing their access to high-quality child care. The work includes research on how other states prioritize families that have a child with special needs, and their reimbursement rates; and identifying the needs and challenges that families of children with special needs face related to obtaining and maintaining child care. An added focus of this continued collaboration is to identify ways to avoid duplication of services and direct child care subsidy dollars to address gaps within the existing system that create barriers to continuity of care, and provide child care services that complement those offered by other partners including early intervention and special education services.

In an effort to link comprehensive services to children in child care settings, OCFS

supported the production of e-learning training for providers early intervention services available here: https://www.ecetp.pdp.albany.edu/elearn_catalog.shtm . In addition, OCFS posted a video titled Early Intervention Services to its child care website for parents seeking guidance concerning developmental screening. The video can be found at http://ocfs.ny.gov/main/childcare/early_intervention_video.asp. OCFS is also participating in a project led by the NYS Council on Children and Families titled the NYS Pyramid Model Partnership with other public and private agencies such as the NYS Department of Health, NYS Education Department, NYS Office of Mental Health, Docs for Tots, the Early Childhood Advisory Council, Head Start Region II, NY Center for Child Development, NYC Administration for Children Services, NYS Association for the Education of Young Children, NYC Department of Education, NYS Association for Infant Mental Health, NYS Parenting Education Partnership, NYS United Teachers, Prevent Child Abuse, Professional Development Institute at the City University of New York (CUNY), and the Professional Development Program at the State University of New York (SUNY) to better support and teach young children and families social and emotional skills and to create a network of assistance for child care providers and parents concerning early intervention, and the limitation of suspension and expulsion from early education programs. Additional information about OCFS work on the Pyramid Model is included in section 7.

OCFS works in partnership with both the NYS Department of Health and the NYS Office of Mental Health, which coordinated the efforts of a Joint Task Force on Social Emotional Development established by both the Early Intervention Coordinating Committee and the Early Childhood Advisory Council. This group developed a guidance document on the social-emotional developmental needs of young children from birth to 36 months of age. The document is available here: https://www.health.ny.gov/publications/4226.pdf OCFS will also work with our partners, including, the NYS Education Department, to address the social-emotional needs of preschool-age children, some of whom may be eligible for preschool special education services.

See also section 2.6.1 for more information about coordination with State Education which oversees preschool special education and with New York State Department of Health which oversees the Early Intervention system

☑ (REQUIRED) State/territory office/director for Head Start state collaboration.

Describe the coordination goals and process:

The NY Head Start Collaboration Director has shared resources developed for Head Start programs that can be useful to LDSSs in their efforts to identify families who are homeless and to providers who serve children who are homeless with the goal - shared by OCFS - of increasing access to a child care setting that provides support and continuity of care to children experiencing the trauma of not having a stable home. In addition, the Lead Agency and the Head Start Collaboration Director continue to work together on supporting implementation of the Early Head Start-Child Care Partnership grants.

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

Describe the coordination goals and process:

OCFS works with the NYS Department of Health (DOH) on a variety of issues related to child health and well-being, developmental screenings, immunizations, child nutrition, prevention of lead poisoning and others in order to promote a coordinated set of systems that support overall child health and safety. This includes serving on a variety of workgroups related to childhood obesity, child nutrition, and lead.

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

Describe the coordination goals and process:

OCFS shares information with the NYS Department of Labor and serves on a variety of interagency workgroups including the Joint Task Force on Worker Exploitation and Employee Misclassification and the Disaster Preparedness Commission (DPC). In addition, OCFS works with the NYS Office of Temporary Disability Assistance (OTDA) on a regular basis in order to coordinate the delivery of and enhance access to services across systems and share information related to serving children and families. OCFS is also actively working with OTDA on the development of the Integrated Eligibility System (IES), which will provide an updated, more user friendly, forward facing system of record that will let recipients of public benefits directly apply and share documents, and allow for remote viewing of application and supporting documents. All three agencies recognize the intersection between employment, training and education and supporting needs for child care.

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

Describe the coordination goals and process:

At least 10 percent of state-funded Pre-K in New York State must be in community-based programs, such as child care centers. This creates a natural incentive for both OCFS, which regulates child care centers, and the State Education Department (SED), which administers the Pre-K programs, to work together to support each other's programming and provide for continuity of care. Executive staff from OCFS and SED meet monthly to discuss issues of mutual interest and concern, to problem solve, and to jointly plan shared initiatives.

☑ (REQUIRED) State/territory agency responsible for child care licensing.

Describe the coordination goals and process:

Not applicable since the CCDF Lead Agency is the State agency responsible for child care licensing. The child care licensing process is implemented in a manner which promotes quality, access, and continuity of care.

☑ (REQUIRED) State/territory agency responsible for the Child and Adult Care Food Program (CACFP) and other relevant nutrition programs.

Describe the coordination goals and process:

OCFS continues to work with the NYS Department of Health, the state agency responsible for Child and Adult Care Food Program (CACFP). This collaboration has resulted not only in changes to child day care regulations which require that child care centers and school-age child care programs be in compliance with the USDA CACFP meal standards. As a result of the regulatory changes centers and school age programs must stay current with the newly adopted USDA CACFP meal standards. All licensed and registered programs must be in compliance with healthy beverage regulations described as: fluid milk, 100% juice and water. When milk is served as a beverage, low-fat or fat-free milk (1% fat or less) must be served to children 2 years of age or older. To educate centers, school age programs and those enrolled in CACFP on new standards, the NYS Department of Health, in collaboration with OCFS, is reworking three on-line training sessions and updating tool kits.

New York State continues to provide $250,000 of state funds on an annual basis to

expand outreach and increase awareness of the CACFP program. In addition, CRR&Rs are required under Social Services Law § 410-q to provide access to the United States Department of Agriculture's CACFP program for providers in their service areas.

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

Describe the coordination goals and process:

OCFS has consulted with NYS's McKinney-Vento liaison with the goal of increasing access and continuity of care to children who are homeless, including how OCFS can best outreach to homeless children. Ideas were generated about how best to prioritize homeless families for child care subsidies, and how to help child care providers better meet the developmental needs of children who are homeless. Lead agency staff and the McKinney-Vento liaison will continue discussions on coordination goals and process and the lead agency will continue to participate in the ECAC Supporting Families who are Homeless Workgroup.

☑ (REQUIRED) State/territory agency responsible for the Temporary Assistance for Needy Families program.

Describe the coordination goals and process:

OCFS and the Office of Temporary and Disability Assistance (OTDA) were once part of the same state agency. That shared history informs the shared goal of supporting families' economic self-sufficiency. Providing access to stable child care to families in receipt of temporary assistance, families who choose child care in lieu of temporary assistance, and families transitioning off of temporary assistance are guarantees that are written in State Services Law. In addition, OTDA and OCFS work together on a daily basis, they share the same benefits database (the Welfare Management System) and both engage with LDSSs, providing technical assistance on caseload management to maximize access to subsidized child care. OCFS shared the CCDF draft pre-print with the New York State Office of Temporary and Disability Assistance (OTDA) to allow for review and identify any areas where future collaboration may be of value. Comments received from OTDA were subsequently incorporated in to the plan.

☑ (REQUIRED) Agency responsible for Medicaid and the state Children's Health Insurance Program.

Describe the coordination goals and process:

OCFS has consulted with the New York State Department of Health (DOH) regarding procedures for providing information on and referring families to existing resources and services related to Medicaid. OCFS, through the Division of Child Welfare and Community Services has worked closely with DOH on implementation of NY's 1St 1,000 Days on Medicaid initiative. There is a 10-Point Plan that includes strategies with the potential to both directly and indirectly improve the early care and education experience for young children. For example, the plan includes proposals for promoting early literacy, creating a developmental inventory upon kindergarten entry, and data system development for cross-sector referrals.

☑ (REQUIRED) State/territory agency responsible for mental health

Describe the coordination goals and process:

OCFS works with the New York State Office of Mental Health (OMH) to promote the use of the Pyramid Model in early childhood programs. OCFS, OMH, and others on the Pyramid Model Leadership Team, share goals of both reducing the need for comprehensive services to children in child care settings, and making linkages when those services are needed. This is being accomplished through several efforts including the 47 Master Cadre trainers and coaches that have done 45,300 hours of training to 7,000 individuals, 40 child care programs working to fully implement the Pyramid Model, and increased collaboration at the community level to identify and stretch resources of mental and behavioral health specialists. Reducing suspension and expulsion of young children through the implementation of the Pyramid Model in child care programs, increases access to and promotes continuity of care for vulnerable children.

☑ (REQUIRED) Child care resource and referral agencies, child care consumer education organizations, and providers of early childhood education training and professional development.

Describe the coordination goals and process:

CCR&R's in New York State are a well-established statewide service delivery system that supports and provides leadership, education and technical assistance to child care/early learning programs. They are also the community resource that provides

consumer education regarding quality child care, assistance in developing a child care plan, and referrals to community supports (including child care subsidies) that helps families access high-quality stable care. CCR&Rs have been in the forefront of working with businesses, chambers of commerce, and economic development entities in making the connection that high-quality early care and education programming benefits families, children and employers because this one community asset supports child development, school readiness, family financial health, and workforce stability. OCFS contracts with CCR&Rs to provide these core resource and referral services. Besides the CCR&Rs, OCFS works with the NY Association for the Education of Young Children and the Family Child Care Association of New York (presenting at conferences, participating on working groups) in order to share pertinent information and engage more directly with providers outside of the regulatory compliance process. In addition, OCFS has training contracts with the State University of New York that focus on interpreting regulations, sharing best practice, and improving child care program quality.

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

Describe the coordination goals and process:

OCFS works with the New York State Network for Youth Success (the Network) by providing strategic leadership as a participant on the Network's Advisory Council and supports the Network's goals of (1) increasing support by key education and business leaders for accessible afterschool programs that meet families' needs for continuity of care throughout the calendar year; and (2) increasing program and staff quality, including through a Quality Self-Assessment Tool, as well as through credentialing and accreditation programs. The Network has been a valuable partner to OCFS by supporting OCFS Program Managers through direct staff training, dissemination of relevant resources and materials and providing technical assistance.

☑ (REQUIRED) Agency responsible for emergency management and response.

Describe the coordination goals and process:

OCFS collaborates with the NYS Division for Homeland Security and Emergency Services (DHSES) Office of Emergency Management (OEM) on issues related to the shared goals of continuity of operations, disaster preparedness and continuity of childcare. This includes participation as a standing member of the OEM sponsored NYS

DPC which is comprised of the commissioners, directors or chairpersons of 28 State agencies and the American Red Cross. The work of the DPC focuses on statewide coordination of services pre- and post-disaster. Additional work with OEM includes county and regional level work related to hazard identification, training initiatives, and supporting response and recovery following disasters. When significant events impact NYS, OCFS is an active partner in the response and recovery process and sends staff to the NYS Emergency Operations Center to support work of the DPC and related human service needs.

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

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

Describe

☐ State/territory institutions for higher education, including community colleges

Describe

☐ 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 Child Home Visitation programs grant.

Describe

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

Describe

☐ State/territory agency responsible for child welfare.

Describe

☑ State/territory liaison for military child care programs.

Describe

New York is one of 13 states participating in the U.S. Department of Defense Military Child Care Liaison Project. OCFS has met with the liaison assigned to New York to assist in identifying current state efforts, priorities, and quality initiatives that impact the ability of military families to access stable, high quality child care services in their communities. OCFS continues to collaborate with the liaison to coordinate efforts in the planning and development of priorities and quality initiatives of mutual interest.

☑ Provider groups or associations.

Describe

OCFS contracts with the two unions that represent family-based providers in NY State: the United Federation of Teachers in New York City, and the Civil Services Employees Association in the rest of the state. These contracts support quality grants (which pay for materials and equipment that providers may need to improve program quality as well as to maintain regulatory compliance) and professional development grants. Activities associated with these contracts complement other OCFS quality-improvement work. Both unions work on behalf of their members to expand access and promote quality of care.

☐ Parent groups or organizations.

Describe

☐ Other.

Describe

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

Optional Use of Combined Funds:
States and territories have the option to combine CCDF funds with any program identified as required in 1.4.1. These programs include those operating at the federal, state, and local levels for children in preschool programs, tribal early childhood programs, and other early childhood

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

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

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

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

Effective Date: 10/01/2018

☐ No (If no, skip to question 1.5.2)

☑ Yes. If yes, describe at a minimum:

a) How you define "combine"

Combine" means to blend a variety of funding sources to expand access to the child care subsidy program.

b) Which funds you will combine

CCDF, TANF, State General Funds and Local Funds.

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

The Lead Agency combines funding streams in order to maximize the number of children and families that can be served.

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

CCDF, TANF and State General Funds are combined at the State level. Local funds are expended at the local level.

e) How are the funds tracked and method of oversight

Subsidized child care expenditures are allocated and tracked at the state level. Expenditures for contracts funded through CCDF are tracked through the Contract Management System (CMS). The Lead Agency monitors contractors for adherence to contract terms and measurable activities. Each Project funded through CCDF has its own Program Code in the Statewide Financial System, indicating the fund and the federal fiscal year of the award. The Lead Agency's Bureau of Financial Operations, in partnership with the Bureau of Budget Management, prepares and submits the quarterly Administration for Children and Families (ACF)-696 report in order to report on expenditures and un-liquidated obligations in accordance with the federal reporting requirements established for the Mandatory, Matching and Discretionary funding through the CCDF.

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

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

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

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

Effective Date: 10/01/2018

- [ ] N/A - The territory is not required to meet CCDF matching and MOE requirements
- [x] Public funds are used to meet the CCDF matching fund requirement. Public funds may include any general revenue funds, county or other local public funds, state/territory-specific funds (tobacco tax, lottery), or any other public funds.

-- If checked, identify the source of funds:

State General fund and Local funds.

-- If known, identify the estimated amount of public funds that the Lead Agency will receive: $ 354,120,785

- [ ] Private donated funds are used to meet the CCDF matching funds requirement. Only private funds received by the designated entities or by the Lead Agency may be counted for match purposes (98.53(f)).

-- If checked, are those funds:

- [ ] donated directly to the State?
- [ ] donated to a separate entity(ies) designated to receive private donated funds?

-- If checked, identify the name, address, contact, and type of entities designated to receive private donated funds:

-- If known, identify the estimated amount of private donated funds that the Lead Agency will receive: $

☐ State expenditures for preK programs are used to meet the CCDF matching funds requirement.

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

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

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the matching funds requirement: $

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

☐ State expenditures for preK programs are used to meet the CCDF maintenance-of-effort requirements. If checked,

-- The Lead Agency assures that its level of effort in full-day/full-year child care services has not been reduced, pursuant to 98.55(h)(1) and 98.15(6).

☐ No

☐ Yes

-- Describe the Lead Agency efforts to ensure that preK programs meet the needs of working parents:

-- Estimated percentage of the MOE Fund requirement that will be met with preK expenditures (not to exceed 20 percent):

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

-- If known, identify the estimated amount of preK funds that the Lead Agency will receive for the MOE Fund requirement: $

1.6 Public-Private Partnerships

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

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

OCFS has partnered with public and private agencies, including the NY Department of Health, NY State Education Department, NYS Office of Mental Health, Docs for Tots, the Early Childhood Advisory Council, Head Start Region II, NY Center for Child Development, NYC Administration for Children's Services, NYS Association for the Education of Young Children, NYS Council on Children and families, NYC Department of Education, NYS Association for Infant Mental Health, NYS Parenting Education Partnership, NYS United Teachers, Prevent Child Abuse, CCR&R network, NYS ECLC, SUNY, and CUNY in a project titled The New York State Pyramid Model Partnership. The purpose of this project is to set a foundation for social and emotional well-being for the development and learning of infants, toddlers, and young children. The Early Childhood Advisory Council – the members of which include experts in child care, education, health care, family support and mental health – have identified the critical need to better support and teach young children and families social and emotional skills. In response, the New York State Council on Children and Families has taken the lead in bringing together a team of public and private agencies to form a new partnership to provide more early childhood professional development opportunities. This partnership, called the New York State Pyramid Model Partnership, will promote the

statewide use of the Pyramid Model, an evidence-based framework proven to be an effective approach to building social and emotional competence in early care and education programs. One activity gaining some ground at this time is soliciting participants in the field of early childhood education who will be trained as coaches and resources to child care providers on social and emotional behaviors in children.

In addition, OCFS partners with The Early Care and Learning Council (ECLC), a not-for-profit organization that is the primary resource on issues affecting New York State's CCR&Rs. ECLC is a valuable conduit of information from the state to the CCR&Rs, focusing on such areas as increasing the supply of child care providers and enhancing the quality of child care programs. OCFS places a priority on quality improvement and, with CCDF funds, has supported development of Best Practices criteria and a system of certification for the state's CCR&R network. In addition to the NYS Best Practices Certification, which was successful in moving all CCR&Rs in the network to meet higher standards, OCFS also invested in the National Association of Child Care Resource and Referral Agencies (NACCRRA, now Child Care Aware of America) Quality Assurance process to encourage CCR&Rs to reach a higher national standard for CCR&R services. NACCRRA Quality Assurance has enabled CCR&Rs and state networks to improve quality and strive for excellence just as accreditation and quality rating and improvement systems do for child care providers. Although not financially supported by the Lead Agency, ECLC, in collaboration with the Early Childhood Advisory Council, has created SharedSource ECNY, which is a shared services model that, through a nationwide pool of purchasers, offers ECLC members substantial savings on child care products and office supplies.

In addition, there are many local public-private partnerships that bring both resources and stakeholder voice to the policy table.

Effective Date: 10/01/2018

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

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

- If Lead Agencies use CCDF funds for local CCR&R organizations, the local or regional CCR&R organizations supported by those funds must, at the direction of the Lead Agency, provide parents in the State with consumer education information concerning the full range of child care options (including faith-based and community-based child care providers), analyzed by provider, including child care provided during non-traditional hours and through emergency child care centers, in their area.

- To the extent practicable, work directly with families who receive assistance to offer the families support and assistance to make an informed decision about which child care providers they will use to ensure that the families are enrolling their children in the most appropriate child care setting that suits their needs and one that is of high quality (as determined by the Lead Agency).

- Collect data and provide information on the coordination of services and supports, including services under Section 619 and Part C of the Individuals with Disabilities Education Act;

- Collect data and provide information on the supply of and demand for child care services in areas of the state and submit the information to the State;

- Work to establish partnerships with public agencies and private entities, including faith- based and community-based child care providers, to increase the supply and quality of child care services in the state and, as appropriate, coordinate their activities with the activities of the state Lead Agency and local agencies that administer funds made available through CCDF (98.52(b)).

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

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

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

Effective Date: 10/01/2018

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

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

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

The CCR&R services are an allowable quality activity under the federal Child Care and Development Fund and the contracts are 100% funded by CCDF funds. In fact, the federal government annually earmarks, or targets, Discretionary funds to resource and referral activities. New York State uses its share of the earmark to support the CCR&R program. CCR&R services are mandated through Section 410-p through 410-t of the Social Services Law creates CCR&R agencies, which are funded by OCFS to provide CCR&R services statewide. (See http://public.leginfo.state.ny.us.) SSL, section 410-q (1) sets forth the services CCR&Rs must provide, "to the extent funds are available for such purposes" and enhanced services they may contract to provide. SSL, section 410-r requires OCFS to solicit applications for available funds in a manner so that agencies in every area of the state will have the opportunity to apply for funds. SSL, section 410-s, requires OCFS to allocate annually any available state and federal CCR&R funds to approved agencies. The CCR&R core services include information and referral services directed at educating parents who contact the agency regarding early childhood services, technical assistance to child care providers and programs, efforts to expand the number of family day care providers, developing and maintaining provider data bases to determine service utilization and unmet needs for additional early childhood services, and providing written materials and conducting outreach to the community and employers to encourage support of all child care services. Measuring quality is a top priority for CCR&Rs. All funded programs enter into performance-based contracts with OCFS. The CCR&R programs focus on recruitment and retention of child care staff by providing training, technical assistance and support to providers. Using data from a statewide functional cost analysis,

programs are assigned a unit of service cost for specific services such as number of referral contacts, technical assistance, and consultation (by phone and in person). Milestones are established during the contract development process and data is collected on a quarterly basis.

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

In NYS there are 32 CCR&R programs and 3 NYC CCR&R sub-contractors that supply vital child care services to parents, providers, employers and communities across New York State. The framework for CCR&Rs, which are operated by community-based not-for-profit organizations, was established by Chapter 459 of the Laws of 1987.

The 35 CCR&R agencies that make-up part of New York State's child care network, serve all 62 counties of New York State. This network of coverage is overseen by a CCR&R membership organization called Early Care & Learning Council (ECLC). ECLC, also under contract with the New York State Office of Children and Family Services, provides statewide support to strengthen the child care network formed by the Child Care Resource and Referral agencies. This is done through the implementation of an outcome based planning and evaluation model of service delivery. Services within the components of this contract are integrated to be mutually supportive of one another. Key concepts to be integrated into the work include: development of collaborative working relationships; the use of data as a planning tool, meeting performance standards/regulatory compliance, use of research based information, and program evaluation.

1.8 Disaster Preparedness and Response Plan

Lead Agencies are required to establish a Statewide Child Care Disaster Plan (658E(c)(2)(U)). They must demonstrate how they will address the needs of children including the need for safe child care, before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as defined by Section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5122)'through a Statewide Disaster Plan that, for a State,

is developed in collaboration with the State human services agency, the State emergency management agency, the State licensing agency, the State health department or public health department, local and State child care resource and referral agencies, and the State Advisory Council on Early Childhood Education and Care (designated or established pursuant to section 642B(b)(l)(A)(i) of the Head Start Act (42 U.S.C. 9837b(b)(1)(A)(i))) or similar coordinating body (98.16(aa)).

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

OCFS is a standing member of the NYS Disaster Preparedness Commission (DPC) which is comprised of the commissioners, directors or chairpersons of 28 State agencies and the American Red Cross. The responsibilities of the DPC include: the preparation of State disaster plans; the direction of State disaster operations and coordinating those with local government operations; and the coordination of federal, State and private recovery efforts. The DPC is chaired by the Commissioner of the Division of Homeland Security and Emergency Services (DHSES), and the New York State Office of Emergency Management is the DHSES operational arm of the DPC which is responsible for implementing the rules and policies adopted by the DPC. OCFS is a member of the Emergency Support Function 6 which has four core mission groups, Mass Care, Emergency Assistance, Housing, and Human Services.

Through the DPC, OCFS has been able to address the considerations of child care in the New York State Comprehensive Emergency Management Plan- Emergency Support Function 6 Annex. Annex 6 was developed in conjunction with the 25 state agencies and non-for-profit organizations of the DPC. OCFS, the NYS Department of Health, Office of Mental Health, Office of Temporary and Disability Assistance, DHSES and the American Red Cross are the principals of this group, and collaborate on the gamut of ESF 6 planning, preparedness and response functions including those related to child care. Additionally, the ESF 6 team works closely with the state agencies in ESF 8 which include Public Health and Medical Services, and ESF 11, which includes Agriculture and Natural Resources. This allows for additional consideration of matters related to child care within those functional areas and provides the opportunity for ongoing collaboration with a broad range of other

state agencies.

In early 2018, OCFS shared the NYS Child Care Disaster Plan with the NYS Early Childhood Advisory Council (ECAC) to increase awareness and gather feedback on areas where continued development might occur. OCFS views collaboration with the ECAC as a mechanism to build connections among state, regional, and community organizations pre-disaster, and recognizes their valuable role as a conduit for information that will be used to shape policies and procedures post-disaster.

Effective Date: 10/01/2018

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

The Division of Child Care Services (DCCS) has identified essential functions related to child care subsidies and child care services. These include the ability to continue subsidy payments to child care providers, make or extend eligibility determinations for families, process enrollments, and continue the child care licensing and registration process and regulatory oversight of all providers.

Guidance has been established on actions that LDSSs may take, related to child care services for those families that are eligible under the New York State Child Care Block Grant that have been affected by emergency or disasters. This includes options LDSSs may take to assist providers which includes the ability to extend the eligibility period, expand the definition a child needing protective services, expand the amount of time a district can pay for child care for families seeking employment, expand the number of allowable absences, expand the number of allowable program closures, raise the income threshold up to 85% SMI, waive or reduce family share for families impacted by a disaster, or request other waivers necessary for administration of the subsidy program based on local needs. Templates have been developed to notify LDSSs of available options and to help LDSS request changes in a standardized and consistent manner.

DCCS has also established guidelines and procedures including waiver forms for expediting the application process when permanent relocation is necessary as well as a procedure to waive requirements when necessary to allow for temporary relocation or expansion of a program's operation when necessary following an emergency or disaster. These guidelines are contained within the PAT and other supporting documents.

DCCS has also established guidelines and procedures for expediting the application process when permanent relocation is necessary as well as a procedure to waive requirements when necessary to allow for temporary relocation of a program when operation in a temporary space is a necessity following an emergency or disaster. These guidelines are contained within the PAT and other supporting documents.

Effective Date: 03/12/2020

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

Through the work with the DPC, OCFS has been able to incorporate considerations of child care in to the New York State Comprehensive Emergency Management Plan- Emergency Support Function 6 Annex. During a State Emergency Operations Center (EOC) activation, OCFS would participate in interagency calls with other Human Services agencies in ESF 6 and the LDSSs in the impacted counties to discuss needs, plans and coordination to support the programs that the people affected by the emergency rely on.

In addition, the New York Children's Issues Task Force was a time-limited, action-oriented body that was created to coordinate a response geared towards meeting the needs of children, families, and early childhood programs impacted by Superstorm Sandy, and activation of the task force is an available strategy identified in the Statewide Disaster Plan if another large-scale emergency were to impact the state. Participation and support would be solicited from representatives of federal agencies including the Administration for Children and Families, FEMA, the Small Business Administration, and the Substance Abuse and Mental Health Services Administration, along with the New York Governor's Office, various State agencies, LDSSs, CCR&R agencies, unions representing home-based child care

providers, and other stakeholder groups.

During the COVID-19 crisis, OCFS convened weekly stakeholder calls with members of the child care task force, child care resource and referral agencies, unions, and various state agencies, regarding the response and recovery of the COVID-19 pandemic.

Request of Supplemental Disaster Funds (Phase Two):

To address the needs of impacted communities that are directly related to the consequences of a qualifying natural disaster; specifically, licensed, registered and legally exempt programs that experienced flooding, straight-line winds and severe storm damage between October 31-November 1, 2019.

OCFS is requesting the maximum amount of available funding.

OCFS has identified programs that sustained a varying degree of unrecovered damage in counties across NYS, including Erie, Oneida, Herkimer, and Chautauqua counties. Needed relief falls within allowable activities primarily in the area of repairing damaged areas of child care programs in addition to replacing damaged child care equipment.

FEMA Disaster 4472:

The storm that occurred October 31-November 1, 2019 affected counties over a wide area of New York State. Erie and Chautauqua Counties, located in the far Western part of the state, were two of them. Many residents sustained water damage due to flooded basements. Winds that reached gusts of 65-plus miles per hour knocked out power and uprooted trees. Erie and Chautauqua Counties were declared federal disaster areas following the storm. Oneida and Herkimer Counties, located in Central New York, were two other counties affected by the storm on October 31-November 1, 2019. There was widespread flooding in both counties. A State of Emergency was declared in these areas.

Describe the impact/damage of the disaster:

Several properties that house child care programs sustained damage resulting from the disaster. Stated damages include trees crashing into play sets and other damage to outdoor play equipment, costly sewer problems, roof and chimney damage, furnaces destroyed, knocked down fences, gutter disrepair, damaged siding, and significant water damage and mold due to flooding. The child care providers also had to obtain air quality control tests to

ensure they would be able to care for children in a safe environment. As a result of the storm and the subsequent damage, affected providers lost days of providing care.

Identify how the funds will be used to aid recovery through an allowable activity:
The funds will be used to reimburse approximately 10-15 child care providers for the costly repairs they needed to make following the storm. Awards will be given to all applicants meeting criteria until all funds have been exhausted.

Effective Date: 03/24/2020

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

Regulations for licensed, registered and enrolled legally-exempt child care programs include requirements for the following:
•programs and providers must submit a written Emergency Plan and Emergency Evacuation Diagram using forms furnished by OCFS or an approved equivalent form. Primary emphasis must be placed on the safe and timely evacuation and relocation of children. The plan must account for the variety of needs of children, including those with disabilities.
•At licensed/registered programs, the plan must be reviewed with the parents of the children in the program and all staff that work in the program at the time it is submitted and whenever it is modified. The Emergency Evacuation Diagram must be posted in a conspicuous place in every room.

All Emergency Plans must include the following:

•how children and staff will be made aware of an emergency;

•a designation of primary and secondary evacuation routes;

•methods of evacuation, including where children and staff will meet after evacuating the building, and how attendance will be taken;
•a plan for the safe evacuation of children from the premises for each shift of care provided

(day, evening, night);

•the designation of primary and secondary emergency relocation sites to be used in the case of an emergency, which prohibits re-entry to the child care premises, and how the health, safety and emotional needs of children will be met in the event it becomes necessary to evacuate to another location;
•a strategy for sheltering in place including lockdown which includes details on how the health, safety and emotional needs of children will be met;
•procedures related to notification of authorities and the children's parents;

•roles of staff;
•procedures related to the reunification of children and caretakers.

Each program must hold two shelter-in-place drills annually during which procedures and supplies are reviewed. Parents must be made aware of this drill in advance.

The program must maintain on file a record of each shelter-in-place drill conducted, using forms provided by OCFS or approved equivalents. Parents must be made aware of the primary and secondary relocation sites and any changes to the plan in advance. In the case that a program is directed to a different location by emergency services, the program must notify parents and OCFS as soon as possible. In the event that relocation is required, a written notice must be placed on the main entry to the child care space unless an immediate threat precludes the program from doing so.

Except for legally-exempt in-home care, each program must have on site a variety of supplies including food, water, first aid and other safety equipment to allow for the protection of the health and safety of children in the event parents are unable to pick up children due to a local disaster.

Additionally, for licensed/registered programs the plan must take into account a child's needs

for an overnight stay. Food supplies must be non-perishable and of sufficient quantity for all children for an overnight stay. Programs that serve food daily and have a food supply stored on site for their daily operation or are co-located at a site with a cafeteria, pantry or eatery of some kind are not required to store emergency food or water supplies if they can show that they have access to and permission to use those foods in a declared emergency.

Each licensed/registered program must maintain on file at the program, the following records in a current and accurate manner: the name, address, gender, and date of birth of each child and each child's parents' names, addresses, telephone numbers and place(s) at which the parents or other persons responsible for the child can be reached in case of an emergency.

In day care centers an evacuation crib or other assistive device must be available and used for children unable to evacuate on their own or without assistance.

Effective Date: 03/07/2020

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

Regulations for licensed and registered child care programs include the requirement that all caregivers receive training related to safety and security procedures which includes such things as communication between parents and staff, emergency preparedness and response practices and procedures, and fire safety. Emergency preparedness is also included as one of the components of the health and safety pre-service training which was implemented in 2017 and is taken by licensed, registered and non-relative legally-exempt providers. Verification of staff training occurs at the time of inspection.

For licensed, registered and enrolled legally-exempt programs, regulations contain requirements for shelter-in-place and evacuation drills. Each program must hold a minimum of two shelter-in-place drills annually during, and procedures and supplies must be reviewed at the time the drill is conducted. Evacuation drills must be conducted at least monthly. For licensed/registered programs, evacuation drills must be conducted during various hours of

operation, with varied exit routes so that all approved means of egress are practiced, and monthly during each shift of care when multiple shifts of care are provided. Programs are required to maintain on file a record of each evacuation and shelter-in-place drill conducted, and to have these records available for review at the time of inspection(s). Verification of compliance with these requirements are evaluated during site inspections.

Effective Date: 03/07/2020

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

The current child care disaster plan is posted with the State Plan at the following link https://ocfs.ny.gov/main/childcare/stateplan/default.asp.

Effective Date: 10/01/2018

2 Promote Family Engagement through Outreach and Consumer Education

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

The target audience for the consumer education information includes three groups: parents receiving CCDF assistance, the general public, and when appropriate, child care providers. In this section, Lead Agencies will address how information is made available to families to assist them in accessing high-quality child care and how information is shared on other financial

assistance programs or supports for which a family might be eligible. In addition, Lead Agencies will certify that information on developmental screenings is provided and will describe how research and best practices concerning children's development, including their social-emotional development, is shared.

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

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

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

2.1.1 Check the strategies the Lead Agency or partners utilize to provide outreach and services to eligible families for whom English is not their first language. Check all that apply.

Effective Date: 10/01/2018

- [x] Application in other languages (application document, brochures, provider notices)
- [x] Informational materials in non-English languages
- [x] Website in non-English languages
- [ ] Lead Agency accepts applications at local community-based locations
- [x] Bilingual caseworkers or translators available
- [ ] Bilingual outreach workers

- [x] Partnerships with community-based organizations
- [x] Other.

Describe:

The website can be translated using Google Translate, and also directs the public to phone numbers that may be called should the user have any additional questions or concerns about what is posted to the website, or need assistance due to accessibility issues. OCFS also uses contracted translation services to assist in communicating with non-English speaking individuals. NYS Governor Andrew Cuomo issued Executive Order No. 26 which requires State agencies that provide direct public services to translate vital documents, including essential public documents such as forms and instructions provided to or completed by program beneficiaries or participants. The translation must be in the six most common non-English languages spoken by individuals with limited-English proficiency in the State of New York, based on United States census data, and relevant to services offered by each of the state agencies.

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

Effective Date: 10/01/2018

- [x] Applications and public informational materials available in Braille and other communication formats for access by individuals with disabilities
- [x] Websites that are accessible (e.g. Section 508 of the Rehabilitation Act)
- [ ] Caseworkers with specialized training/experience in working with individuals with disabilities
- [x] Ensuring accessibility of environments and activities for all children
- [x] Partnerships with state and local programs and associations focused on disability-related topics and issues
- [x] Partnerships with parent associations, support groups, and parent-to-parent support groups, including the Individuals with Disabilities Education Act (IDEA) federally funded Parent Training and Information Centers
- [x] Partnerships with state and local IDEA Part B, Section 619 and Part C providers and agencies

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

☑ Other.

Describe:

OCFS licensed/registered programs work with families and health care providers to create and document the Health Care plan to provide appropriate care for children with special health care needs. Regulations also speak to compliance with the Americans with Disabilities Act relative to administering medication. Health care plans required for programs address special health care needs and disabilities.
Programs and OCFS also share resources for families affected by disabilities. This includes a portion of website (Resources for Families), and the programs sharing community resources directly with families.

In addition, when a parent calls a CCR&R for a referral, the counselor enters information provided into a database, which then generates a "child care profile." This profile includes any special needs a child may have. CCR&Rs then try to provide no fewer than three referrals. In cases where parents are seeking child care for children with disabilities, CCR&Rs ask parents if their child requires any services or supports, and they contribute their data to the state report on the number of parent-identified special needs requests. They offer technical assistance and resource materials to providers who have questions or challenges related to children in care, and work cooperatively with Early Intervention to facilitate services in child care settings. It is important to note that CCR&Rs consider state programs that serve children with disabilities, like Early Intervention or Pre-School Special Education or federally funded Head Start to be partners in trying to provide services to families.

All of NY's CCR&Rs have access to 711 to assist callers who use Text Telephone (TTY) services. Some CCR&Rs have access to telecommunications devices for the deaf (TDD). In addition, many sites are ADA accessible or on the first floor. If a site is not on the first floor, elevators are available or staff will make arrangements to meet with the family in a first floor conference room. If a parent has difficulty visiting a building or making a telephone call they are able to visit them at their home to provide information and referrals. CCR&R staff do all that they can to assist any consumer. They work to remove any barriers of communication by using available resources.

2.2 Parental Complaint Process

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

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

OCFS maintains a child care complaint line for parents to call and register complaints against child care programs and providers. Complaints can also be made directly to the appropriate OCFS regional office. Once a complaint is registered in the Child Care Facility System (CCFS), it is assigned a risk level. Based on that risk, an unannounced inspection is scheduled and completed. Inspectors either substantiate or unsubstantiated a violation of child care regulations. Once a violation has been substantiated, it is posted to the OCFS website and a compliance history document is sent to the provider/program. NYS law requires licensed and registered programs to post their compliance history in a conspicuous place in the program for all parents to review. Inspections dates and associated violations for licensed/registered programs, which used to be kept on the website for two years, are being maintained on a going-forward basis for up to six years. When complaints are received related to enrolled legally-exempt programs, the enrollment agency holds responsibility to assign a risk level. Based on that risk, an unannounced inspection is scheduled and completed according to established time frames and any items of non-compliance with the applicable regulations are documented. When a family that is eligible for child care subsidy elects to use a provider exempt from state licensing regulations, that provider must meet certain requirements as specified in regulation including becoming enrolled as a license exempt child care provider in order to be considered eligible to receive subsidy funds. The enrollment agencies are responsible for working with parents and license-exempt programs to complete the enrollment process as well as to monitor the ongoing compliance of enrolled

programs. https://ocfs.ny.gov/main/childcare/default.asp, NYS 1-800-732-5207, In NYC dial 311 or 1-800-732-5207

Effective Date: 10/01/2018

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

OCFS maintains a child care complaint (800) phone number for the general public to register complaints concerning child day care providers. Complaints can also be made directly to the appropriate OCFS regional office or legally-exempt caregiver enrollment agency. Once received, complaints are assigned to an inspector who investigates the complaint and makes a determination to substantiate or unsubstantiated. Complaints classified as" imminent danger" must be investigated as soon as possible, and no later than the next business day. Complaints classified as "serious" must be investigated within five days of the receipt of the complaint. Complaints classified as "non-emergency" must be investigated within 15 days of the receipt of the compliant. Licensed and registered programs are monitored as needed, and items of non-compliance identified in legally-exempt programs are followed up on by the enrollment agency.

Effective Date: 10/01/2018

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

The process is the same for non-CCDF providers and CCDF providers. Complaints that rise to the level of suspected abuse and maltreatment require that calls to Child Protective Services (CPS) be made. Whenever possible, OCFS and local CPS caseworkers will be working collaboratively on the investigation. OCFS maintains a child care complaint (800)

phone number for the general public to register complaints concerning child day care providers. Complaints can also be made directly to the appropriate OCFS regional office. Once received, complaints are assigned to an inspector who investigates the complaint and makes a determination to substantiate or unsubstantiated. Complaints classified as" imminent danger" must be investigated as soon as possible, and no later than the next business day. Complaints classified as "serious" must be investigated within five days of the receipt of the complaint. Complaints classified as "non-emergency" must be investigated within 15 days of the receipt of the compliant. Programs are monitored as needed.

Effective Date: 10/01/2018

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

OCFS maintains a child care complaint (800) phone number for the general public to register complaints concerning child day care providers. The complaint information is gathered from the caller and entered into the Child Care Facility System (which is OCFS' child care system of record) and investigated.

Effective Date: 10/01/2018

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

All substantiated complaint information for licensed/registered programs is listed as violations on the OCFS Child Care website for viewing by the general public. Violations for licensed/registered programs are kept on the website for two years and are being maintained on a going-forward basis for a period of six (6) years. All violations receive a status of corrected or uncorrected. The website directs the public to phone numbers that may be called should the user have any additional questions or concerns about what is posted to the

website. In addition, licensed and registered programs with substantiated violations are required to be posted at the program by way of the compliance history document mailed to the program, in accordance with regulation and Social Services Law. Complaints related to a legally-exempt program are investigated by the enrollment agency. Parents utilizing legally-exempt child care would be advised of items of non-compliance through a written notice, and information related to compliance history for a program that was previously enrolled could be obtained by contacting the enrollment agency.

Effective Date: 10/01/2018

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

18 NYCRR 413.3 (g) OCFS, through duly authorized representatives or agents of OCFS, may make announced or unannounced inspections of the records and premises of any child day care program, whether or not such program is licensed by or registered with OCFS. To the maximum extent possible, OCFS will make unannounced inspections of the records and premises of any program after OCFS receives a complaint that, if true, would indicate such program does not comply with the regulations of OCFS or with statutory requirements.

18 NYCRR 418-2.15(b)(22)
18 NYCRR 418-1.15(b)(22)
18 NYCRR 417-.15(b) (22)
18 NYCRR 416.15 (b) (22)
18 NYCRR 414.15 (b) (22)
18 NYCRR 415.14(f)

The child day care center must post or display conspicuously in a place to which parents have free and daily access, the following:
(i) the Office's child day care center regulations;
(ii) the name(s), addresses and telephone numbers of person(s) with the legal responsibility and administrative authority for the operation of the child day care center; and
(iii) the address and telephone number of the appropriate regional office of the Office which

may be contacted to lodge a complaint against the center for violations of statutory and regulatory requirements;
(iv) a copy of the most recent compliance history report immediately after it is issued to the program by the Office.

Social Services Law (SSL) § 390(3)(c)(i)

(i) The office of children and family services shall establish a toll-free statewide telephone number to receive inquiries about child day care homes, programs and facilities and complaints of violations of the requirements of this section or regulations promulgated under this section. The office of children and family services shall develop a system for investigation, which shall include inspection, of such complaints. The office of children and family services may provide for such investigations through purchase of services. The office of children and family services shall develop a process for publicizing such toll-free telephone number to the public for making inquiries or complaints about child day care homes, programs or facilities.

Effective Date: 02/01/2021

2.3 Consumer Education Website

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

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

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

OCFS has a consumer-friendly "Search for Child Care" website for parents, providers, and the general public. Information on the website is easily accessible as it includes drop-down menus to help narrow a more detailed search (e.g., Search for Child Care, Resources for Families, Information for Providers, Information for Parents, Becoming a Child Care Provider, Training Information, Advantage After School Program, Local Departments of Social Services, Regulations, Policies, Laws, Forms, Publications, Plans and Reports, Child Care Subsidy Program, QUALITYstarsNY, Public Presentations, etc.) The website has had 1,206,681 search visitors since 2015 and is promoted through social media (Facebook, Twitter, and Instagram). The website allows the user to search for available licensed/registered child care services by map, facility name, county, facility number, facility type, zip code, school district, those that administer medication, and those offering non-traditional hours of care. Information concerning inspection history and results and a brief description of any out-of-compliance regulations is available in the facility search. In addition, it offers details about the program including: inspection date, violations, whether violations have been corrected, address of the program, contact names and numbers, total capacity numbers, how long the child care program has operated, if the program has been in an enforcement status in the past five years, and whether it is currently on the state's referral list. The website includes child care options videos at https://ocfs.ny.gov/main/childcare/brochure.asp. The videos allow parents to view videos regarding the different modalities of care, so that they may choose what would best serve their child and family. The website (http://ocfs.ny.gov/main/childcare/infoforparents.asp) also includes numerous informational brochures (e.g., A Parent's Guide to Child Care Options) and instructions to the user to contact the OCFS regional office for additional information about the program listed. There are 32 Child Care Resource and Referral agencies and 3 NYC CCR&R sub-contractors available in New York State and their contact information

(listed alphabetically by the counties they serve), can be found at on the OCFS website at http://ocfs.ny.gov/main/childcare/referralagencies.asp.

OCFS worked with stakeholders, including parents, to gather additional feedback on the accessibility of the OCFS website. The feedback was taken under consideration and changes were incorporated to the website to make it more consumer-friendly and easily accessible.

Effective Date: 10/01/2018

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

The OCFS website has a translate page section that allows families to translate the pages into 91 languages. Users of the website who are non-English speaking may call the contact numbers listed and OCFS can conference in an interpreter from Language Line Services.

Effective Date: 10/01/2018

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

If the user has a disability, English is not the primary language, or the format of any part of the website(s) or web-based applications owned by OCFS interferes with a user's ability to access any of the information on the site, the user is instructed to email OCFS at info@ocfs.ny.gov or call (518) 473-7793. OCFS refers the request to the appropriate staff, and, if feasible, provides the user with an accommodation or alternate format of the requested material. Accessibility information and Notice of Reasonable Accommodation can be found at http://ocfs.ny.gov/help/reasonable-accommodation.asp

Information about the Individuals with Disabilities Education Act (IDEA) is on the OCFS

website at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp. Information about this program can also be found on the New York State Education Department website at: http://www.nysed.gov/gsearch/idea.

Effective Date: 10/01/2018

2.3.4 Lead Agency processes related to child care.

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

Effective Date: 03/07/2020

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

There is an orientation video describing the licensing/registration process on the OCSF website: http://ocfs.ny.gov/main/childcare/becomeaprovider.asp. There is also a link to the regulations of each modality of care that outlines in detail (divided into sections) the requirements for registered/licensed child care. Although legally-exempt programs are just that -- exempt from licensing -- they still must meet basic health and safety standards in order to provide subsidized care. These standards are described in detail in section 5.1.1. Legally-exempt programs meet an important need. In particular, legally-exempt family child care (the provider cares for fewer than three children, or cares for children fewer than three hours a day, or is related to all the children in care) is often more flexible than licensed care and can more easily accommodate families who work irregular hours or non-traditional hours, or who need child care immediately and cannot wait for an opening in a licensed program.

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

The procedures for conducting monitoring and inspections of child care providers is included in SSL section 390 and the child care regulations and policies at http://ocfs.ny.gov/main/childcare/daycare_regulations.asp. The authority and responsibility to monitor and inspect legally-exempt child care programs in contained in section 415.9(i)(5), 415.12(a)(5), 415.13 and 415.14(f) of the child care regulations, and can be found at: http://ocfs.ny.gov/main/childcare/daycare_regulations.asp.

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

Policies and procedures related to criminal background checks for licensed, registered, and enrolled legally-exempt child care providers and staff members at such programs and mandatory disqualifying offenses can be found in section 413.4, 415.13 and 415.15 of the child care regulations at http://ocfs.ny.gov/main/childcare/daycare_regulations.asp.

2.3.5 List of providers

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

Effective Date: 10/01/2018

a) Provide the website link to the searchable list of child care providers:

http://ocfs.ny.gov/main/childcare/looking.asp

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

- ☐ License-exempt center-based CCDF providers
- ☐ License-exempt family child care (FCC) CCDF providers
- ☐ License-exempt non-CCDF providers

- [ ] Relative CCDF child care providers
- [x] Other.

Describe

License-exempt center based CCDF providers will be shown when they are enrolled to serve children receiving subsidy. Legally-Exempt Child Care Programs - Are those programs which are not required by law to be licensed or registered to provide child care. Legally-exempt programs, which can be operated in a home or in center based settings, do not have to follow the state regulations for licensed and registered providers and are not subject to the same inspection protocols and enforcement procedures. When a family that is receiving child care subsidy wants to use a legally-exempt child care provider, the program must meet certain requirements as established in regulation. When all regulatory requirements are met, a program can be enrolled as a legally-exempt child care provider, which makes them eligible for child care subsidy payments.

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

Licensed Providers

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

Describe:

Information related to enforcement action.

License-Exempt, non-CCDF Providers

- [ ] Contact Information

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

Describe:

License-Exempt CCDF Center Based Providers

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

Describe:

Oversight agency and contact information to obtain additional information on program operation or compliance, date of last inspection when available.

License-Exempt CCDF Family Child Care

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

Describe:

Relative CCDF Providers

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

Describe:

Other.

Describe:

Licensed and registered programs that are subject to enforcement action.

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

Describe:

Listing of programs found to be operating without a license or registration as required by law.

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

Effective Date: 10/01/2018

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

- [ ] Quality rating and improvement system
- [x] National accreditation
- [ ] Enhanced licensing system
- [ ] Meeting Head Start/Early Head Start requirements
- [ ] Meeting prekindergarten quality requirements
- [ ] School-age standards, where applicable
- [x] Other.

Describe

In the next website release, New York State Afterschool Program Accreditation will be posted.

b) For what types of providers are quality ratings or other indicators of quality available?

- [ ] Licensed CCDF providers.

Describe the quality information:

- [ ] Licensed non-CCDF providers.

Describe the quality information:

- [ ] License-exempt center-based CCDF providers.

Describe the quality information:

☐ License-exempt FCC CCDF providers.
Describe the quality information:

☐ License-exempt non-CCDF providers.
Describe the quality information:

☐ Relative child care providers.
Describe the quality information:

☐ Other.
Describe

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

Effective Date: 10/01/2020

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.
OCFS does not define plain language, however, parents and the public can find information, including who to contact, on how to provide feedback about the readability of

reports. That information can be found at the following link: https://ocfs.ny.gov/help/reasonable-accommodation.asp. In addition, parents and the public can reach out to any of the lead agency's licensing offices. Contact information can be found here: https://ocfs.ny.gov/main/childcare/regionaloffices.asp.

b) Are monitoring and inspection reports in plain language?

☐ If yes,

include a website link to a sample monitoring report.

☑ If no,

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

OCFS does not define plain language, however, parents and the public can find information, including who to contact, on how to provide feedback about the readability of reports. That information can be found at the following link: https://ocfs.ny.gov/help/reasonable-accommodation.asp. In addition, parents and the public can reach out to any of the lead agency's licensing offices. Contact information can be found here: https://ocfs.ny.gov/main/childcare/regionaloffices.asp. As a result of the COVID-19 pandemic, there were impacts to necessary system development that have caused delays in implementation of this requirement. OCFS has been issued a federal waiver for this requirement through September 30, 2021.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

☑ Date of inspection

☑ Health and safety violations, including those violations that resulted in fatalities or serious injuries.

Describe how these health and safety violations are prominently displayed.

OCFS displays information regarding whether programs have been removed from the referral list, and whether programs are currently or have previously been subject to enforcement action. The nature of the issue(s) resulting in violation(s) being cited are displayed by providing the applicable regulatory citations.

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

Describe

Upon completion of a corrective action plan, the compliance status is updated to show that violations have been corrected. This is indicated under the Compliance Status column with either "not corrected" or "corrected".

d) The process for correcting inaccuracies in reports.

Inspection reports list the name and contact information of the inspector and the immediate supervisor for the respective regional offices. Providers wishing to discuss or dispute the accuracy of an inspection report can reach out to the inspector, and the supervisor. If resolution is not reached, the provider may speak with the regional manager. If needed, issues can be escalated to home office for further review.

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

For licensed and registered care, inspection reports list the name and contact information of the inspector and the immediate supervisor for the respective regional offices. Providers wishing to discuss or dispute findings cited can reach out to the inspector, and the supervisor. If resolution is not made, the provider may speak with the regional manager. If needed, issues can be escalated to home office for further review. For license-exempt care, the contact information for the enrollment agency is provided on the letter. Providers wishing to discuss or dispute findings cited can reach out to the inspector, and the supervisor. If resolution is not possible, issues can be escalated to home office for further review.

Information on this process can be found here:
https://ocfs.ny.gov/main/childcare/looking.asp.

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

Once each inspection is performed, for licensed/registered programs, the inspection

results must be reviewed and approved by a supervisor, at which point the letter is issued and the results posted on the website. In accordance with SSL 390 (3)(b), OCFS is required to notify a licensed, registered, or legally-exempt provider of a violation found during an inspection within 10 days of such inspection.

For license-exempt providers, a summary and or a corrective action plan is required to be left on site. Inspection results must be entered into the system of record within 7 days of the inspection. Results must be reviewed and approved by a supervisor, at which point the letter is issued and for license-exempt group programs, the results are posted on the website.

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

OCFS began expanding the posting period of compliance histories for licensed and registered programs on its website. OCFS is in the process of changing the two-year posting period to a six-year posting period. This change provides more information to parents seeking child care and promotes greater governmental transparency. The change is not being applied retroactively. However, histories that are already posted on the OCFS website will now remain there for six years from the date of the inspection.

For license-exempt group programs, posting of inspection results to the web site was initiated in 2019. As a result, the history of inspection and compliance history will be maintained prospectively, with information on individual inspections being displayed for a period of six years from the date of inspection.

As a result of the COVID-19 pandemic, there were impacts to necessary system development that have caused delays in ongoing development and enhancement of this requirement. OCFS has been issued a federal waiver for this requirement through September 30, 2021.

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports posted on their consumer education website.

- [ ] License-exempt non-CCDF providers
- [ ] Relative child care providers
- [x] Other.

Describe

OCFS displays information regarding whether programs have been removed from the referral list, and whether programs are currently or have previously been subject to enforcement action.

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

Certify by providing:

Effective Date: 10/01/2020

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

The lead agencies to which a licensed/registered or enrolled legally-exempt program must report serious injuries or deaths is OCFS. This requirement is found in Title 18 of the NYCRR§§: 418-1.15(b)(14), 418-2.15(b)(14), 414.15(b)(14), 415.13(b)(10)(v), 416.15(b)(14), and 417.15(b)(14).

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

Abuse encompasses the most serious injuries and/or risk of serious injuries to children by their caregivers. An abused child is one whose parent or other person legally responsible for his or her care inflicts serious physical injury upon the child, creates a substantial risk of serious physical injury, or commits a sex offense against the child.

Abuse also includes situations where a parent or other person legally responsible knowingly allows someone else to inflict such harm on a child.

Maltreatment (Includes Neglect)

Maltreatment means that a child's physical, mental or emotional condition has been impaired, or placed in imminent danger of impairment, by the failure of the child's parent or other person legally responsible to exercise a minimum degree of care by:
- failing to provide sufficient food, clothing, shelter, education;
or
- failing to provide proper supervision, guardianship, or medical care (refers to all medical issues, including dental, optometric, or surgical care); or
- inflicting excessive corporal punishment, abandoning the child, or misusing alcohol or other drugs to the extent that the child was placed in imminent danger.

Poverty or other financial inability is not maltreatment.

c) The definition of "serious injury" used by the Lead Agency for this requirement.
A serious injury includes any event in which a child requires professional medical attention other than routine illness. An injury is serious when it is beyond routine superficial cuts, scrapes and bug bites. This definition, and additional guidance on assessing serious injuries, is found in OCFS Policy 20-01: Clarification of the Terms Serious Incident, Serious Injury, Serious Condition, Communicable Disease and When to Obtain Emergency Medical Care.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.
OCFS currently displays the annual aggregate number of substantiated cases of child abuse and maltreatment for licensed registered programs, as well as fatalities for all modalities of care. Regulations outline reporting requirements. Going forward, the annual aggregate data for serious injuries for all modalities of care will be posted on the website. https://ocfs.ny.gov/main/childcare/aggregate-data.php. OCFS anticipated posting the 2020 annual aggregate data for serious injuries in January of 2021, however, there were impacts to necessary system development as a result of the COVID-19 pandemic that have caused delays in implementation of this requirement. OCFS has been issued a

waiver for this requirement through September 30, 2021.

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

There are 34 Child Care Resource and Referral agencies available in New York State and their contact information (listed alphabetically by the counties they serve), can be found at on the OCFS website at http://ocfs.ny.gov/main/childcare/referralagencies.asp.

Effective Date: 10/01/2018

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

OCFS has a consumer-friendly search for child care website for parents, providers and the general public.

The website (http://ocfs.ny.gov/main/childcare/infoforparents.asp) also includes numerous informational brochures (e.g., A Parent's Guide to Child Care Options) and instructions to the user to contact the OCFS regional office for additional information about the program listed.

There are 34 Child Care Resource and Referral agencies available in New York State and their contact information (listed alphabetically by the counties they serve), can be found at on the OCFS website at http://ocfs.ny.gov/main/childcare/referralagencies.asp.

Effective Date: 10/01/2018

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

http://ocfs.ny.gov/main/childcare/default.asp

Effective Date: 10/01/2018

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

Historical aggregate data on serious injuries and substantiated cases of child abuse is not available for legally-exempt care, however, regulatory changes were made on 9/25/19 which will allow OCFS to accomplish this moving forward.

Effective Date: 02/20/2020

2.4 Additional Consumer and Provider Education

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

In questions 2.4.1 through 2.4.5, certify by describing:

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

Information about the availability of child care and financial assistance is shared in several ways. The OCFS website includes a child care search (http://ocfs.ny.gov/main/childcare/looking.asp) with filters for city/town, zip code, medication administration, non-traditional hours, and modality of care. "Child Care Options" videos (http://ocfs.ny.gov/main/childcare/brochure.asp)that highlight the benefits of regulated and legally-exempt care, the availability of subsidies (https://ocfs.ny.gov/main/childcare/subsidy_program.asp), and how to choose care are available on the OCFS website and social media, and at some medical clinics. Work continues to get the videos into additional venues. The video audio content is at a high school or lower reading level, and videos include closed captioning to support those with limited English proficiency. In addition, CCR&R agencies are supported through CCDF funds to help families find child care, and produce related written and website materials.

On the OCFS website, families are provided with general information, which can be printed out, in over 90 different languages. Included is information about early intervention services, "What you should know about child care," frequently asked questions, and the toll-free complaint line. There is also information about New York's quality rating and improvement system, QUALITYstarsNY; information about health insurance for children and families and small businesses; and resources for families. On the OCFS website, parents can view a video called "Thinking About Child Care and Continuity of Care." OCFS has printed brochures available in English and Spanish such as: "As you think about child care for your school-age child…make a visit… ask questions…then decide," and "Looking for an In-Home Child Care Provider?" (http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp). Detailed information is included in 2.5.3

OCFS contracts with the CCR&Rs to help inform families of the various types of care available. In addition, at the time of application, the LDSSs must inform the applicant of the

various child care services programs available, the child care providers with which the LDSS has a contract, and the recipient's option to choose among any eligible provider.

Information about the state pre-kindergarten program can be found on the New York State Education Department website at: http://www.nysed.gov/gsearch/state%2Bpre%2Bk.

Effective Date: 10/01/2018

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

The CCR&Rs provide information on the availability of child care services in their communities through partnerships with schools, PTAs, colleges, businesses, chambers of commerce, local governments, religious groups and a wide range of community organizations. There is written information that CCR&Rs provide as well as numerous presentations at various events throughout the communities regarding the availability of child care services to communities.

Partnerships formed by the Early Childhood Advisory Council (ECAC) also helps get the word out about child care services. The issue is a frequent topic of ECAC meetings and informal conversations with ECAC members such as home visiting services, New York City Department of Education, Prevent Child Abuse New York, Docs for Tots, and others.

Effective Date: 10/01/2018

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

☑ Temporary Assistance for Needy Families program:

Information about TANF is provided through the LDSSs and on both the OCFS and the OTDA websites at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp and https://otda.ny.gov/programs/.

Applicants can prescreen online for this benefit using the myBenefits tool. myBenefits also provides information on various New York State programs and services. Additionally, information about these programs can be obtained through the intake process and is on the OCFS website at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp.

Families may apply for multiple services/benefits when applying for child care services if they apply using the statewide application LDSS-2921. https://otda.ny.gov/programs/applications/2921.pdf

☑ Head Start and Early Head Start programs:

Information about this program is on the OCFS website under "Resources for Families" at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp.

Information about this program is on the OTDA websites at: https://otda.ny.gov/programs/.

☑ Low Income Home Energy Assistance Program (LIHEAP):

Information about this program is on the OCFS website under "Resources for Families" at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp

Information about this program is on the OTDA websites at: https://otda.ny.gov/programs/.

☑ Supplemental Nutrition Assistance Programs (SNAP) Program:

Information about this program is on the OCFS website at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp, under "Resources for Families".

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

Information about this program is available on the OCFS website under "Resources for Families" at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp.

☑ Child and Adult Care Food Program(CACFP):

Information about this program is on the OCFS website under "Resources for Families" at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp.

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

Information about Medicaid is on the New York State Department of Health website at: http://www.health.ny.gov/health_care/medicaid/ and on the OCFS Resources for Families web page at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp.

Additionally, the New York State of Health provides a one-stop online marketplace for both public and private insurance options at: https://nystateofhealth.ny.gov/.

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

Information about the IDEA is on the OCFS website at: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp. Information about this program can also be found on the New York State Education Department website at: http://www.nysed.gov/gsearch/idea.

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

OCFS, through NYS' statewide network of CCR&Rs, provides information on best practices in child development. CCR&Rs are a prime communicator with parents, as well as a strong

partner with the lead agency.

In addition, OCFS developed an online training module with the SUNY Professional Development Program (PDP) for providers on Family Engagement. This training opportunity contains important information pertaining to the importance of engaging families in their child's learning and providing tips to make family engagement work in their child care programs. More information on these topics is provided on the OCFS website, with webpages targeted to parents and to providers. It is also included in videos posted on the PDP website https://www.ecetp.pdp.albany.edu/VideoLibrary/VideoLibraryList.aspx, through e-learning content, and webcasts. Through a partnership with the NYS Department of Health, providers can take online CACFP training, and consult with CACFP sponsors to review their menus. OCFS regulations for licensed and registered care also support this work with requirements based on best practice related to healthy eating and physical activity. This includes sharing information with parents about meals, nutrition, and their children's development.

Effective Date: 10/01/2018

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

New York State is a Pyramid Model partnership state and is undertaking a wide range of activities to promote the use of this model in child care programs. This includes creating a group of master trainers and coaches to work with programs, supporting a group of programs working to fully implement the Pyramid Model, allowing child care providers to use this coaching towards their training requirements, and training licensors on the Pyramid Model. OCFS regulations for licensed and registered programs also support social-emotional health by defining acceptable behavior management strategies, requiring that programs share their

behavior management plan with parents. The Pyramid Model has been the topic of workshops at several statewide conferences including the NY Association for the Education of Young Children (NYAEYC), sessions conducted at OCFS Regional Offices with regulators, and webinars for providers that are available 24/7 here: https://www.ecetp.pdp.albany.edu/VideoLibrary/VideoLibrary.aspx?ID=117, https://www.ecetp.pdp.albany.edu/VideoLibrary/VideoLibrary.aspx?ID=116

In addition, information is included on New York State's training registry (Aspire), on the Early Childhood Advisory Council's website http://www.nysecac.org/ecac-initiatives/pyramid-model/ which includes the ability to find a local Pyramid Model Trainer or Coach. Information is also available through the other members of the New York State Pyramid Model Leadership team such as the NYS Education Department and the NYS Office of Mental Health.

The OCFS website includes two videos on the Early Intervention Program website for parents, providers and the public seeking guidance concerning developmental screening. The video can be found at: https://ocfs.ny.gov/main/childcare/early_intervention_video.asp.

Also, OCFS is part of a Joint Task Force on Social Emotional Development established by the NYS Department of Health and the NYS Office of Mental Health. This led to a publication "Meeting the Social Emotional Developmental Needs of Infants and Toddlers: guidance for Early Intervention Program Providers and Other Early Childhood Professionals." The document is available to the field, and to parents here: https://www.health.ny.gov/publications/4226.pdf . A corresponding document for preschool or school-age children has not yet been developed. The NYS Office of Mental Health website includes other resources, including a search function to find mental health services: https://www.omh.ny.gov/omhweb/childservice/.

OCFS is developing a policy on strategies and resources available regarding the social-emotional and behavioral issues, and early childhood mental health of young children. As referenced earlier in this section, OCFS regulations define acceptable and unacceptable behavior management strategies, and require programs to share their behavior management plan with parents.

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

As noted in 2.5.5, New York State is supporting the use of the Pyramid Model for licensed, registered and legally-exempt programs, an evidence-based approach to reducing use of suspension and expulsion of children in child care programs. Since 2016, more than 45,000 hours of Pyramid Model training has been delivered statewide to over 10,000 trainees by 40 Master Cadre trainers. The number of programs working to implement to fidelity is 40 in 375 classrooms/family-based settings. Approximately 15 more programs are expected to begin this work at the end of 2018. Training has also been offered to OCFS licensors at each of the seven Regional Offices. OCFS regulations for licensed and registered programs require that programs share their policies on expulsion with families. OCFS developed e-learning and videoconference training on the Pyramid Model which includes content on the harmful effects of suspension and expulsion, and recent data on its use by providers in New York State. Offering information, resources, and strategies for providers can reduce suspensions and expulsions without an outright ban, which could unintentionally put children at risk of harmful disciplinary methods or abuse. As mentioned in 2.4.5, OCFS is developing policy with tools for social-emotional and behavioral issues to reduce the use of suspension and expulsion. This work is informed by Technical Assistance received through Terri Hare and the Child Care State Capacity Building Center. OCFS also worked with the New York State Council on Children and Families on their development of their Suspension and Expulsion Guidance http://www.nysecac.org/files/2415/3658/9133/NYS_Pyramid_Model_Leadership_Team_Brief_-_Suspension_Expulsion.v2.pdf.

Other resources include Developmentally Appropriate Practice Briefs developed under the auspices of the Early Childhood Advisory Council http://www.nysecac.org/news/developmentally-appropriate-practice-guidance/.

Effective Date: 10/01/2018

2.5 Procedures for Providing Information on Developmental Screenings

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

2.5.1 Certify by describing:

Effective Date: 11/29/2019

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

Resources for families, the general public and child care providers on developmental screening are available on the OCFS website Information for Parents page: http://ocfs.ny.gov/main/childcare/infoforparents.asp This includes a short video on Early Intervention and links to the Department of Health Early Intervention Program and the New York State Education Department Special Education Program.

In OCFS licensed and registered child care programs, all families with a child not enrolled in kindergarten or a higher grade complete a standard form with the child's health care provider to identify any special needs the child may have. This is done at the time of enrollment in the child day care program. The form captures information about the following: hearing, visual, dental, medical, and developmental conditions. It also includes

recommendations from the health care provider to the child care provider. Also at the time of enrollment, families are separately asked if they would like to receive information on child health insurance, and if the child has any physical, developmental, behavioral or emotional conditions.

All Head Start and Early Head Start programs in New York State conduct a full developmental screening on every child within 45 days of enrollment.

New York State has a network of Infant/Toddler specialists available to consult with child care programs on issues related to developmental delays and screenings for children. Infant/ Toddler specialists can help obtain developmental screenings.

QUALITYstarsNY, New York's quality rating and improvement system, includes standards and associated implementation support resources related to developmental screening and provision of written information about family resources and supports to families.

In addition, child care providers and families can also get information on screening, and local contacts, by contacting the New York State Parent Helpline (1-800-children), 211 and 311 hotlines, and websites.

A guidance document was issued in June 2017, titled "Meeting the Social-Emotional Development Needs of Infants and Toddlers: Guidance for Early Intervention and Other Early Childhood Professionals." This tool is geared towards early childhood health, development specialists, and early care and learning professionals and early intervention providers to partner with families to promote and support healthy social emotional development in infants and toddlers. It is available at: https://www.health.ny.gov/publications/4226.pdf. This guidance is the culmination of a collaboration between two Governor-appointed advisory councils on early childhood: the Department of Health's Early Intervention Coordinating Council (EICC) and the Early Childhood Advisory Council (ECAC). The EICC advises and assists the Department of Health as Lead Agency for the Early Intervention Program (EIP).

OCFS collects information on existing resources and services available related to developmental screenings through on-going participation in the ECAC and related

workgroups, technical assistance and peer-to-peer opportunities offered through CCDF Technical Assistance Centers, and New York State inter-agency initiatives. Also see related content in 3.1.6.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.).
The procedures related to developmental screenings are addressed with families at the time of enrollment in regulated programs that are OCFS licensed and OCFS registered, as well as on an as-needed basis and at least annually. For license-exempt programs, consideration of the needs of the child must be taken into account when authorizing child care subsidy, including: continuity of child care; reasonable proximity of the care either to the child's home and school or to the child's caretaker's place of employment, education or training, as applicable; and the appropriateness of the child care to the child's age and special needs.

As described in a) above, families with a child not enrolled in school complete a standard form with the child's health care provider. Also at the time of enrollment, families are separately asked if they would like to receive information on child health insurance, and if the child has any physical, developmental, behavioral or emotional conditions.

Health care providers in New York State are strongly encouraged by the New York State Department of Health to follow the American Academy of Pediatrics (AAP) Bright Futures Guidelines. The Guidelines includes routine screening for developmental delays and disabilities during regular well-child doctor visits at ages 9, 18, and 24 or 30 months of age, with additional screening as indicated for children at higher risk of developmental problems.

The Department of Health is leading the implementation of the Bright Futures Guidelines and is working with many partners including chapters of AAP to integrate Bright Futures into health care for all children.

New York's Medicaid (MA) program has adopted Bright Futures and provides full

coverage for well-child services with no family co-pays under Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

New York State has a robust system to help children enroll in health insurance, including Medicaid, Child Health Plus (New York's State Child Health Insurance Program) and commercial qualified health plans through the New York State of Health Insurance Marketplace, New York's state-operated health insurance exchange. The New York State Department of Health includes multiple access points (telephone, web and in-person) for families to assess eligibility, subsidies, and tax credits and to initiate insurance enrollment, with additional support available from a statewide network of community-based Patient Navigators to engage and directly assist families in enrolling in health insurance through the marketplace. An extensive web portal allows families to directly access information about insurance and apply for coverage:
https://nystateofhealth.ny.gov/

Additionally, information about Medicaid is on the OCFS Resources for Families website: http://ocfs.ny.gov/main/childcare/Resources_for_Families.asp.

OCFS does work in an on-going way to promote the use of regulated child care, which then increases awareness of, and access to, EPSDT. This work includes Child Care Options videos providing an overview of the benefits of regulated care. The videos are posted on the OCFS webpage for families:
http://ocfs.ny.gov/main/childcare/brochure.asp, and shared with LDSSs. We continue to identify additional outlets for the videos to be accessible to families. Brochures designed to help families select regulated care were distributed at the New York State Fair in August 2017.
Children enrolled in the New York State public school system receive screening services through their respective school district. This process is described in New York State Education Regulations 8 NYCRR Sections 117.1-3. It includes screening every child entering the system, pre-K through grade 12 for the first time, and those who re-enter without a record of a prior screening. The screening determines which students have, or are suspected of having, a disability. This regulation is available at:
http://www.p12.nysed.gov/sss/lawsregs/117-1-3.html

The Individuals with Disabilities Education Act (IDEA) Part C program, referred to in NYS

as the Early Intervention Program (EIP) is implemented by the New York State Department of Health. The EIP provides services, including screening, to infants and toddlers with developmental delays or disabilities at no out-of- pocket cost to families. Children 3 years of age and older are served by the New York State Education Department though their local school district.

New York State's EIP is locally administered by 57 county government agencies and New York City. Localities are responsible for implementing Child Find and public awareness programs, which inform primary referral sources and families about the EIP, the benefits of the program, and how to make a referral. Child care providers, as primary referral sources, are included in these outreach activities. Local program administrators also have strong relationships with their CCR&Rs.

In accordance with IDEA Part C, the NYS EIP has a Child Find system component; the goal of which is that eligible infants and toddlers in the state are identified, located, referred to the EIP, and receive a multidisciplinary evaluation; including coordination with other state agencies responsible for administering the various education, health, and social service programs, including child care programs. Regulations at 10 NYCRR Section 69-4.3 include child care programs and LDSSs as primary referral sources for the EIP. As primary referral sources, child care programs are required to refer infants and toddlers suspected of having a disability (which is defined to include developmental delay) and children at risk of having a developmental disability to the local Early Intervention Official. Children suspected of having a disability receive a multidisciplinary evaluation, which may include a developmental screening, with parent consent, to determine eligibility for EIP services. Children at risk of having a disability receive screening and tracking services through the local Early Intervention Program.

In addition, under Section 69-4.13 of 10 NYCRR, municipalities (57 counties and New York City) are responsible for establishing and maintaining local early intervention coordinating councils (LEICCs), which must include at least one child care provider or representative of child care providers. LEICCs are responsible for advising and assisting local government program administrators in the early intervention service delivery system, including coordination of public and private agencies and the planning for, delivery, and evaluation of EIP services, including methods to identify and address gaps in services.

A representative of the OCFS is a member of New York State's Early Intervention Coordinating Council, which advises and assists the Department of Health, as lead agency for the EIP, on all aspects of the service delivery system, including Child Find and public awareness.

LDSSs are directed to share Early Intervention Program information with parents of children under the age of three who are subjects in an indicated report of child abuse or maltreatment, and refer them to the county's Early Intervention Program. This is included in Local Commissioner's Memo 04-OCFS-LCM-04, Referrals of Young Children in Indicated CPS Cases to Early Intervention Services

Newborns in New York State are screened at birth for more than 50 disorders including HIV, hearing loss, and sickle cell disease.

New York also has the Children with Special Health Care Needs Program serving children with special health care needs from birth to 21 years of age and their families. These children might have a serious or long-lasting: physical condition, intellectual or developmental disability, and/or a behavioral or emotional condition.

The OCFS Division of Child Care Services has a strong working relationship with the New York State Department of Health Division of Family Health, which administers the state's Title V (Maternal and Child Health) program as well as IDEA Part C (Early Intervention) program. In turn, the Division of Family Health has strong existing collaboration with the New York State of Health marketplace and Medicaid programs to obtain and share timely and relevant information about health insurance enrollment with external partners.

Several additional initiatives in New York State work to increase developmental screenings of children. OCFS funded six contracts during the period 6/1/14-6/30/17 to address trauma resulting from Superstorm Sandy in New York City and Long Island. The services provided to those children, families, and child care professionals within the affected area included: screening children for mental health disorders, and risk of developing one; provision of mental health services; training for child care providers and parents on effects of trauma, managing challenging behaviors, and the Pyramid Model;

and take-home materials and activities for families.

These include Help Me Grow in Western New York and Long Island. This is a free program connecting families to community resources and child development information. Services include referrals to EIP agencies, information on child development, and supporting parents' use of the Ages and Stages Questionnaire to help them identify areas of concern. Help Me Grow is a national model with affiliates in 28 states. Another is Docs for Tots, a pediatrician-led organization that has identified increasing developmental screening as a priority.

NYS continues to work on the implementation of a set of quality indicators, to eventually be incorporated in OCFS licensing visits. The Division of Family Health convened a staff workgroup to develop recommendations for OCFS on potential health-related indicators, and will incorporate indicators related to helping families connect with health insurance and screening services in those recommendations.

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

Child care providers work with families at enrollment to identify any special needs. At enrollment, an OCFS Child in Care Medical Statement is completed by a health care provider. The form, along with the OCFS Day Care Enrollment form, capture any special needs identified through developmental screenings.

After enrollment, providers who identify the need for a developmental screening connect families to the Committee on Preschool Special Education (CPSE) or the Committee on Special Education administered by the local school district, or the Early Intervention Program administered by the New York State Department of Health. OCFS provides information on these systems through e-learnings, video conference trainings, and the Division of Child Care Services pages on the OCFS website.

Providers also are required by regulation to meet with families to discuss issues related to their child, and to share materials about supportive services not offered by the program.

Parents receiving subsidy also get information through their Local Department of Social Services (LDSS). All LDSSs are required to verify whether each special need child is receiving program services as authorized by Article 89 of the Education Law or the Medical Rehabilitation Program for Handicapped children. If it has been determined that a family with children with special needs has not been evaluated for participation in programs services for children with special needs all LDSSs are required to assist families with children with special needs to apply for those benefits.

The referral procedure is detailed in 91-ADM-34, Reimbursement of Payments for Children with Special Needs, which requires that upon receipt of documentation that a child has special needs, the LDSS must determine if the child is receiving program services as authorized either by Article 89 of the Education Law or the Medical Rehabilitation Program for Handicapped Children. If the child has not been evaluated for participation in the above programs, the LDSS must assist the parent in applying for benefits under those programs.

New York State, through the First 1000 Days on Medicaid initiative, is also considering more comprehensive and consistent developmental screening as recommended in the American Academy of Pediatrics' Bright Futures Guidelines.

Partners in the work on developmental screening include: NYS Department of Health, County level Departments of Social Services (LDSS), NYS Education Department, local school districts, and the Early Childhood Advisory Council.

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

Resources for families, the general public and child care providers on developmental screening are available on the OCFS website Information for Parents page: http://ocfs.ny.gov/main/childcare/infoforparents.asp This includes a short video on Early Intervention and links to the Department of Health Early Intervention Program and the New York State Education Department Special Education Program.

In OCFS licensed and registered child care programs, all families with a child not enrolled in kindergarten or a higher grade complete a standard form with the child's

health care provider to identify any special needs the child may have. This is done at the time of enrollment in the child day care program. The form captures information about the following: hearing, visual, dental, medical, and developmental conditions. It also includes recommendations from the health care provider to the child care provider. Also at the time of enrollment, families are separately asked if they would like to receive information on child health insurance, and if the child has any physical, developmental, behavioral or emotional conditions.

All Head Start and Early Head Start programs in New York State conduct a full developmental screening on every child within 45 days of enrollment.

New York State has a network of Infant/Toddler specialists available to consult with child care programs on issues related to developmental delays and screenings for children. Infant/ Toddler specialists can help obtain developmental screenings.

QUALITYstarsNY, New York's quality rating and improvement system, includes standards and associated implementation support resources related to developmental screening and provision of written information about family resources and supports to families.
In addition, child care providers and families can also get information on screening, and local contacts, by contacting the New York State Parent Helpline (1-800-children), 211 and 311 hotlines, and websites.

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

OCFS has developed several trainings for child care providers that include resources to obtain developmental screenings for children. These include a 6/1/17 webcast, Positive Communication with Children, and two webcasts on the Pyramid Model: Addressing Challenging Behavior. Online e-learnings include Early Intervention, Suspension and Expulsion Prevention Strategies, Family Engagement, Infant Brain Development, School Age Child Care, Managing Challenging Behavior (0-18 months, 18-36 months). In addition, EIP information, which is available for licensed and registered providers, is included in several videos in an online library including: NYS Early Intervention Program, the Pyramid Model, Continuity of Care, and Developmentally Appropriate Practice.

The Department of Health, as lead agency for the EIP, has a comprehensive system of personnel development, which includes training programs for child care providers. These training programs are offered free of charge. A description of the "Information Session for Child Care Providers: Learning Everyday" session can be found on both the EI Learning Network website and the OCFS Child Care website:
https://www.eilearningnetwork.com/index.php/course-descriptions#ISF-2A
http://ocfs.ny.gov/main/childcare/early_intervention_video.asp

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

414.7(j)
418-1.7(j)

414.11(a)(1)-(2)
416.11(a)(1)-(2)
417.11(a)(1)-(2)
418-1.11(a)(1)-(2)

414.15(b)(15)
416.15(b)(15)
417.15(b)(15)
418-1.15(b)(15)

Local Commissioner's Memorandum 04-OCFS-LCM-04 Referrals of Young Children in Indicated CPS Cases to Early Intervention Services

Administrative Directive Memorandum 91-ADM-34 Reimbursement of Payments for Children with Special Needs

2.6 Consumer Statement for Parents Receiving CCDF Funds

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

2.6.1 Certify by describing:

Effective Date: 10/01/2018

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

OCFS does not provide CCDF parents with a consumer statement with information about a child care provider selected by the parent. However, the applicant or recipient is provided with information on how to access OCFS's child care web page where applicants can search for the individual history of all regulated providers within the state (see link below). The website can be reached through a smartphone and on computers available at public libraries across the state. Parents who do not have computer access, or want additional information, can contact the OCFS Regional Office by phone. The Regional Offices can be reached through the main OCFS phone number, calling the Regional Office directly, calling 311 (NYC) or 211 (rest of state). They can also get information from their local Child Care Resource and Referral agency. Parents who want information related to subsidy can contact their LDSS.

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

Individuals can access the following information on the OCFS' Division of Child Care Services internet home page or by contacting the OCFS Regional Office or LDSS as described above:

•Health and safety regulations broken down by type of provider
https://ocfs.ny.gov/main/childcare/daycare_regulations.asp

•Licensing and regulatory requirements broken down by type of provider
https://ocfs.ny.gov/main/childcare/daycare_regulations.asp

•The date the provider was last inspected and any history of violations
https://ocfs.ny.gov/main/childcare/looking.asp

•How to submit a complaint through a toll-free hotline
https://ocfs.ny.gov/main/childcare/safety.asp

•How to find and contact a local Child Care Resource and Referral Agency
https://ocfs.ny.gov/main/childcare/referralagencies.asp

•How to contact OCFS Division of Child Care Services Regional Offices
https://ocfs.ny.gov/main/childcare/regionaloffices.asp

•Description of how CCDF subsidies are designed to promote equal access
https://ocfs.ny.gov/main/policies/external/OCFS_2016/LCMs/16-OCFS-LCM-18.pdf

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

The following is the link to OCFS' Division of Child Care Services Home Page:
https://www.ocfs.ny.gov/main/childcare/default.asp.

3 Provide Stable Child Care Financial Assistance to Families

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

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

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

3.1 Eligible Children and Families

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

3.1.1 Eligibility criteria based on a child's age

Effective Date: 03/07/2020

a) The CCDF program serves children

from Birth

(weeks/months/years)

through 13

years (under age 13). . Note: Do not include children incapable of self-care or under court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-

care?(658E(c)(3)(B), 658P(3))

☐ No

☑ Yes,

and the upper age is up to 19 years of age if the child is a full-time student in a secondary school, or in an equivalent level of vocational or technical training; and is a child with special needs. LDSSs may provide child care services to a child who turns 13 during the school year using Title XX funding. A special needs child is only considered an eligible child if such child resides with a caretaker who meets the program and financial eligibility requirements for the particular type of child care services authorized pursuant to 18 NYCRR 415.1.

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity:
Children with Special Needs: A child with special needs means a child who is incapable of caring for himself or herself and who has been diagnosed by a physician, licensed or certified psychologist, or other professional with the appropriate credentials to make such diagnosis as having one or more of the following conditions to such a degree that special education or related services are required, in accordance with section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401), part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794): visual impairment; deafness or other hearing impairment; orthopedic impairment; emotional disturbance; intellectual disability; learning disability; speech or language impairment; health impairment; autism; multiple handicaps; traumatic brain injury; deaf-blindness; or other health impairment. .

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

☐ No.

☑ Yes

and the upper age is up to 19 years of age if the child is a full-time student in a secondary school, or in an equivalent level of vocational or technical training, and is under court supervision. A special needs child is only considered an eligible child if such child resides with a caretaker who meets the program and financial eligibility requirements for the particular type of child care services authorized pursuant to 18 NYCRR 415.1.

(may not equal or exceed age 19)

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

"residing with":

For purposes of provision of child care services under the Child Care and Development Fund, a child must live with a parent, legal guardian, caretaker relative, or person standing in loco parentis.

"in loco parentis":

means the child's guardian or caretaker relative or any other person with whom a child lives who has assumed responsibility for the day-to-day care and custody of the child.

3.1.2 Eligibility criteria based on reason for care

Effective Date: 03/07/2020

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

"Working":

An individual is considered working when, in accordance with the regulations of OCFS

or OTDA as applicable, he or she is engaged in work. For an individual receiving public assistance, engaged in work is defined by the LDSS in its employment plan submitted to and approved by OTDA.

For an individual who is not receiving public assistance, engaged in work means that the individual is:

•is working, on average, at least 20 hours per week, provided there is no physical or mental incapacity that limits the person to working less than 20 hours per week, and earning wages at a level equal to or greater than the minimum amount required under Federal and State Labor Law for the type of employment;

•is self-employed and is able to demonstrate that the hours worked are, on average, at least 20 hours per week and such self-employment produces personal income equal to or greater than the minimum wage or has the potential for growth in earnings to

produce such an income within one year.

For an individual who is a certified or approved foster parent and seeking child care services for a foster child, engaged in work means that the individual is working or self-employed, without regard to hours worked and/or the amount of income earned or produced.

For an individual who is not receiving public assistance and who is seeking employment, engaged in work means that individual is:

Making in-person job applications, going on job interviews, registering with a New York State Department of Labor's Division of Employment Services Office to obtain job listings; and

Participating in such other job-seeking activities as are approved by the LDSS.

"Job training":
Job training includes job search activities, job skills training, job development and placement, and job readiness activities authorized by the LDSS as part of a plan for self-support or employment plan.

"Education":
Educational activities include but are not limited to secondary and other education programs when authorized by the LDSS as part of a plan for self-support or employment plan under the regulations of OCFS or OTDA.
LDSSs may opt, in the Child and Family Services Plan, to serve families participating in any of the following educational or vocational programs:
•programs leading to a high-school diploma or high-school equivalency diploma;
•programs providing basic remedial education for individuals functioning below ninth grade level;
•programs providing literacy training;
•English as a second language instructional programs;
•undergraduate or community college programs with a specific vocational sequence leading to an associate degree or certificate of completion within a determined time frame which shall not exceed 30 consecutive calendar months;

•programs which have a specific occupational goal and are conducted by an institution licensed or approved by the State Education Department other than a college or university;
•pre-vocational skill training programs such as basic education and literacy training;
•demonstration projects designed for vocational training or others as approved by the State Department of Labor;
•programs to train workers in an employment field that currently is or is likely to be in demand, if the caretaker documents that he or she is a dislocated worker and is currently registered in such a program; or
•two-year programs other than one with a specific vocational sequence leading to an associate's degree or certificate of completion, or a four-year college or university program leading to a bachelor's degree provided that:
o the program is reasonably expected to improve the earning capacity of the caretaker;
o the caretaker participates in non-subsidized employment for at least 17 ½ hours per week, earning wages at a level equal to or greater than the minimum amount required under federal and New York State labor law; and
o the caretaker can demonstrate his or her ability to successfully complete the course of study.

"Attending job training or education" (e.g. number of hours, travel time):
Attending a job training or education program means participating in a program approved by the LDSS described above. LDSSs allow reasonable travel time from home or site of the education program to drop off and pick up a child at a child care program care.

3.1.2 Eligibility criteria based on reason for care

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

☐ No.

If no, describe the additional work requirements:

☑ Yes.

If yes, describe the policy or procedure:

Most educational and vocational programs that a LDSS may opt to include in their Child and Family Services Plan do not include a work requirement, with the exception of two-year programs that do not have a specific vocational sequence leading to an associate's degree or certificate of completion, and four-year college or university programs leading to a bachelor's degree, both of which require the caretaker to work a minimum of 17 ½ hours per week earning wages at a level equal to or greater than the applicable minimum wage.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

☐ No.

☑ Yes.

If yes, describe the policy or procedure. (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

Families with incomes up to 200% of the federal poverty level may be eligible for child care subsidies when seeking employment, at LDSS option, for a period up to six months at the time of initial eligibility determination or subsequent redetermination of eligibility.

3.1.2 Eligibility criteria based on reason for care

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

☐ No.

☑ Yes. If yes:

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

The child care services that a LDSS may provide to families who need child care in order for their children to be protected include the following:

a) A family, including a foster family, with a child in a case with a child protective

services component when it is determined on a case-by-case basis that such child care is needed to protect the child. Note that LDSSs may select in their Child and Family Services Plans to use the New York State Child Care Block Grant funds to provide child care services for these families.

b) A family receiving public assistance or with income up to 200 percent of the federal poverty level when child care services are needed for the child to be protected because the child's parent(s) or caretaker relative(s) is physically or mentally incapacitated or has family duties away from home necessitating his or her absence.

c) A family receiving public assistance or with income up to 200 percent of the federal poverty level when child care services are needed for the child to be protected because the child's caretaker is:

•participating in an approved substance abuse treatment program, or in screening for or an assessment of the need for substance abuse treatment;

•homeless or receiving services for victims of domestic violence and needs child care in order to participate in an approved activity, or in screening for or an assessment of the need for services for victims of domestic violence; or

•in an emergency situation of short duration including, but not limited to, cases where the caretaker's absence from the home for a substantial part of the day is necessary because of extenuating circumstances such as a fire, being dispossessed from the home, seeking living quarters, or providing chore/housekeeper services for an elderly or disabled relative.

d) Other, as allowed by a waiver granted to a local district as may be related to a disaster or other emergency. In response to COVID-19, this option allows an LDSS to provide child care services to otherwise eligible families that need such services for a child to be protected because a parent is unavailable to care for the child/ren as a result of being quarantined due to exposure.

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

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

- [ ] No
- [x] Yes

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

- [ ] No
- [x] Yes

iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

- [x] No
- [ ] Yes

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

Effective Date: 06/01/2019

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

Income includes the sum of gross income received from the following sources:

•Monthly wages or salary, i.e., total money earnings received for work performed as an employee, including wages, salary, Armed Forces pay, commissions, tips, piece-rate payments, and cash bonuses earned before deductions are made for taxes, bonds, pensions, union dues and similar purposes;

•Net income for non-farm self-employment, i.e., gross receipts minus expenses from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include costs of goods purchased, rent, heat, light, power, wages and salaries paid, business taxes (not personal income taxes) and similar costs. Depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment, and payments on the principal of loans for capital assets or durable goods are not counted as expenses for the purpose of determining net income for self-employment for child care

assistance. The value of salable merchandise consumed by the proprietors of retail stores is not included as part of net income;

•Net income from farm self-employment, i.e., gross receipts minus operating expenses from the operation of a farm by a person on his own account, as owner, renter or sharecropper. Gross receipts include the value of all products sold, government crop loans, money received from the rental of farm equipment to others, the incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include cost of feed, fertilizer, seed and other farming supplies, cash wages paid to farm hands, cash rent, interest on farm building repairs, farm taxes (not state and federal income taxes) and similar expenses. Depreciation, personal business and entertainment expenses, personal transportation, purchase of capital equipment, and payments on the principal of loans for capital assets or durable goods are not counted as expenses for the purpose of determining net income for self-employment for child care assistance. The value of fuel, food or other farm products used for family living is not included as part of net income;

•Social security benefits which include social security pensions and survivor benefits, and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance and railroad retirement checks from the U.S. government;

•Dividends, interest (on savings or bonds) income from estates or trusts, net rental income or royalties, including dividends from stockholdings or membership in associations, interest on savings or bonds, periodic receipts from estates or trust funds, net income from rental of a house, store or other property to others, receipts from boarders or lodgers and net royalties;

•Public assistance or welfare payments including public assistance payments such as family assistance, SSI (including State supplemental payments), and safety net assistance;

•Pensions and annuities including pensions or retirement benefits paid to a retired person or his /her survivors by a former employer or by a union, either directly or through an insurance company, and periodic receipts from annuities or insurance;

•Unemployment compensation, which means compensation received from government unemployment insurance agencies or private companies during periods of unemployment and any strike benefits received from union funds;

•Workers' compensation, which means compensation received periodically from private or public insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not by the individual;

•Alimony;

•Child support; and

•Veterans' pensions, which means money paid periodically by the Veterans' Administration to disabled members of the Armed Forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job training, as well as so-called "refunds" paid to ex-servicemen as GI insurance premiums.

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

	(a)	(b)	(c)	(d)
Family Size	100% of SMI($/Month)	85% of SMI ($/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) ($/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	$3,985	$3,387	$2,082	52%
2	$5,211	$4,430	$2,818	54%
3	$6,437	$5,472	$3,555	55%
4	$7,664	$6,514	$4,292	56%
5	$8,890	$7,556	$5,028	57%

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

N/A

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

d) SMI source and year. https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03 https://www.acf.hhs.gov/ocs/resource/state-median-income-estimates-for-optional-use-in-fy-2018-and-mandatory-use-in-fy-2019.

e) Identify the most populous area of the State used to complete the chart above.

The standards in the chart are statewide.

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? June 1, 2019

g) Provide the citation or link, if available, for the income eligibility limits. 19-OCFS-INF-02 2019 Income Standards for the Child and Family Services Plan can be accessed at https://ocfs.ny.gov/main/policies/external/

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

Effective Date: 10/01/2018

a) Describe how the family member certifies that family assets do not exceed $1,000,000 (e.g., a checkoff on the CCDF application).

New York includes a certification that the family's income does not exceed $1,000,000 on both the application for public assistance and the child care assistance applications.

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

defined as receiving, or in need of, protective services?

- [x] No.
- [ ] Yes.

If yes, describe the policy or procedure and provide citation:

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

None.

Effective Date: 10/01/2018

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering children's development and promoting continuity of care when authorizing child care services.

Effective Date: 10/01/2018

- [ ] Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- [ ] Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- [ ] Establishing minimum eligibility periods greater than 12 months
- [ ] Using cross-enrollment or referrals to other public benefits
- [ ] Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- [ ] Providing more intensive case management for families with children with multiple risk factors;

☐ Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities

☑ Other.

Describe:

OCFS has multiple policies and practices that promote children's learning and development as well as continuity of care, and the approaches listed above are utilized based on local practices given the nature of New York's State supervised county administered structure. On a statewide level, each child's individual needs are considered during the eligibility determination process; the OCFS form OCFS-6025, "Application for Child Care Assistance" specifically asks if each child listed on the case has a disability, and child care arrangements selected by families and approved by the LDSS often include the application of approaches which:

•coordinate with Head Start, prekindergarten, or other early learning programs,

•provide for integration of Individualized Education Program (IEP) or Individual Family Services Plan (IFSP) requirements,

•refer families to other public benefits when appropriate,

•support services for children as required under IDEA Part B, Section 619 and Part C,

•promote the integration of all children, regardless of disability into child care settings.

Examples of how these approaches are supported by OCFS for implementation on the county level are as follows: In accordance with IDEA Part C, the NYS Early Intervention Program (EIP) has a child find system component; the goal of which is that eligible infants and toddlers in the state are identified, located, referred to the EIP, and receive a multidisciplinary evaluation; including coordination with other state agencies responsible for administering the various education, health, and social service programs, including child care programs. Regulations at 10 NYCRR Section 69-4.3 include child care programs and LDSSs as primary referral sources for the EIP. As primary referral sources, licensed and registered child care programs are required to refer infants and toddlers suspected of having a disability (which is defined to include developmental delay) and children at risk of having a developmental disability to the local Early Intervention Official. Children suspected of having a disability receive a multidisciplinary evaluation, which may include a developmental screening, with parent consent, to determine eligibility for EIP services. Children at risk of having a disability receive screening and tracking services through the local Early Intervention

Program.

The Council on Children and Families (the Council), which serves to coordinate the state health, education and human services agencies, is housed with the Lead Agency and, as such, works very closely with the Division of Child Care Services. The Council, through the Early Childhood Advisory Council (ECAC), has developed early learning guidelines for children birth through age 5. The New York State Education Department (SED) has developed early learning standards for what children should be able to know and do by the end of their pre-school experience, upon entering kindergarten. The Early Learning Guidelines developed by the ECAC's Workforce Development Work Group were formally released to the field in April 2012. They have been aligned with the State Education Department's Pre-Kindergarten Standards.

At least 10 percent of state-funded Pre-K in New York State must be in community-based programs, such as child care centers. This creates a natural incentive for both OCFS, which regulates child care centers, and the State Education Department, which administers the Pre-K programs, to work together to support each other's programming. So, for example, OCFS collaborated with the State Education Department to adopt an approach that gives credit points in grants for Pre-K services to programs offering wrap-around programming to Pre-K students, and thus more continuity of care. To reinforce their partnership, OCFS and the State Education Department hold monthly conference calls. The agenda includes issues shared between both agencies as they affect pre-school programs.

The New York City Administration for Children's Services (ACS), EarlyLearn NYC program was designed to better integrate Head Start and other child care programs provided through contracts with the city into a standardized and improved system for providing subsidized care. This includes expanding services in communities that are defined as having the greatest need, as well as increasing child care slots for infants and toddlers. Home-based providers serve the youngest children in the EarlyLearn NYC model. Rather than contract with individual family child care and group family child care providers, ACS contracts with family child care networks. These networks recruit, oversee, and provide administrative oversight and support, and eligibility determination to family-based providers. In an effort to build continuity of care and provide families with a smooth transition when their child ages out of the family child

care setting, each network is expected to link with a child care center.

OCFS is committed to providing support so that families can obtain appropriate, flexible child care to meet their needs. When needed, families receiving child care subsidy can combine the various modalities of care (legally-exempt, child care center, group family day care, etc.) to accommodate various schedules and needs. Some children may benefit from one-on-one care provided by a legally-exempt provider whereas some children may thrive in a larger, center setting. A parent who is employed overnight is more likely to need a provider who provides care during non-traditional hours, while a parent working during the day would not have this need. To incentivize the availability of care during non-traditional hours, OCFS requires LDSSs to pay a minimum differential rate of 5 percent for providers who provide child care services during non-traditional hours. LDSSs can pay a differential rate up to 15 percent to these providers. Policies are also in place to support families who require care for 24 hours in a day as well as for those families that may require the use of multiple child care providers over the course of a day or week.

As per 18 NYCRR 415.4 (c)(4), "when arranging child care services, the needs of the child must be taken into account including: continuity of child care." Continuity of care is foundational in Group Family Day Care (GFDC) regulations 18 NYCRR 416 and in Family Day Care (FDC) regulations 18 NYCRR 417. In 2015, OCFS revised day care center regulations 18 NYCRR 418-1 to formalize this as an option for centers. This promotes what had been allowed previously only through a waiver process. Centers using the concept maintain a primary relationship between teachers and children and their respective families. Children and their teachers stay together until all children in the group are 36 months of age. A child has a primary caregiver/teacher who becomes responsible for the child and for communication with the child's parents, with other teachers serving as back-up. The teachers must have training on continuity of care, developing positive relationships with each child assigned to his/her care, and tending to their physical and emotional needs. The teacher/child ratio and maximum group size is based on the youngest child in the group. This takes children's development and learning into consideration, as well as promoting safety.

Prior to implementing continuity of care, centers submit their model to OCFS for approval. OCFS training on continuity of care concepts and models was rolled out in

2015. Additional resources are available on the website of our training contractor at: https://www.ecetp.pdp.albany.edu/VideoLibrary/VideoLibraryList.aspx (search for "continuity"). Several online courses on mixed age groups have been approved for use towards OCFS training requirements for caregivers, and CCR&Rs periodically offer classroom trainings on the concept. Also see related content in 2.6.1.

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

Effective Date: 10/01/2020

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

i. 85 percent of SMI for a family of the same size
ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

(A) Takes into account the typical household budget of a low-income family
(B) Provides justification that the second eligibility threshold is:
(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability
(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

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

85 percent of SMI.

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

Effective Date: 10/01/2020

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

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

  Describe the policies and procedures.

  Provide the citation for this policy or procedure.

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

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

  A guarantee of child care assistance is provided to a public assistance family who needs child care to participate in work or other activities required by the LDSS. Additionally, a guarantee of child care assistance is provided to a family who chooses child care assistance in lieu of public assistance but who would otherwise be eligible for public assistance and who needs child care in order to be employed. The guarantee of child care in lieu of public assistance continues as long as the family continues to meet all the financial and programmatic eligibility requirements for public assistance and needs child care to participate in work and/or activities required by the LDSS.

  A guarantee of 12 months of transitional child care may be provided as a graduated

phase-out to a working family whose public assistance case has closed due to an increase in income and is determined by the LDSS to meet all financial and programmatic requirements, including that the family income is within 200 percent of the federal poverty level. Additionally, a guarantee of 12 months of transitional child care as a graduated phase-out may be provided to a family that chose to receive child care assistance in lieu of public assistance when the family becomes ineligible for public assistance, provided that the family income is within 200 percent of the federal poverty level.

A redetermination of eligibility for child care assistance at the expiration of the 12-month authorization period is conducted and the family may continue to receive child care assistance if funds are available, there is a need for child care, and the family income is within 200 percent of the federal poverty level.

LDSSs have the option to implement a six-month or 12-month authorization period. Some LDSSs have chosen a 12-month authorization period. As an interim step, OCFS no longer allows LDSSs to change from a 12-month authorization period to asix-month authorization period. A redetermination of financial and programmatic eligibility is conducted during the authorization period when there is an indication of change in the individual's circumstance that may render the individual ineligible or change the degree of need for child care assistance. The income level for initial eligibility and redetermination of eligibility is set at 200 percent of the federal poverty level.

Statutory and/or regulatory amendments are required to implement fully the 12 month eligibility period and graduated phaseout requirements defined in the CCDBG Act. Enactment of statutory and regulatory changes, the acquisition of fiscal resources and the development of automated system supports are multiyear processes. Since the adoption of the final federal regulations, OCFS, in partnership with the Early Childhood Advisory Council, sponsored a series of statewide community forums with various stakeholder groups to discuss the impact of federal changes on the provision of child care services and strategies to improve the child care subsidy program. OCFS received valuable input, including suggestions on how to implement the new requirements, and is poised to work on implementation utilizing this feedback once supported by statute and regulation.

While implementation of this requirement is delayed, the existing child care assistance program in New York State continues to meet the need for quality child care for families as they seek to achieve self-support. The health, safety, and wellbeing of children served through child care assistance have not been compromised. The challenges related to implementing these changes have been compounded by the impacts of COVID-19.

COVID-19 has significantly impacted the ability of OCFS to continue work necessary to implementing graduated phase out requirements. OCFS has shifted priorities towards meeting the immediate needs of families and providers, keeping programs open and/or supporting their reopening. Substantial resources have been redirected to development and administration of the programs funded through CARES and CRRSA.

OCFS was granted a federal COVID-related waiver through September 30, 2021.

Describe how the second eligibility threshold:

i. Takes into account the typical household budget of a low-income family:

N/A

ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

N/A

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

N/A

iv. Provide the citation for this policy or procedure:

N/A

☑ Other.

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

OCFS has not established a 12-month period of eligibility for child care assistance nor a graduated phase-out of assistance with a second-tier income limit. Currently, LDSSs have the option to implement a six-month or 12-month authorization period. Some LDSSs have chosen a 12-month authorization period. As an interim step, OCFS no longer allows LDSSs to change from a 12-month authorization period to asix-month authorization period. A redetermination of financial and programmatic eligibility is conducted during the authorization period when there is an indication of change in the individual's circumstance that may render the individual ineligible or change the degree of need for child care assistance. The income level for initial eligibility and redetermination of eligibility is set at 200 percent of the federal poverty level, except where a LDSS has applied and been approved for a waiver which allows them to open cases for families with incomes up to 85% of SMI. Such waivers are time limited and directly related to the COVID-19 emergency, and are contingent upon Executive Order 202.1 (EO) and subsequent EOs extending it. A guarantee of child care assistance is provided to a public assistance family who needs child care to participate in work or other activities required by the LDSS. Additionally, a guarantee of child care assistance is provided to a family who chooses child care assistance in lieu of public assistance but who would otherwise be eligible for public assistance and who needs child care in order to be employed. The guarantee of child care in lieu of public assistance continues as long as the family continues to meet all the financial and programmatic eligibility requirements for public assistance and needs child care to participate in work and/or activities required by the LDSS. A guarantee of 12 months of transitional child care is provided as a graduated phase-out to a working family whose public assistance case has closed due to an increase in income and is determined by the LDSS to meet all financial and programmatic requirements, including that the family income is within 200 percent of the federal poverty level. Additionally, a guarantee of 12 months of transitional child care as a graduated phase-out is provided to a family that chose to receive child care assistance in lieu of public assistance when the family becomes ineligible for public assistance, provided that the family income is within 200 percent of the federal poverty level. A redetermination of eligibility for

child care assistance at the expiration of the 12-month authorization period is conducted and the family may continue to receive child care assistance if funds are available, there is a need for child care, and the family income is within 200 percent of the federal poverty level, or higher threshold as may be allowable per a waiver. Statutory and/or regulatory amendments are required to implement fully the 12 month eligibility period and graduated phaseout requirements defined in the CCDBG Act. Enactment of statutory and regulatory changes, the acquisition of fiscal resources and the development of automated system supports are multiyear processes. Since the adoption of the final federal regulations, OCFS, in partnership with the Early Childhood Advisory Council, sponsored a series of statewide community forums with various stakeholder groups to discuss the impact of federal changes on the provision of child care services and strategies to improve the child care subsidy program. OCFS received valuable input, including suggestions on how to implement the new requirements, and is poised to work on implementation utilizing this feedback once supported by statute and regulation. While implementation of this requirement is delayed, the existing child care assistance program in New York State continues to meet the need for quality child care for families as they seek to achieve self-support. The health, safety, and wellbeing of children served through child care assistance have not been compromised.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

- [x] No
- [ ] Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? *(Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)*

- [ ] No.
- [ ] Yes.

Describe:

3.1.8 Fluctuation in earnings.

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

Effective Date: 10/01/2018

☑ Average the family's earnings over a period of time (i.e. 12 months).

Describe:

In accordance with LDSS policies, income is standardly calculated based on the average monthly income for a period of not less than one month nor in excess of three months prior to initial determination or redetermination, and adjusted for any changes in income known or expected to occur during the period of authorization. In cases where it is known that income fluctuates significantly, the average monthly amount is calculated based on income received during a period of not less than three months or more than six months so as to accommodate for temporary increases exceeding the eligibility level.

☐ Request earning statements that are most representative of the family's monthly income.

Describe:

☐ Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

☐ Other.

Describe:

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

Effective Date: 10/01/2018

☑ Applicant identity.

Describe:

LDSSs establish their own procedures to document and verify identity at the time of initial eligibility determination and eligibility redetermination. These may include driver's license, passport, naturalization certificate, photo ID, hospital/doctor's records, and/or social security records.

☑ Applicant's relationship to the child.

Describe:

LDSSs establish their own procedures to document and verify relationships at the time of initial eligibility determination and eligibility redetermination. These may include school records, birth certificates, adoption records, and/or hospital records.

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

Describe:

LDSSs establish their own procedures to document and verify identity and status at the time of initial eligibility determination and eligibility redetermination. These may include school records, birth certificates, U.S. Citizenship and Immigration Services documents, adoption records, and hospital records.

☑ Work.

Describe:

LDSSs establish their own procedures to document and verify employment at the time of initial eligibility determination and eligibility redetermination. These may include pay stubs; business records; income tax records; and correspondence from employers, employment agencies, and state welfare agencies.

☑ Job training or educational program.

Describe:

LDSSs establish their own procedures to document and verify participation in training and education programs at the time of initial eligibility determination and eligibility redetermination. These may include school catalogs and schedules, training schedules, school grades, and correspondence from training and education programs.

☑ Family income.

Describe:

LDSSs establish their own procedures to document and verify family income at the time of initial eligibility determination and eligibility redetermination. These may include pay or check stubs; business records; income tax records; records from banks, credit unions or financial institutions; and correspondence from employers, employment agencies, the Social Security Administration, Veterans Administration, state welfare agencies, and providers of pensions. Review of such documentation takes in to account fluctuations in earning in accordance with established LDSS procedures.

☑ Household composition.

Describe:

LDSSs establish their own procedures to document and verify household composition at the time of initial eligibility determination and eligibility redetermination. These may include marriage and death certificates, separation agreements, divorce decrees, social security records, Veterans Administration records, statements from landlords, school records, birth certificates, and/or adoption records.

☑ Applicant residence.

Describe:

LDSSs establish their own procedures to document and verify residency at the time of initial eligibility determination and eligibility redetermination. These may include a statement from a landlord, current rent receipt or lease, and mortgage records.

☐ Other.

Describe:

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

Effective Date: 10/01/2018

☑ Time limit for making eligibility determinations

Describe length of time:

OCFS regulations require that LDSSs determine eligibility within 30 days of the date of application, and written notice of such eligibility decision must be sent to the applicant for services after the determination has been made.

☐ Track and monitor the eligibility determination process

☐ Other.

Describe:

☐ None

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

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

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young

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

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency 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: 10/01/2018

a) Identify the TANF agency that established these criteria or definitions: The New York State Office of Temporary and Disability Assistance (OTDA) and the New York State Office of Children and Family Services collaborated to develop the criteria. OTDA holds the responsibility for implementation of TANF in New York State.

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

"Appropriate child care":

Appropriate child care means the child care provider is open for the hours and days the parent or caretaker relative would need child care in order to comply with the applicable work requirements and the provider is able and willing to provide child care services to the applicable child including addressing any special needs of the applicable child.

"Reasonable distance":

Reasonable distance means the child care provider is located within a reasonable distance from the parent or caretaker relative's home and work activity, based on locally accepted community standards as defined in the LDSS's Child and Family Services Plan.

"Unsuitability of informal child care":

Unsuitability of informal child care means the physical condition of the home or the physical or mental condition of the informal provider would be detrimental to the health, welfare and/or safety of the applicable child.

"Affordable child care arrangements":

Affordable child care arrangements means the parent or caretaker relative would have sufficient income to pay the family share for the child care services, if required according to state regulations, and/or to pay the cost of care above the market rate, if applicable. If the potential provider is a caregiver of informal child care who would be providing care in the child's home, affordable also means that the parent or caretaker relative would have sufficient income to provide the caregiver with all the required federal and state employment wages and benefits.

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

- [x] In writing
- [ ] Verbally
- [ ] Other.

Describe:

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

18 NYCRR §415.4(c)(7)(ii) and §415.8.

3.2 Increasing Access for Vulnerable Children and Families

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

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

3.2.1 Describe how the Lead Agency defines:

Effective Date: 03/07/2020

a) "Children with special needs":

Child with special needs means a child who is incapable of caring for himself or herself and who has been diagnosed by a physician, licensed or certified psychologist or other professional with the appropriate credentials to make such a diagnosis, as having one or more of the following conditions to such a degree that special education or related services are required, in accordance with section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401), part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794):

(1) visual impairment;

(2) deafness or other hearing impairment;

(3) orthopedic impairment;

(4) emotional disturbance;

(5) intellectual disability;

(6) learning disability;

(7) speech or language impairment;

(8) health impairment;

(9) autism;

(10) multiple disabilities;

(11) traumatic brain injury;

(12) deaf-blindness; or

(13) other health impairment

b) "Families with very low incomes":

LDSSs define the income level that constitutes "very low income" in their districts. Very low income must be established at or below 200 percent of the federal poverty level. Currently, levels at which LDSSs have established "very low income" range from 100 percent to 200 percent of the federal poverty level.

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

Effective Date: 10/01/2018

a) Identify how services are prioritized for children with special needs. Check all that apply:

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

Describe:

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

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

Describe:

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- [x] Prioritize for enrollment
- [ ] Serve without placing these populations on waiting lists
- [x] Waive copayments
- [ ] Pay higher rates for access to higher-quality care

- [ ] Use grants or contracts to reserve slots for priority populations
- [x] Other.

Describe:

LDSSs must pay eligible licensed and registered child care providers a differential payment rate of at least 5 percent above the actual cost of care or the applicable market rate for care of children in families experiencing homelessness. LDSSs may choose to set a differential payment greater than 5 percent above the actual cost of care or the applicable market rate provided the rate does not exceed 15 percent.

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

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

Describe:

TANF families participating in employment or required activities are guaranteed child care. The co-pay is waived for families on TANF. Families that are transitioning off TANF due to increased income or child support are guaranteed child care for 12-months after their TANF case has closed provided they meet financial and programmatic requirements. Employed families that are eligible for TANF but request child care assistance in lieu of TANF are also guaranteed child care as long as they remain eligible for TANF. As they become financially ineligible for TANF, these families are guaranteed child care assistance for 12-months provided they meet financial and programmatic requirements.

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

LDSSs may establish local priority populations in addition to the federally mandated priorities. Some of the local priorities that have been selected by LDSSs include teen

parents, parents in substance treatment programs, and victims of domestic violence.

Effective Date: 10/01/2018

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

After establishing the priority for the federally mandated groups, LDSSs indicate in their Child and Family Services Plans how any local priorities are targeted.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

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

In recognition that a family experiencing homelessness may not have access to all documentation needed to determine eligibility for child care services and may have an immediate need for child care services, LDSSs are required to establish procedures to permit an interim eligibility period, not to exceed three months, for child care services while that family obtains all required documentation. If upon the full determination of eligibility, it is determined that the family is ineligible, the child care provider must receive payment for child care services rendered during the interim eligibility period.

b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- ☐ Lead Agency accepts applications at local community-based locations
- ☑ Partnerships with community-based organizations
- ☑ Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- ☑ Other

The statewide network of Child Care Resource and Referral agencies (CCR&Rs) addresses the needs of, and provides intervention and prevention services for the homeless and those at risk of homelessness. CCR&Rs prioritize responses to specific child care requests related to homeless children. CCR&Rs coordinate their services with many other community agencies assisting homeless families to achieve sustainable independence by supporting them with tailored services including shelter, food, personalized case management, and a diverse network of caring volunteers. The scope of one of the milestones of the performance-based contracts with CCR&Rs was broadened to allow CCR&Rs to do targeted outreach to homeless shelters and other emergency shelter locations (e.g., local motels, campgrounds) or dwellings known to have numbers of doubled-up families to help those families access child care. OCFS collaborates with the New York State Network for Youth Success to offer technical assistance to school-age child care (SACC) providers around quality services. The Network for Youth Success provides resources on effectively serving homeless children and their families. Additionally, LDSSs develop local strategies to coordinate community outreach and provision of services to homeless families. For example, the NYC Administration for Children's Services (ACS) has, in close collaboration with the New York City Department of Homeless Services (DHS), developed a series of measures to better understand the needs of ACS child welfare-involved families in shelters and to increase interagency coordination to promote proper services and supports.

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

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

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

Effective Date: 03/07/2020

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

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

Section 2164(7)(a) of the New York State Public Health Law (PHL) allows children, including homeless children and children in foster care, to be temporarily enrolled in a child care program while a family obtains documentation of immunizations. A child care provider must not unduly delay temporary enrollment of a child experiencing homelessness or a child in foster care due to a lack of immunization records. According to PHL, once attending the child care program, the parent or caretaker has a grace period of no more than 14 calendar days from the date the program began to provide care for the child to submit the required documentation of immunizations. The grace period can be extended by the child care program to 30 calendar days from the date the child care provider began to provide care to the child in cases where the child is from out-of-state or from another country and the parent or caretaker has shown a good faith effort to get the necessary documentation of the immunizations. This grace period applies to licensed, registered, and enrolled legally-exempt child care programs.

Provide the citation for this policy and procedure.

Section 2164(7)a of the NYS Public Health Law and policy17-OCFS-LCM-05: Child Care Services for Families Experiencing Homelessness and Differential Payment

Rates.

Children who are in foster care.

Section 2164(7)(a) of the New York State Public Health Law (PHL) allows children, including homeless children and children in foster care, to be temporarily enrolled in a child care program while a family obtains documentation of immunizations. A child care provider must not unduly delay temporary enrollment of a child experiencing homelessness or a child in foster care due to a lack of immunization records. According to PHL, once attending the child care program, the parent or caretaker has a grace period of no more than 14 calendar days from the date the program began to provide care for the child to submit the required documentation of immunizations. The grace period can be extended by the child care program to 30 calendar days from the date the child care provider began to provide care to the child in cases where the child is from out-of-state or from another country and the parent or caretaker has shown a good faith effort to get the necessary documentation of the immunizations. This grace period applies to licensed, registered, and enrolled legally-exempt child care programs.

Provide the citation for this policy and procedure.

Section 2164(7)a of the NYS Public Health Law and policy 17-OCFS-LCM-05: Child Care Services for Families Experiencing Homelessness and Differential Payment Rates.

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

In light of the COVID-19 Pandemic, OCFS created an OCFS-6050 - Emergency Reservation Form to address possible inability to secure medical statements or documentation.

https://ocfs.ny.gov/programs/childcare/#covid-guidance

This includes referrals to the local health department or the NYS Vaccines for Children (VFC) Program, which provides free vaccines to children whose parents need help paying for them. Legally-exempt child care programs may contact the legally-exempt caregiver enrollment agency or the local department of social services for assistance in

helping families during the grace period.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

- [ ] No.
- [x] Yes.

Describe:

In light of the COVID-19 Pandemic, OCFS created an OCFS-6050 - Emergency Reservation Form to address possible inability to secure medical statements or documentation.https://ocfs.ny.gov/programs/childcare/#covid-guidance.

The Emergency Reservation Form was created for parents who became abruptly in need of child care services during the COVID-19 outbreak, either in response to schools closing, or their current child care program closing. This form allowed the parent to enroll their child in a new program without the paperwork that is currently required by regulation. The parent was able to attest to their child's health as physician's offices were also unavailable.

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

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

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an

employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

Effective Date: 10/01/2020

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

Statutory and/or regulatory amendments are required to implement the 12 month eligibilityperiod requirements defined in the CCDBG Act. Enactment of statutory and regulatory changes, the acquisition of fiscal resources, and the development of automated system supports are multiyear processes. Since the adoption of the final federal regulations, OCFS, in partnership with the Early Childhood Advisory Council, sponsored a series of statewide community forums with various stakeholder groups to discuss the impact of federal changes on the provision of child care services and strategies to improve the child care subsidy program. OCFS received valuable input, including suggestions on howto implement the new requirements, and is poised to work on implementation utilizing thisfeedback once supported by statute and regulation. The impacts of COVID-19 have significantly impacted the ability of OCFS to continue this work. OCFS has shifted priorities towards meeting the immediate needs of families and providers, keeping programs open and/or supporting their reopening. In addition, substantial resources havebeen redirected to development and administration of the programs funded through CARES and CRRSA. Although this work has been temporarily delayed, some of the actions taken to mitigate the effects of COVID-19 on subsidy eligible families include the waivers, as have been implemented by some LDSSs, which allow districts to extend eligibility during breaks in activities. These efforts are intended to be an interim step in support of NYS's commitment to achieving the goal of 12-month eligibility.

While implementation of these requirements is delayed, the existing child care assistance program in New York State continues to meet the need for quality child care for families as they seek to achieve self-support. The health, safety, and wellbeing of children served through child care assistance have not been compromised.

Currently, the authorization for child care assistance is related directly to the parent's or caretaker's employment or participation in an approved activity, or to protect a child. OCFS provides a guarantee of 12 months of transitional child care to a working family whose public assistance case has closed due to an increase in income, provided the family income is within 200 percent of the federal poverty level. A redetermination of eligibility at the expiration of the 12-month period is conducted and the family may continue to receive child care assistance if funds are available, there is a need for child care, and the family income is within 200 percent of the federal poverty level, or higher threshold as may be allowable per a waiver. LDSSs have the option to implement a six month or 12-month authorization. Some LDSSs have chosen a 12-month authorization period. As an interim step, OCFS no longer allows LDSSs to change from a 12-month authorization period to a six-month authorization period. A redetermination of financial and programmatic eligibility is conducted during the authorization period when there is an indication of change in the individual's circumstance that may render the individual ineligible or change the degree of need for child care assistance. The income level for initial eligibility and redetermination of eligibility is set at 200 percent of the federal poverty level or up to 85% SMI where the district has an approved COVID-19 related waiver.

OCFS has an approved federal COVID related waiver though September 30, 2021.

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

A redetermination of financial and programmatic eligibility is conducted during the authorization period when there is an indication of change in the individual's circumstance that may render the individual ineligible or change the degree of need for child care assistance.

However, LDSSs must continue child care assistance to families receiving public assistance during breaks in activities, for a period of up to two weeks when the parent or caretaker relative is: engaged in work; participating in work activities or performing community service required by the LDSS; a teen parent attending high school or other equivalent training; physically or mentally incapacitated; or absent from the home due to family duties. Such child care assistance may be authorized for up to one month if child care arrangements would be lost if assistance were not continued, and the program or employment is scheduled to begin within that one-month period.

For all other families, LDSSs may provide child care assistance while the parent or caretaker is waiting to enter an approved activity or employment or on a break between approved activities for a period not to exceed two weeks or for a period not to exceed one month where child care arrangements would otherwise be lost and the subsequent activity is expected to begin within that period.

As a temporary measure, and in response to the COVID-19 emergency, LDSSs were instructed via Administrative Directive (20-OCFS-ADM-12) to amend processes to accommodate COVID-19 related changes to breaks in activity rules under Executive Order (EO) 202.1, and subsequent EOs extending it. This EO applies to the requirements of New York State Social Services Law (SSL) section 410-w and section 415.2(c)(1) and (2) of Title 18 of the New York Codes, Rules and Regulations (NYCRR) as are referenced above. As a result, families who are experiencing a break in activity remain eligible and LSSDs must keep such cases open. This remains in effect only so long as EO 202.1.

OCFS has an approved COVID-19 related federal waiver in place through September 30, 2021.

c) Provide the citation for this policy and/or procedure.
Social Services Law §410-w(1)(a) and 18 NYCRR §404.1 and 415.2(c).

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

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or

educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

Effective Date: 10/01/2020

a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

- ☐ No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.
- ☑ Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

LDSSs have the option to implement a six-month or 12-month authorization period. Some LDSSs have chosen a 12-month authorization period. As an interim step, OCFS no longer allows LDSSs to change from a 12-month authorization period to asix-month authorization period.

The authorization for child care assistance is related directly to the parent's or caretaker's employment or participation in an approved activity, or to protect a child. A redetermination of financial and programmatic eligibility is conducted during the authorization period when there is an indication of change in the individual's circumstance that may render the individual ineligible or change the degree of need for child care assistance. The income level for initial eligibility and redetermination of eligibility is set at 200 percent of the federal poverty level.

As a temporary measure, and in response to the COVID-19 emergency, LDSSs were instructed via Administrative Directive (20-OCFS-ADM-12) to amend processes to accommodate COVID-19 related changes to breaks in activity rules under Executive Order (EO) 202.1, and subsequent EOs extending it. This EO applies to the requirements of New York State Social Services Law (SSL) section

410-w and section 415.2(c)(1) and (2) of Title 18 of the New York Codes, Rules and Regulations (NYCRR) as are referenced above. As a result, families who are experiencing a break in activity remain eligible and LDSSs must keep such cases open. This remains in effect only so long as EO 202.1 remains in effect.

OCFS has an approved federal COVID-19 related waiver in place through September 30, 2021.

Statutory and/or regulatory amendments are required to implement the 12-month eligibility period and three-month job search requirements defined in the CCDBG Act. Enactment of statutory and regulatory changes, the acquisition of fiscal resources, and the development of automated system supports are multiyear processes. Since the adoption of the final federal regulations, OCFS, in partnership with the Early Childhood Advisory Council, sponsored a series of statewide community forums with various stakeholder groups to discuss the impact of federal changes on the provision of child care services and strategies to improve the child care subsidy program. OCFS received valuable input, including suggestions on how to implement the new requirements.

While implementation of these requirements is delayed, the existing child care assistance program in New York State continues to meet the need for quality child care for families as they seek to achieve self-support. The health, safety, and wellbeing of children served through child care assistance have not been compromised. Although the challenges related to implementing these changes have been compounded by the impacts of COVID-19, the waivers as have been implemented by some LDSSs further support NYS commitment to supporting the goal of 12-month eligibility.

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

LDSSs may opt in their Child and Family Services Plans to provide child care assistance for families, with incomes up to 200 percent of the federal poverty level, that are actively seeking employment.

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

LDSSs may opt in their Child and Family Services Plans to provide child care

assistance for families that are actively seeking employment for a period up to six months.

iv. Provide the citation for this policy or procedure.

18 NYCRR §404.1 and §415.2(a)(3)(vii)(a).

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

☐ Not applicable.

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

i. Define the number of unexplained absences identified as excessive:

ii. Provide the citation for this policy or procedure:

☑ A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

18 NYCRR §311.1.

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

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

18 NYCRR §415.4(i)(13).

With the exception of child care assistance authorized as a child protective or child preventive service, a recipient or former recipient of child care assistance who has been convicted of, or has voluntarily admitted to, fraudulently receiving child care assistance must have their child care assistance, if any, suspended or terminated and will not be eligible for subsequent child care assistance for a period of time determined in accordance with the time periods established for intentional program violations in

the public assistance program (set forth in 18 NYCRR §359.9(a)) If such recipient or former recipient is a recipient of public assistance and needs child care in order to participate in an activity required by the social services district, the disqualification of eligibility for child care assistance based on the former fraud conviction or voluntary admission will be suspended during the recipient's or former recipient's participation in the required activity. However, the disqualification period will begin or resume once the recipient or former recipient is no longer participating in a required activity.

3.3.3 Change reporting during the 12-month eligibility period.

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

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

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

Effective Date: 10/01/2020

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

- [ ] No
- [x] Yes

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

care provider).

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

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

  Describe:

  The family is responsible for providing accurate, complete, and current information regarding family income and composition, child care arrangements, and any other circumstance related to the family's eligibility for child care assistance; and for notifying the LDSS of any changes in such information.

  OCFS was granted a federal COVID-related waiver for this provision through 9/30/2021. The impacts of COVID-19 have significantly impacted the ability of OCFS to continue work towards aligning NYS policy with the CCDF requirements for change reporting. OCFS has shifted priorities towards meeting the immediate needs of families and providers, keeping programs open and/or supporting their reopening. In addition, substantial resources have been redirected to development and administration of the programs funded through CARES and CRRSA.

- [x] Changes that impact the Lead Agency's ability to contact the family.

  Describe:

  The family is responsible for providing accurate, complete, and current information regarding residency; and for notifying the LDSS of any changes in such information.

- [x] Changes that impact the Lead Agency's ability to pay child care providers.

  Describe:

  The family is responsible for providing accurate, complete, and current information regarding child care arrangements; and for notifying the LDSS of any changes in such information.

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

accommodate families.

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

- [x] Phone
- [x] Email
- [ ] Online forms
- [x] Extended submission hours
- [x] Postal Mail
- [x] FAX
- [x] In-person submission
- [x] Other.

Describe:

LDSSs establish their own procedures for reporting that may include the items checked above.

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

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

The family is responsible for providing accurate, complete, and current information regarding family income and composition, child care arrangements, and any other circumstance related to the family's eligibility for child care assistance; and for notifying the LDSS of any changes in such information.

ii. Provide the citation for this policy or procedure.

18 NYCRR §415.3(b).

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

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

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

Effective Date: 03/07/2020

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

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

Describe:

LDSSs establish their own procedures for redetermination of eligibility that may include the items checked above. Although LDSSs establish their own procedures, advance notice is required to parents of pending redetermination, and such notice is provided on OCFS approved forms. . To accommodate short term needs of

communities during the COVID-19 emergency, OCFS has authorized the option for a LDSS to apply for a waiver which allows them extend the eligibility period to permit families that are not receiving public assistance that would otherwise need to have their eligibility for child care assistance re-determined within the period of the disaster recovery an additional 30 days to complete such redetermination and continue to provide child care services to such families during the extended redetermination period.

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- [x] Postal Mail
- [ ] Email
- [ ] Online forms
- [x] FAX
- [x] In-person submission
- [x] Extended submission hours
- [x] Other.

Describe:

LDSSs establish their own procedures for submittal of documentation that may include the items checked above, however, pursuant to 05-OCFS-ADM-03, which was issued on 5/20/2005, the district must permit applicants to submit their applications by mail and in-person even if not additional options are selected by the district.

3.4 Family Contribution to Payments

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

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

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

Effective Date: 06/01/2019

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

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	**Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than $0)**	**What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?**	**The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?**	**Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible**	**What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?**	**The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?**
1	$1041	$65	6.24%	$2082	$364	17.5%
2	$1409	$65	4.61%	$2818	$493	17.5%
3	$1778	$65	3.66%	$3555	$622	17.5%
4	$2146	$65	3.03%	$4292	$751	17.5%
5	$2514	$65	2.59%	$5028	$880	17.5%

b) What is the effective date of the sliding-fee scale(s)? 06/01/2019

c) Identify the most populous area of the state used to complete the chart above.

New York City

d) Provide the link to the sliding-fee scale: https://ocfs.ny.gov/main/childcare/plans.asp

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

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

Effective Date: 06/01/2019

- [ ] The fee is a dollar amount and:
  - [ ] The fee is per child, with the same fee for each child.
  - [ ] The fee is per child and is discounted for two or more children.
  - [ ] The fee is per child up to a maximum per family.
  - [ ] No additional fee is charged after certain number of children.
  - [ ] The fee is per family.
  - [ ] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

    Describe:

  - [ ] Other.

    Describe:

- [x] The fee is a percent of income and:
  - [ ] The fee is per child, with the same percentage applied for each child.
  - [ ] The fee is per child, and a discounted percentage is applied for two or more children.
  - [ ] The fee is per child up to a maximum per family.
  - [ ] No additional percentage is charged after certain number of children.
  - [x] The fee is per family.
  - [x] The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

    Describe:

    New York State assesses a family fee towards the cost of child care based on income. The family fee is a single fee, not dependent on the number of children in

care or whether full- or part-time care is needed.

There is a minimum family fee of $1 per week.

OCFS believes that LDSSs should be allowed flexibility in establishing a fee policy that meets the needs of their communities and, therefore, has approved waivers to the state fee methodology. Waivers that have been approved include a cap to the amount of the family share at 17 percent of the family's gross income, a cap at 10 percent of the family's gross income, a higher minimum weekly family share, and the establishment of a pro-rated family share for part time child care.

To calculate the family fee, each LDSS in New York State selects a fee percentage ranging from 10 to 35 percent that, is applied to the portion of the family's income that exceeds the state income standard. As of December 1, 2019, six LDSSs use a fee percentage of 10 or 15 percent, 31 LDSSs use a fee percentage from 20 to 27 percent, and 21 LDSSs use a fee percentage of 30 or 35 percent.

☐ Other.

Describe:

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

Effective Date: 10/01/2018

☑ No.

☐ Yes, check and describe those additional factors below.

☐ Number of hours the child is in care.

Describe:

☐ Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

☐ Other.

Describe:

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

Effective Date: 03/07/2020

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

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

☑ Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

The failure to pay family share is not an appropriate basis for suspending or terminating benefits where the child care services are part of a plan of protective service (05-OCFS-ADM-03, 415.4(i)(12)). Therefore, districts cannot compel such families to pay a family share if they fail to pay it. In practice, districts may choose to waive the family share (typically $1 per week minimum in such cases) because to not do so would be to the detriment of the provider (a reduction in the provider's payment).

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

Describe the policy and provide the policy citation.

18 NYCRR §415.3(e)(1) provides that families receiving Temporary Assistance, families experiencing homelessness, and foster parents must not be required to pay a

family share for child care services. The family share as required by 18 NYCRR § 404.6 and 415.3 may also be waived by the local district for families impacted by COVID-19 when prior authorization has been granted by OCFS.

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

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

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

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

(98.15 (a)(5)).

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

After a family is determined to be eligible for child care subsidies, the LDSS must offer the family the choice to either: enroll their child for care with a contracted provider, or receive a child care certificate. The parent may or may not have already selected a particular child care provider. The child care certificate is a certificate that is issued to a child's parent/caretaker, which verifies that the parent/caretaker is eligible for subsidized child care services and is used by the parent/caretaker to assist in arranging child care. The certificate contains information on: who it was authorized by; date of authorization; the case number; description of services including: name of eligible child, reason for authorization and whether care is full or part time; and parent fee, if any. In addition as part of the eligibility determination process, LDSS are required to inform applicants of their rights and responsibilities and provide information about the available types of care, when help is needed to locate care.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

- [x] Certificate that provides information about the choice of providers
- [ ] Certificate that provides information about the quality of providers
- [x] Certificate not linked to a specific provider, so parents can choose any provider
- [x] Consumer education materials on choosing child care

- [x] Referral to child care resource and referral agencies
- [x] Co-located resource and referral in eligibility offices
- [x] Verbal communication at the time of the application
- [x] Community outreach, workshops, or other in-person activities
- [ ] Other.

Describe:

4.1.3 Child care services available through grants or contracts.

Effective Date: 10/01/2018

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

- [x] No. If no, skip to 4.1.4.
- [ ] Yes, in some jurisdictions but not statewide.

  If yes, describe how many jurisdictions use grants or contracts for child care slots.

- [ ] Yes, statewide. If yes, describe:

  i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

  ii. The type(s) of child care services available through grants or contracts:

  iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

  iv. The process for accessing grants or contracts:

  v. How rates for contracted slots are set through grants and contracts:

  vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

vii. If contracts are offered statewide and/or locally:

4.1.3 Child care services available through grants or contracts.

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

- ☐ Programs to serve children with disabilities
- ☐ Programs to serve infants and toddlers
- ☐ Programs to serve school-age children
- ☐ Programs to serve children needing non-traditional hour care
- ☐ Programs to serve children experiencing homelessness
- ☐ Programs to serve children in underserved areas
- ☐ Programs that serve children with diverse linguistic or cultural backgrounds
- ☐ Programs that serve specific geographic areas
  - ☐ Urban
  - ☐ Rural
- ☑ Other

Describe

N/A

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the quality of specific types of care? Check all that apply.

- ☐ 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
- [x] Other

Describe

N/A

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

For licensed/registered and enrolled legally-exempt child care providers, OCFS regulations require that the parent of a child receiving care must have unlimited and on-demand access to such child. Legally-exempt child care providers also sign a certification stating that they will provide parents with unlimited access as part of the enrollment process.

Effective Date: 10/01/2018

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

Effective Date: 03/07/2020

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

Describe:

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

Describe:

All providers must be at least 18 years of age

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

Describe:

☐ Restricted to care by relatives.

Describe:

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

Describe:

☐ Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

☑ Other.

Describe:

The child's parent/caretaker must provide the child care provider with all employment benefits required by state and/or federal law, and must pay the caregiver at least the minimum wage, if required.

4.2 Assessing Market Rates and Child Care Costs

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

child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

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

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.

- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.

- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.

- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care such as: staff salaries and benefits, training andprofessional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.

- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.

- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.

- Describe how the alternative methodology will use current, up to date data.

- Describe the estimated reporting burden and cost to conduct the approach.

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

Effective Date: 10/01/2018

- [x] MRS
- [ ] Alternative methodology.
  Describe:

- [ ] Both.
  Describe:

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

Describe how the Lead Agency consulted with the:

Effective Date: 06/01/2019

a) State Advisory Council or similar coordinating body:

OCFS offered members of the SAC the opportunity to participate on a Market Rate Survey Work Group in the fall of 2016 in order to gather input in advance of the next MRS.

b) Local child care program administrators:

N/A

c) Local child care resource and referral agencies:

N/A

d) Organizations representing caregivers, teachers, and directors:

OCFS consulted with the two unions that represent family-based child care providers -- CSEA and United Federation of Teachers (UFT) -- prior to beginning the market rate survey, to see if the questions were understandable, and so that both unions could encourage their members to participate if they were contacted.

e) Other. Describe:

N/A

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

New maximum payment rates for child care subsidies, based on the most recent market rate survey, became effective May 1, 2019.

The 2017-18 Market Rate Survey (MRS) was a statistically valid and reliable telephone survey with data collection performed by an independent research firm on behalf of OCFS between September 2017 and March 2018. The raw data were provided to OCFS for analysis upon completion of the survey data collection.

The MRS utilized a stratified, random sample study design in order to represent the range of the child care market. The total universe of licensed and registered child care providers in New York State was first divided into 20 strata. Each combination of four types of child care (day care centers, school-age child care programs, family day care homes, and group family day care homes) and five county cluster groupings was a single stratum. Sample size

requirements were calculated for each of the 20 strata at a 95 percent confidence level and 5 percent margin of error. Providers were randomly selected from each stratum and invited to

participate in the survey. Out of a universe of 19,015 licensed and registered child care providers in New York State, 3,744 providers ultimately completed the telephone survey.

In order to achieve the final sample size of 3,744 completed surveys, 12,098 providers were randomly sampled to participate in the survey. Of those 12,098 providers, 1,766 were not eligible to participate in the survey because they had an invalid telephone number, had recently closed or offered only free child care programs (i.e., they did not have private child care rates and therefore were not eligible to participate, such as Head Start programs, or afterschool child care programs fully funded by the school district). Thirty-six percent of eligible providers participated in the survey (3,744 / 10,332).

The study design sought to maximize response rates as well as the accuracy of the data provided. The following steps were taken: a letter was mailed to the universe of 19,015 child care providers one week prior to the initiation of the survey explaining the survey process and providing a hard copy survey form to allow providers to prepare for a call; very few changes were made to the 2017-18 MRS blank survey form that was mailed to providers compared to the 2015 MRS, familiarity with the survey format facilitated completion of the survey; a minimum of three call attempts were made at different times of day and days of the week in order to attempt to reach providers; a call-back number was available in the event that a provider could not complete the survey when first contacted or if a survey had to be interrupted; the survey was conducted over the telephone in order to assist providers with completing the survey, should any clarifications be needed; interviewers were trained with regard to the MRS and the use of a Computer Assisted Telephone Interview (CATI) system; OCFS provided the contractor with data validity checks to be utilized during data collection in order to verify potentially erroneous data.

Once the data collection phase was complete, the raw survey data was forwarded to OCFS for analysis. First, the raw data were cleaned to correct or exclude outliers. Next, data conversions were applied in order to have sufficient data in each combination of modality, county group, age group, and rate type. The number of data conversions performed was minimized by converting values to the most commonly reported rate types. For example, the majority of providers who had full-time rates reported those rates as per week, therefore other rate types, such as per day, month, year, were converted to weekly rates. Next, OCFS performed a follow-up survey online to assess providers' experiences with the telephone survey and to verify accuracy of price data that were collected during the

telephone survey. The MRS is the basis upon which New York State sets maximum child care subsidy payment rates, which were filed on an emergency basis on April 23, 2019 and became effective on May 1, 2019. The new payment rates became final on August 7, 2019.

Effective Date: 05/01/2019

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

Effective Date: 06/01/2019

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

The 2017-18 Market Rate Survey included five county cluster groupings that represent different price structures for child care across the state. Prior to the 2017-18 MRS data collection, the validity of the composition of the five county cluster groupings was re-assessed by conducting a cluster analysis of the 2015 MRS rates. The results of the cluster analysis indicated that the county cluster groups should remain the same. A statistically valid sample size was calculated for each combination of five county cluster groups and four types of child care.

b) Type of provider. Describe:

The 2017-18 Market Rate Survey included four types of licensed and registered child care with different price structures for child care. A statistically valid sample size was calculated for each combination of five county cluster groups and four modalities of child care.

c) Age of child. Describe:

The 2017-18 Market Rate Survey includes four age groups of children to allow for different prices by age: infant (birth up to 18 months for day care centers, birth up to 2 years for home-based providers), toddler (18 months up to 36 months for day care centers, 2 years for home-based providers), pre-school (3 through 5 years), and school age (6 years and older).

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

None.

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

Effective Date: 06/01/2019

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

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 03/20/2018

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. The date in Section 4.2.5 a) refers to the date our contractor completed the data collection portion of the current market rate survey. A report on the 2017-18 Market Rate Survey has been drafted and is under internal review. Upon final approval, the report will be posted to the OCFS internet site within one week.

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

OCFS utilized several mechanisms for notifying stakeholders of the results of the 2017-18 Child Care Market Rate Survey and the associated changes in the maximum subsidy reimbursement rates:

•notified LDSS commissioners on April 29, 2019 (19-OCFS-INF-03) of the maximum

reimbursement rate changes which took effect on May 1, 2019 (https://ocfs.ny.gov/main/policies/external/ocfs_2019/INF/19-OCFS-INF-03.pdf),
•published revised child care market rate regulations for public comment in the New York State Register on May 8, 2019 with an effective date of May 1, 2019
•made a short video, available on the OCFS website on November 8, 2016, explaining how the 2017-18 MRS was conducted and its relationship to the child care subsidy maximum reimbursement rates (https://ocfs.ny.gov/main/childcare/videos/market-rate/).
OCFS will provide further notification to stakeholders regarding the finalization of the child care subsidy payment rates (LCM policy directive, which has been drafted and is currently under review) and the results of the 2017-18 Child Care Market Rate Survey (report on the Market Rate Survey, which has been drafted and is currently under review).

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

OCFS consulted with key stakeholders prior to conducting the 2017-18 Market Rate Survey, including the State Advisory Council, and the Civil Service Employees Association and United Federation of Teachers, which are the two unions representing family-based child care providers in New York State, to see if the market rate survey questions were understandable, and so that both unions could encourage their members to participate if they were contacted.

4.3 Setting Payment Rates

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

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

Effective Date: 06/01/2019

a) Infant (6 months), full-time licensed center care in the most populous geographic region
Rate $ 406 per week in New York City unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 69th

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region
Rate $ 200 per week in New York City unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 69th

c) Toddler (18 months), full-time licensed center care in the most populous geographic region
Rate $ 315 per week in New York City unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 69th

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region
Rate $ 196 per week in New York City unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 69th

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

Rate $ 289 per week in New York City unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 69th

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region
Rate $ 185 per week in New York City unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 69th

g) School-age child (6 years), full-time licensed center care in most populous geographic region
Rate $ 236 per week in New York City unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 69th

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region
Rate $ 170 per week in New York City unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 69th

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

• Full-time care is defined based on the weekly market rates, which cover child care provided for 30 or more hours over the course of five or fewer days in a single week.

•Part-time care is defined as less than 30 hours of care over the course of five or fewer days in a single week.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 05/01/2019

k) Identify the most populous area of the state used to complete the responses above.

New York City

l) Provide the citation or link, if available, to the payment rates.

https://ocfs.ny.gov/main/policies/external/ocfs_2019/INF/19-OCFS-INF-03.pdf

m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A.

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

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

Effective Date: 10/01/2018

☑ Differential rate for *non-traditional hours*.

Describe:

LDSSs must pay eligible child care providers a differential payment rate for non-traditional hours that is at least 5 percent above the actual cost of care or the applicable market rate. LDSSs may choose to set a differential payment greater than 5 percent above the actual cost of care or the applicable market rate provided the rate does not exceed 15 percent.

☑ Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

The special needs rate is currently up to the highest market rate in New York based on the amount of care provided, OCFS has convened a workgroup that is evaluating the current systems and supports in place for children with special needs. OCFS has completed research on how other states prioritize families that have a child with special needs and set reimbursement rates. OCFS continues to collaborate with legal advocates, child care councils, unions (CSEA & UFT), advocates for early childhood education, staff from not-for-profit child care centers, and pediatricians to review and revise, as applicable, its policies and rates for children with special needs in subsidized child care.

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

Describe:

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

Describe:

☑ Differential rate for higher quality, as defined by the state/territory.

Describe:

LDSSs can pay up to 15 percent above the market rate for accredited programs that are licensed and registered. In addition, at district option, enhanced rates are available for legally-exempt group programs that elect to comply with an additional set of standards related to health and or training. For each of these enhanced rate categories, a rate up to six percent above the existing market rates can be established.

☑ Other differential rates or tiered rates.

Describe:

• LDSSs must pay 5 percent (and can pay up to 10 percent) above the market rate to enrolled legally-exempt in-home and legally-exempt family child care providers that have taken 10 or more hours of approved training annually.

•LDSSs must pay eligible licensed and registered child care providers a differential payment rate of at least 5 percent above the actual cost of care or the applicable market rate for care of children in families experiencing homelessness. LDSSs may choose to set a differential payment greater than 5 percent above the actual cost of care or the applicable market rate provided the rate does not exceed 15 percent.

☐ Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

Effective Date: 06/01/2019

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

• OCFS establishes maximum payment rates at the 69th percentile of rates reported on the most recent MRS for a wide range of child care providers and programs, including four different types of licensed and registered child care providers (day care centers, school-age child care programs, family day care homes, and group family day care homes), as well as legally-exempt center-based programs, and legally-exempt informal child care (family, friend, neighbor care).

•While it is unknown the extent to which child care providers or programs refuse to provide care for families receiving CCDF funds, OCFS estimates that the majority of providers accept children with subsidies. Approximately 52 percent of licensed/registered center-based programs, and 85 percent of licensed/registered home-based providers cared for one or more children with subsidies in 2017-18. Additionally, in New York a large number of children with subsidies are cared for by legally-exempt providers and programs, suggesting that legally-exempt providers are willing to participate in CCDF (note--it is impossible to estimate the percentage of legally-exempt providers that

participate in CCDF because OCFS does not track legally-exempt providers unless they received CCDF funds).

•The fact that the majority of licensed/registered child care providers in New York care for children with child care subsidies suggests that payment rates, which are set at the 69th

percentile of the latest market rate survey, do not present a significant barrier to participating in CCDF. That being said, OCFS conducted an online survey with child care stakeholders in 2017 and about one-third of respondents agreed with the statement that there are significant impediments when providers care for children receiving child care subsidies; although, only some of these were related to payments rates. Forty percent of participants in the 2017-18 Market Rate Survey indicated that the subsidy payment rates were too low.

b) Describe how payment rates are adequate and have been established based on the **most recent MRS or alternative methodology** . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

At present, maximum child care subsidy payment rates are calculated at the 69th percentile of the 2017-18 MRS; in other words, affording families access to 7 out of 10 licensed/registered child care providers in their communities. By using the 69th percentile instead of the 75th percentile, payment rates were in many cases the same as at the75th percentile or showed modest differences. For example, 82 out of 95 weekly payment rates set at the 69th percentile were from $0 to $10 per week lower than if the 75th percentile had been used; and 80 out of 95 daily payment rates at the 69th percentile were from $0 to $3 per day lower than if the 75th percentile had been used.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

OCFS pays for the actual cost of child care up to the current market rates, which are set at the 69th percentile of the rates reported in the most recent Market Rate Survey. OCFS payment rates reflect the rates that 7 out of 10 providers are currently charging and are therefore assumed to be sufficient to allow providers to meet New York's current licensing/registration standards. The enhanced health, safety, quality, and staffing requirements in the 2016 CCDF reauthorization regulatory changes mapped closely to New York's already rigorous licensing/registration standards, suggesting that such changes should not significantly increase the operating costs of licensed/registered providers and current market rates should be sufficient to enable providers to meet CCDF requirements.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

OCFS does not establish maximum payment rates based on a QRIS or other such system of quality indicators. However, OCFS establishes its highest payment rates for licensed and registered child care providers, and lower rates for providers and programs of legally-exempt child care. Licensed and registered child care providers must meet higher health, safety, and staffing requirements. In addition, accredited child care programs may receive up to 15 percent above the market rate (at LDSS option to pay a differential rate for accredited programs), and legally-exempt family and in-home providers with 10 hours of approved training qualify for an enhanced rate of 5 percent above the market rate (up to 10 percent above the market rate at LDSS option).

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

- [x] Limit the maximum co-payment per family.

  Describe: .

  LDSSs are not allowed to select a family share percentage greater than 35 percent, which is then applied against the amount of family income that is over the FPL to calculate the family share.

- [ ] Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

- [ ] Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.

- [ ] Other.

Describe:

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

☐ No

☑ Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

When a provider's private pay rate exceeds the maximum child care subsidy payment rate, families are expected to pay the difference. However, OCFS developed policies and practices so that this is not an issue for most families. First, OCFS set payment rates that are sufficient to ensure equal access to child care services for eligible children, comparable to those provided to children whose parents are not eligible to receive assistance under any federal or state child care programs. Maximum child care subsidy payment rates are calculated at the 69th percentile of the rates submitted as part of the most recent market rate survey. This allows families access to 7 out of 10 licensed and registered child care providers in their communities.

After families are determined eligible for child care subsidies, the LDSS must offer families the choice to enroll the child with a provider that has a contract with the LDSS or an eligible provider that they select. Many children in licensed and registered child care receive a child care subsidy through a provider with a contract with the LDSS. These contracts usually include a provision that the provider accepts the contracted subsidy payment rate as the rate, even if their private pay rate exceeds the child care subsidy rate. Additionally, it has been our experience that legally-exempt in-home and family child care providers accept payment up to market rate as full payment and do not charge the family an additional amount above the market rate. Finally, at LDSS option, accredited providers, who are more likely to have rates that exceed child care subsidy reimbursement rates, may receive subsidy payment rates making it less likely that the provider's rates will exceed subsidy payment rates up to 15 percent higher than the regular market

rates.

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

Based on available data, very few CCDF providers charge families additional amounts above the child care subsidy payments that providers received from the local department of social services (LDSS). According to New York's 2017-18 Market Rate Survey (MRS), 69% of licensed and registered child care providers had one or more children with child care subsidies enrolled in their program. Of those, most CCDF providers reported that they had a contract with the LDSS. Providers with contracts would accept the contracted subsidy payment rate, even if their private pay rates exceeded the child care subsidy payment rate. Among providers with subsidized children in care who did not have a contract with the LDSS, 35% reported that they would charge families above the child care subsidy.

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

Data are not available on the interaction between required family co-payments, additional amounts charged by providers and current subsidy payment rates. However, the available data suggests that current maximum subsidy payment rates are sufficient to provide access to care without additional fees for most families. Maximum child care subsidy payment rates are calculated at the 69th percentile of the 2017-18 Market Rate Survey (MRS), allowing families to access roughly 7 out of 10 providers.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

LDSSs have considerable flexibility in payment practices. However, the vast majority of LDSSs pay for child absences. This is a significant mechanism by which LDSSs normalize their payment practices with the private paying child care market, which often functions through child enrollments as opposed to strict adherence to attendance. Additionally, more than half of LDSSs also pay for up to 5 program closures per year. While there is no regulatory timeframe in which a district must make payments, LDSSs typically make payments on a bi-monthly or monthly cycle, and one LDSS pays on a

weekly cycle. OCFS recommends that districts issue payments within 30 days from the date a child care claim is submitted. The Child Care Time and Attendance system (CCTA) has been implemented in all districts outside of NYC, which has resulted in faster and more accurate payments to providers because a child's attendance can be submitted electronically to the districts and CCTA calculates the payments and uploads these payments to our statewide payment system.

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

- [x] Geographic area.

  Describe:

  Payment rates differ for five county cluster groups.

- [x] Type of provider.

  Describe:

  Payment rates differ for three types of licensed or registered child care, as well as for legally-exempt center-based programs and home-based providers.

- [x] Age of child.

  Describe:

  Payment rates differ for four age groups of children within each type of provider and geographic area.

- [x] Quality level.

  Describe:

  Payment rates may differ, at LDSS option, at up to 15 percent above the applicable market rate for accredited programs.

- [ ] Other.

  Describe:

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

☐ Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

☐ Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

☐ Feedback from parents, including parent surveys or parental complaints.

Describe:

☐ Other.

Describe:

4.5 Payment Practices and the Timeliness of Payments

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

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

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

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

Effective Date: 03/07/2020

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

☑ Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

LDSSs are allowed to pay prior to the delivery of services, but are not required to do so.

☑ Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Typically, LDSSs process bills for child care services and make payments on a bi-monthly or monthly cycle, and one LDSS pays on a weekly cycle. LDSSs are required by regulation to allow, disallow or defer a claim for child care services within 30 days from the date the claim is received. The Child Care Time and Attendance system (CCTA) has been implemented in all LDSSs outside of NYC. A child's attendance can be submitted electronically to the LDSS and CCTA calculates payments and uploads these payments to the statewide payment system. This has resulted in more timely and accurate payments to providers.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead

Agency is to choose at least one of the following):

- [ ] Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

- [ ] Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

- [ ] Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

- [x] Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

An LDSS has the option to pay for a child's temporary absence from care provided by a child care provider with which the LDSS has a contract or by other child care providers with the exception of legally-exempt family and in-home caregivers. Temporary absences from child care are allowed up to 12 days in any one calendar month; provided, further, that such absences may total no more than 12 days in any three-month period if the LDSS selects a three-month period for determining maximum temporary absences, or 24 days in any six-month period if the social services district selects a six-month period for determining maximum temporary absences.

In extenuating circumstances, reimbursement for temporary absences may be allowed for an additional three days in any one calendar month; provided, further, that all absences may total no more than 20 days in any three-month period if the LDSS selects a three-month period for determining maximum temporary absences, or 40 days in any six-month period if the LDSS selects a six-month period for determining maximum temporary absences.

Currently out of the 58 LDSSs in New York State, 53 pay for absences. Additionally, LDSSs have the option to pay for up to 5 days for program closures per year.

To accommodate short term needs of communities during the COVID-19 emergency, OCFS has authorized the option for a LDSS to apply for a waiver which allows them to pay for additional absence days up to 30 days in a 30 day period.

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

LDSSs are required to pay for services provided. While New York does not use the terms "full-time" and "part-time" to refer to payment rates, the rate structure and payment rules function this way in most cases. Weekly rates are paid when care is for 30 or more hours over the course of five or fewer days in a week; i.e., this is full-time care. When care is for less than 30 hours over the course of five or fewer days in a week, i.e., part-time care, then a daily or part-day rate applies depending on the hours attended in that day and for the number of days in the week.

ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

LDSSs may pay for registration fees.

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum, information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

LDSSs must offer an applicant the choice of a child care provider that has a contract with the LDSS or an eligible child care provider selected by the applicant. The contract, or written letter of intent, with a child care provider must specify the number of units of

service at a specified dollar rate, the method and source of payment to the provider including the collection and disposition of fees, and the requirements for billing and records. LDSSs must establish a method of payment by which payment for child care services arranged by the applicant can be made.

LDSSs require that bills must be submitted by child care providers promptly within the timeframe set by the LDSS for its billing cycle. The LDSS has to establish procedures to pay such bills promptly. LDSSs must notify a child care provider when a family has to pay a fee for the cost of child care services the amount of the family fee and when it is due.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur. Describe:

The Child Care Time and Attendance system (CCTA) has been implemented in all LDSSs outside of NYC. CCTA can electronically notify a provider when there are any changes in the family's eligibility. Where CCTA is not utilized, notification of the provider regarding eligibility is a responsibility which falls on the LDSS. New York City is working on providing similar data from their system of record to OCFS. A timeline for completion of this is still being finalized, with a projected delivery date of October 2020.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

LDSSs must take all reasonable steps to promptly correct overpayments. LDSSs must take corrective action and notify the parent/caretaker within 60 days from the date the parent/caretaker notified the LDSS of a change in circumstances or of an LDSS calculation error. If the LDSS fails to act within 60 days, then no recovery may be made. OCFS recommends that LDSSs act as soon as practicable to correct overpayments in order to lessen the financial impact on the family.

g) Other. Describe:

N/A

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

Effective Date: 10/01/2018

☐ No, the practices do not vary across areas.

☑ Yes, the practices vary across areas.

Describe:

New York operates a state supervised, locally administered child care subsidy program. There are 58 LDSSs in New York, each of which has flexibility in the administration of its own child care subsidy program, within the regulations and guidelines established by OCFS.

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

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

Effective Date: 10/01/2018

☑ In licensed family child care.

Licensed family child care programs were included in the statewide assessment related to overall child care availability referenced below.

☑ In licensed child care centers.

Licensed child care centers were included in the statewide assessment related to overall child care availability referenced below.

☑ Other.

OCFS conducted an analysis of the overall child care supply and demand data in New York, utilizing OCFS and New York City Department of Health and Mental Hygiene data on licensed/registered child care as well as socio-demographic data that are publicly available from the U.S. Census Bureau American Community Survey. Maps were created for each of the 62 counties in New York and defined sub-county areas (towns, cities, or neighborhoods in NYC) to identify the relative availability of regulated child care and the percentage of families below 200 percent of the federal poverty level so that high child care need areas could be highlighted, and this information used by OCFS, LDSS and other stakeholders to track changes to child care availability over time and identify areas of priority. The results of this project were compiled in a report and posted to the OCFS website in January 2017. https://ocfs.ny.gov/main/reports/2017-NY-Child-Care-Demographics-Report.pdf.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

Effective Date: 10/01/2018

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

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☑ Recruitment of providers.

Describe:

OCFS has completed and posted to its website online orientation sessions that take would-be applicants through a series of informational sessions aimed at recruiting, educating, and describing the standards expected of child care programs. There are separate orientation modules for day care centers, school-age child care, family day care, and group family day care. The orientation sessions are separated into these modality-specific sessions to attract and address the goals of applicants in setting up programs to effectively serve all children.

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

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

☑ Grants and contracts (as discussed in 4.1.3).

Describe:

There are seven Infant/Toddler (I/T) Regional Resource Centers available to develop and coordinate I/T services in partnership with OCFS for the promotion and understanding of the importance of, and strategies for, improving the quality of care for infants and toddlers. OCFS funds these seven I/T regional centers to address, on a statewide basis, the unique and special needs of the I/T population. The services include: providing technical assistance to providers on best practices in serving infant and toddlers; assisting providers in addressing issues that have been identified in their program(s); working with providers as they develop new infant and toddler care; promoting and facilitating child care staffing to obtain specialized training in serving the infant and toddler population; and making available best practices information on infant and toddlers in various mediums to the child care provider community.

Because New York State is a state-supervised, county-administered system, innovation often happens on the local level. For example, New York City administers the largest contracted child care system in the country. Called EarlyLearn NYC, the program aligns standards across the Head Start, child care and pre-kindergarten programs whose funding streams are blended within EarlyLearn. Standards now common to all programs include developmentally appropriate and validated curricula, formal child screening and assessments, focus on dual-language learners, family and child social support, special needs inclusion, longer daily sessions, and year-round service.

☑ Family child care networks.

Describe:

Specific to supporting the needs of infants and toddlers, through EarlyLearn, New York City contracts with family child care networks to recruit, train, and support family child care providers with the goal of improving program quality for member providers who are primarily caring for infants and toddlers.

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☑ Recruitment of providers.

Describe:

OCFS has completed and posted to its website online orientation sessions that take would-be applicants through a series of informational sessions aimed at recruiting, educating, and describing the standards expected of child care programs. There are separate orientation modules for day care centers, school-age child care, family day care, and group family day care. The orientation sessions are separated into these modality-specific sessions to attract and address the goals of applicants in setting up programs to effectively serve all children.

☐ Tiered payment rates (as discussed in 4.3.2) .

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☑ Child Care Health Consultation.

Describe:

For licensed and registered programs, and legally-exempt programs that administer medications, consultation with a health care consultant would be included as a component of developing an individualized health care plan for a child with special needs. This use of health care consultants to facilitate the ability of programs to comply with requirements related to the administration of medications and the development of individualized health care plans for children with special needs is aimed at increasing the supply of child care options for children with medical or other special needs as well as enhancing the overall quality of available programs.

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply.

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☑ Recruitment of providers.

Describe:

OCFS has completed and posted to its website online orientation sessions that take would-be applicants through a series of informational sessions aimed at recruiting, educating, and describing the standards expected of child care programs. There are separate orientation modules for day care centers, school-age child care, family day care, and group family day care. The orientation sessions are separated into these modality-specific sessions to attract and address the goals of applicants in setting up programs to effectively serve all children, including those with disabilities.

☑ Tiered payment rates (as discussed in 4.3.2).

Describe:

LDSSs use priorities that they established for families with a child with special needs and pay an enhanced rate. OCFS is working with a variety of stakeholders, including experts in the field of serving children with disabilities, to develop policies that will provide better opportunities for collaboration between LDSSs, child care providers and those providing services to children with disabilities as part of an Early Intervention Plan. OCFS is also evaluating its special needs market rate to see if the rate is sufficient to cover the child care costs of children with disabilities.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☑ Child Care Health Consultation.

Describe:

For licensed and registered programs, and legally-exempt programs that administer medications, consultation with a health care consultant would be included as a component of developing an individualized health care plan for a child with special needs.

☐ Mental Health Consultation.

Describe:

☑ Other.

Describe:

OCFS is part of a workgroup, including OCFS staff and other stakeholders, to develop policies that will provide better opportunities for collaboration between LDSSs, child care providers, and disability services providers. OCFS is also evaluating its special needs market rate and how that rate is accessed by families. Through this process, OCFS identified the need to gain a better understanding of

the system through which the families of children with disabilities access services for their children, and where the need for child care fits within the provision of services for children with disabilities. OCFS has reached out to the New York State Department of Health (DOH) (Early Intervention Program) and SED (Pre-school Special Education and Special Education) to gather information on the families and children who accesses their programs, and what kinds of services for children with disabilities are provided.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

d) Children who receive care during non-traditional hours. Check and describe all thatapply

- [ ] Grants and contracts (as discussed in 4.1.3).

  Describe:

- [ ] Family child care networks.

  Describe:

- [ ] Start-up funding.

  Describe:

- [ ] Technical assistance support.

  Describe:

- [ ] Recruitment of providers.

  Describe:

- [x] Tiered payment rates (as discussed in 4.3.2) .

  Describe:

  LDSSs must pay eligible child care providers a differential payment rate of at least 5 percent above the actual cost of care or the applicable market rate for non-traditional hours. LDSSs may choose to set a differential payment rate greater than 5 percent above the actual cost of care or the applicable market rate provided the

rate does not exceed 15 percent.

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

e) Other. Check and describe all that apply:

☐ Grants and contracts (as discussed in 4.1.3).

Describe:

☐ Family child care networks.

Describe:

☐ Start-up funding.

Describe:

☐ Technical assistance support.

Describe:

☐ Recruitment of providers.

Describe:

☐ Tiered payment rates (as discussed in 4.3.2).

Describe:

☐ Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

☐ Accreditation supports.

Describe:

☐ Child Care Health Consultation.

Describe:

☐ Mental Health Consultation.

Describe:

☐ Other.

Describe:

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

Effective Date: 10/01/2018

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

In the New York State Child Care Demographics 2017 report, OCFS used a threshold of 25 percent or more families with an income below 200 percent of the federal poverty level (U.S. Census Bureau American Community Survey) in conjunction with a ratio of 3 or more children under 5 years of age per regulated child care slot in order to identify subcounty areas with high child care needs.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

The Lead Agency is supporting the Governor's Empire State Poverty Reduction Initiative which is focusing resources on economic development and child care in areas of the state that have high poverty and unemployment.

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

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

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

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This

section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

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

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

5.1 Licensing Requirements

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

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

Effective Date: 03/07/2020

☑ Center-based child care.

Describe and Provide the citation:

Licensing requirements differ depending on whether a program is operating in a facility

(centers and school-age programs) or a home (family and group family child day care). Applicants for a license must submit to the Office:
(Facility) a completed application, including required attestations, on forms furnished by the Office or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the child day care program in conformity with applicable laws and regulations;
(Facility) certificate of occupancy or other documentation from the local government authority having jurisdiction for determining compliance with the Fire Code and Building Code of New York State, or other applicable fire and building codes when the Fire and Building Code of New York State is not applicable, showing that the facility has been inspected and approved within the 12 months preceding the date of application for use as a child day care program, in accordance with the appropriate provisions of such code;
(Facility) documentation from local zoning authorities or officials, where such authorities or officials exist, that a child day care center is a permitted use under any zoning code applicable to the area in which the child day care program is located;
(Facility) documentation from the local health office or the New York State Department of Health showing that the facility has been inspected and approved within the 12 months preceding the date of application;
(Facility) where a program uses a private water supply, a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application, showing that the water meets standards for drinking water established by the New York State Department of Health;
(Facility) certification, on forms provided by the Office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include, but are not limited to, dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the building, its property and premises, or the surrounding neighborhood indicates that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such a hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the building, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;

(Facility) documentation from service personnel licensed by the New York State Department of State to perform fire alarm systems maintenance, repair and testing which shows that fire alarm and detection systems have been inspected, tested and maintained in accordance with the applicable requirements of the Fire Code and Building Code of New York State, or other applicable fire and building codes when the Fire and Building Code of New York State is not applicable, for use of the building as a child day care program;

(Facility) documentation from service personnel qualified to perform fire suppression systems testing showing that fire suppression equipment and systems have been tested and maintained in accordance with the requirements of the Fire Code and Building Code of New York State, or other applicable fire and building codes when the Fire and Building Code of New York State is not applicable, for use of the building as a child day care program;

(Facility) documentation from an inspector from the New York State Department of Labor, or an insurance company licensed to write boiler insurance in New York State, showing that all steam or hot water boilers have been inspected and approved in accordance with the requirements of the New York State Department of Labor. For all other fuel burning heating systems and equipment, and boilers not subject to the New York State Department of Labor requirements, documentation of service by a heating contractor performed within the 12 months preceding the date of application;

(Facility) a diagram of the portion of the building to be occupied by the child day care program and all adjacent areas of such building,

(Facility) a description of program activities offered to meet the needs of children;

(Facility) a copy of the emergency plan and emergency evacuation diagram, specifying alternate means of egress;

(Facility) a health care plan;

(Facility) copies of sample menus for snacks and, where meals are provided, for meals, or a copy of the current letter of approval from the New York State Child and Adult Care Food Program. Menus must cover a four-week period and be reviewed and signed by a person qualified in nutrition,

(Facility) where meals are provided but are not prepared at the program, a description of food service arrangements;

(Facility) a sworn statement by the applicant indicating whether, to the best of the applicant's knowledge, the applicant has ever been convicted of a misdemeanor or a felony in New York State or any other jurisdiction, and fingerprint images:

(Facility) certification, on forms provided by the Office, that the applicant is in compliance with child support obligations or payments,
(Facility) certification, on forms provided by the Office, that the child day program is in compliance with workers' compensation in accordance with the requirements of New York State Law;
(Facility) the Statewide Central Register database form necessary to complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the applicant, for such license, is the subject of an indicated report of child abuse or maltreatment;
(Facility) the forms necessary to check the register of substantiated category one cases of abuse or neglect maintained by the Justice Center for the Protection of Persons with Special Needs:
(Facility)(OCFS constructs plans for home-based programs) a description of specific procedures which provide for the safety of a child who is reported to the Statewide Central Register of Child Abuse and Maltreatment as well as other children provided care in the child day care center;
(Facility)(OCFS evaluates background information on home-based programs) a description of the procedure to be used to review and evaluate the background information supplied by applicants for employment and volunteer positions,
(Facility) copies of the child day care program's personnel policies and practices;
(Facility) a description of policies and practices regarding appropriate supervision of children;
(Facility) an outline of a plan for training;
(Facility) a copy of a certificate of insurance from an insurance company showing the intent to provide general liability insurance to the child day care center upon licensure;
(Facility) when the child day care program is owned by an individual, corporation, partnership or other entity using a business or assumed name, a copy of the certificate of doing business under an assumed name obtained from the county clerk;
(Facility) a statement signed by the applicant or authorized representative of the applicant that the program is in compliance with all applicable statutes and regulations;
(Facility) Child day care programs located in public school buildings currently used for elementary, middle or secondary public education programs approved by the New York State Education Department must submit a copy of the current certificate of occupancy issued by the State Education Department as part of the application. For those programs not issued such certificates of occupancy, the appropriate local equivalent, acceptable to

the State Education Department, must be submitted;
(Facility) applicants for a license may not be issued a license until an inspection of the child day care program has been conducted showing compliance with all of the requirements listed here and the relevant provisions of the Social Services Law;
(Facility) medical statements at application or before staff or caregivers have direct contact with children;
(Facility) a summary of the training and experience of the staff and caregivers;
(Facility) the names, addresses and day time telephone numbers of at least three acceptable references each for staff or caregivers.

SSL 390(2)(a)&(b); SSL 390(1)(c) &(f); 18 NYCRR 418-1.15(a), 414.15(a), 418-2.15(a)

☑ Family child care.

Describe and Provide the citation:

Licensing requirements differ depending on whether a program is operating in a facility (centers and school-age programs) or a home (family and group family child day care). Applicants for a license must submit to the Office:
(Home-based) a completed application, including required attestations, on forms furnished by the Office or approved equivalents. Such application and attestations must include an agreement by the applicant to operate the child day care program in conformity with applicable laws and regulations;
(Home-based) where a program uses a private water supply, a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application, showing that the water meets standards for drinking water established by the New York State Department of Health;
(Home-based) certification, on forms provided by the Office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include, but are not limited to, dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the building, its property and premises, or the surrounding neighborhood indicates that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such a hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the

appropriate local official or authority following this inspection and/or testing that the building, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety;
(Home-based) a diagram of the portion of the building to be occupied by the child day care program and all adjacent areas of such building,
(Home-based) a description of program activities offered to meet the needs of children;
(Home-based) a copy of the emergency plan and emergency evacuation diagram, specifying alternate means of egress;
(Home-based) a health care plan;
(Home-based) a sworn statement by the applicant indicating whether, to the best of the applicant's knowledge, the applicant has ever been convicted of a misdemeanor or a felony in New York State or any other jurisdiction, and fingerprint images:
Home-based) certification, on forms provided by the Office, that the applicant is in compliance with child support obligations or payments,
(Home-based) certification, on forms provided by the Office, that the child day program is in compliance with workers' compensation in accordance with the requirements of New York State Law;
(Home-based) the Statewide Central Register database form necessary to complete required screening by the Statewide Central Register of Child Abuse and Maltreatment to determine if the applicant, for such license, is the subject of an indicated report of child abuse or maltreatment;
(Home-based) the forms necessary to check the register of substantiated category one cases of abuse or neglect maintained by the Justice Center for the Protection of Persons with Special Needs:
(Home-based) a description of policies and practices regarding appropriate supervision of children;
(Home-based) an outline of a plan for training;
(Home-based) when the child day care program is owned by an individual, corporation, partnership or other entity using a business or assumed name, a copy of the certificate of doing business under an assumed name obtained from the county clerk;
(Home-based) a statement signed by the applicant or authorized representative of the applicant that the program is in compliance with all applicable statutes and regulations;
(Home-based) applicants for a license may not be issued a license until an inspection of the child day care program has been conducted showing compliance with all of the requirements listed here and the relevant provisions of the Social Services Law;

(Home-Based) a medical statement on forms furnished by the Office or approved equivalents regarding the health of all persons residing in the family day care home;
(Home-based) a statement from the appropriate local official or authority that the dwelling meets standards for sanitation and safety, where the Office notifies the applicant that such a statement is required;
(Home-based) a report of inspection performed within the 12 months preceding the date of application, by local authorities or an inspector qualified to approve fuel burning systems, which documents approval of any wood or coal burning stove, fireplace, pellet stoves or permanently installed gas space heater in use at the home;
(Home-based) the site to be used for child care must meet the definition and requirements of a personal residence. The licensee must submit documentation, acceptable to the Office, to prove that the group family day care site is being used as a residence;
(Home-based) medical statements at application or before staff or caregivers have direct contact with children;
(Home Based) a summary of the training and experience of the staff and caregivers;
(Home-based) the names, addresses and day time telephone numbers of at least three acceptable references each for staff or caregivers.
(Home-Based) a medical statement on forms furnished by the Office or approved equivalents regarding the health of all persons residing in the family day care home;
(Home-based) a statement from the appropriate local official or authority that the dwelling meets standards for sanitation and safety, where the Office notifies the applicant that such a statement is required;
(Home-based) a report of inspection performed within the 12 months preceding the date of application, by local authorities or an inspector qualified to approve fuel burning systems, which documents approval of any wood or coal burning stove, fireplace, pellet stoves or permanently installed gas space heater in use at the home;

SSL 390(2)(a)&(b); SSL 390(1)(d) &(e); 18 NYCRR 416.15(a), 417.15(a)

☐ In-home care (care in the child's own home).
Describe and provide the citation (if applicable):

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Effective Date: 09/25/2019

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.
The requirements for which child care programs must be licensed or registered in New York State were developed to strike a balance between the responsibility of the State to provide a baseline for the protection of children residing within in its boundaries and to respect the rights and responsibilities of parents to determine what is best for their children.

The exemptions to licensing/registration requirements for home based child caregivers, listed below, recognize the family, social, and cultural preferences of parents who may want a relative or close acquaintance to provide care or want to enter into cooperative agreements with other parents to share responsibility for care of their children. These parental choices place the obligation on parents to determine the adequacy of the care arrangements in terms of the health, safety, and developmental needs of the child.

The categories of center-based care that are exempt from licensing/registration requirements, listed below, either have oversight by other federal, state, tribal, or local authorities, or are limited in scope so as to not require licensing in order to protect the health, safety and development of children.

Informal child care is exempt when the caregiver:
•cares for a child in the child's own home,
•cares for 1-2 children outside of the children's home
•cares for more than 2 children outside the children's home for less than 3 hours per day, or
•is, by virtue of blood, marriage or court decree, related to all of the children in care receiving child care services as a grandparent, great-grandparent, sibling provided that such sibling lives in a separate residence from the child, aunt, or uncle, provided that such caregiver is not caring, in total, for more than eight children.

Center-based child care programs are exempt when they are not required to be licensed by

or registered with OCFS or licensed by the City of New York but which meet all applicable State or local requirements for such child care programs. These include, but are not limited to:

•pre-kindergarten and nursery school programs for children three years of age or older, and programs for school-age children conducted during non-school hours, operated by public school districts or by private schools or academies which provide elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law, provided that such pre-kindergarten, nursery school or school-age programs are located on the premises or campus where the elementary or secondary education is provided;

•nursery schools and programs for pre-school-aged children operated by non-profit agencies or organizations or private proprietary agencies which provide services for three or less hours per day;

•summer day camps operated by non-profit agencies or organizations or private proprietary agencies in accordance with Subpart 7-2 of the State Sanitary Code;

•center-based programs located on Federal property not certified to operate by the United States Department of Defense which are operated in compliance with the applicable Federal laws and regulations for such child care programs; and

•center-based programs located on tribal property which is not a Child Care and Development Fund grantee and are operated in compliance with the applicable tribal laws and regulations for such child care programs.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

Effective Date: 09/25/2018

☑ Center-based child care.

If checked, describe the exemptions.

To provide subsidized care in New York State, all license-exempt child care providers must demonstrate that they meet basic health and safety standards through the enrollment process. In accordance with federal guidelines, the enrollment process was

developed to establish a set of health and safety requirements for the license-exempt child care providers known in New York State as "legally-exempt" child care providers, to establish their eligibility to provide subsidized care.

Legally-exempt group providers/directors:

Must submit a completed enrollment packet to a legally-exempt caregiver enrollment agency. This packet includes such information as demographic information, modality of care, attestation to health and safety standards, schedules of children in care, verification of training completion, and forms regarding the requirements for background checks for any employees, and volunteers.

A legally-exempt group child care program must

•Meet the health and safety requirements in section 415.13as applicable, which include basic health and safety and other requirements relating to:
Building and equipment
Fire protection
Supervision
Physical Environment and Safety
Transportation
Behavior management
Health and infection control
Nutrition
Management and administration
Emergency Preparedness
Administration of Medication
Training
Inspection requirements
Capacity
Certificate of occupancy
Fire inspection
Site Diagram

A caregiver of legally-exempt group child care, operating under the auspices of another federal, state or local governmental agency, must also comply with the standards set by that government agency.

☑ Family child care.

If checked, describe the exemptions.

Family child care is exempt when the caregiver:

•cares for 1-2 children outside of the children's home

•cares for more than 2 children outside the children's home for less than 3 hours per day, or

•is by virtue of blood, marriage or court decree related to all children in care receiving child care services as a grandparent, great-grandparent, sibling provided that such sibling lives in a separate residence from the child, aunt, or uncle, within the third degree of consanguinity to the parent or caretaker of such child, provided that such caregiver is not caring, in total, for more than eight children.

All providers of care subsidized under the CCDF must meet basic health and safety requirements.

To provide subsidized care in New York State, license-exempt child care providers must demonstrate they meet basic health and safety standards through the enrollment process, and when operating under the auspices of another governmental organization, that they will also meet the standards as required by the applicable oversight agency. In accordance with federal guidelines, the enrollment process was developed to establish a set of health and safety requirements for the otherwise unregulated license-exempt child care providers, known in New York State as "legally-exempt" child care providers, to establish their eligibility to provide subsidized care.

All legally-exempt family child care providers must:

Submit a completed enrollment packet to a legally-exempt caregiver enrollment agency. This packet includes such information as demographic information, modality of care, attestation to health and safety standards, schedules of children in care, verification of training completion, and background checks. For relative-only providers and those individuals who are exempt from background checks, this includes certifications regarding child welfare and criminal conviction background information as well as those for any employees, volunteers or household members when applicable. This enrollment form also requires an attestation that household members are free from communicable diseases, and the caregiver must furnish the child's caretaker with true and accurate information, in writing. For relative-only providers, they must also indicate, whether, to the best of the caregiver's knowledge, such caregiver, any employee, any volunteer and any household member age 18 or older, has ever been the subject of an indicated report of child abuse or maltreatment in New York State or any other jurisdiction

All relative-only legally-exempt family child care providers are subject to a local child welfare database check to determine whether the caregiver has had his or her parental rights terminated or had a child removed from his or her care by court order under article 10 of the Family Court Act.

All relative-only legally-exempt providers must certify as to whether or not they, or any employees, volunteers, or household members age 18 or older have any criminal convictions. If so, they must disclose all information regarding the conviction to both the enrollment agency as well as the parent. The enrollment agency then makes a decision, based on the information provided, as to whether or not the criminal history poses a risk to the health and safety of any children possibly in care.

Upon applying for enrollment, and as part of the annual re-enrollment process, each relative-only caregiver, any employee, any volunteer, and each household member age 18 or older is checked against the New York State Sex Offender Registry maintained by the New York State Division of Criminal Justice Services to determine if such person is listed on the New York State Sex Offender Registry. When the New York State Sex Offender Registry reveals that any such person is listed on the Sex Offender Registry for committing a sex offense, the legally- exempt caregiver enrollment agency may not enroll such a caregiver.
All legally-exempt family child care providers are subject to basic health and safety

requirements as contained in 415.13 as are related to:

Building and equipment
Fire protection
Supervision
Physical Environment and Safety
Transportation
Behavior management
Health and infection control
Nutrition
Management and administration
Emergency Preparedness
Administration of Medication
Training
Inspections
Capacity

☑ In-home care.

If checked, describe the exemptions.

To provide subsidized care in New York State, license-exempt child care providers must demonstrate they meet basic health and safety standards through the enrollment process, and when operating under the auspices of another governmental organization, that they will also meet the standards as required by the applicable oversight agency. In accordance with federal guidelines. The enrollment process was developed to establish a set of health and safety requirements for the otherwise unregulated license-exempt child care providers, known in New York State as "legally-exempt" child care providers, to establish their eligibility to provide subsidized care.

Legally-exempt in-home providers must submit a completed enrollment packet to a legally-exempt caregiver enrollment agency. This packet includes such information as demographic information, modality of care, attestation to health and safety standards, schedules of children in care, verification of training completion, background checks when applicable, for relative-only providers certifications regarding child welfare and criminal conviction background information as well as those for any employees and volunteers, and verification that the caregiver is free from communicable diseases.

Relative-only legally-exempt in-home care providers are subject to a local child welfare database check to determine whether the caregiver has had his or her parental rights terminated or had a child removed from his or her care by court order under article 10 of the Family Court Act.

Legally-exempt relative-only in-home providers must certify as to whether or not they, or any employees or volunteers have any criminal convictions. If so, they must disclose all information regarding the conviction to both the enrollment agency as well as the parent. The enrollment agency then makes a decision, based on the information provided, as to whether or not the criminal history poses a risk to the health and safety of any children possibly in care. Upon applying for enrollment, and as part of the annual re-enrollment process, each relative-only in-home provider, any employee and any volunteer is checked against the New York State Sex Offender Registry maintained by the New York State Division of Criminal Justice Services to determine if any such person is listed on the New York State Sex Offender Registry. When the New York State Sex Offender Registry reveals that any such person is listed on the Sex Offender Registry for committing a sex offense, the legally-exempt caregiver enrollment agency may not enroll such a caregiver.

All legally-exempt in-home care providers are subject to basic health and safety requirements:
as contained in 415.13 as are related to:

Building and equipment
Fire protection
Supervision
Physical Environment and Safety
Transportation
Behavior management
Health and infection control
Nutrition
Management and administration
Emergency Preparedness

Administration of Medication,

Training

Inspections

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

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

Effective Date: 10/01/2018

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

birth - 6 weeks; 6 weeks - up to 18 months of age

-- Ratio:

1:3; 1:4

-- Group size:

6; 8

-- Teacher/caregiver qualifications:

To be qualified as a group teacher for an infant or toddler class, a person must possess either:

(i) (a) an Associate's degree in Early Childhood, Child Development or related field,

and (b) one-year experience related to caring for infants and toddlers, or

(ii) (a) Infant and Toddler Child Care and Education Credential, or Infant Toddler Child Development Associate Credential, or other Office-recognized credential specific to the infant/toddler developmental period, and
(b) two years of experience related to caring for children, or

(iii) (a) Child Development Associate Credential, and (b) two years of experience caring for children, one of which must be related to caring for infants or toddlers, or

(iv) (a) 9 college credits in Early Childhood, Child Development or a related field, with a plan of study leading to:
(1) an Infant and Toddler Child Care and Education Credential, or
(2) an Infant Toddler Child Development Associate Credential, or
(3) other Office-recognized credential specific to the infant/toddler developmental period, or
(4) an Associate's Degree in Early Childhood, Child Development or a related field, and (b) two years of experience related to caring for children, one of which must be related to working with infants or toddlers

Assistant teacher (all age groups): high school diploma or its equivalent OR one-year experience working with children less than 13 years of age.

2. Toddler

-- How does the State/territory define toddler (age range):

18 months to 36 months

-- Ratio:

1:5

-- Group size:

12

-- Teacher/caregiver qualifications:

To be qualified as a group teacher for an infant or toddler class, a person must possess either:

(i) (a) an Associate's degree in Early Childhood, Child Development or related field, and (b) one-year experience related to caring for infants and toddlers, or

(ii) (a) Infant and Toddler Child Care and Education Credential, or Infant Toddler Child Development Associate Credential, or other Office-recognized credential specific to the infant/toddler developmental period, and (b) two years of experience related to caring for children, or

(iii) (a) Child Development Associate Credential, and (b) two years of experience caring for children, one of which must be related to caring for infants or toddlers, or

(iv) (a) 9 college credits in Early Childhood, Child Development or a related field, with a plan of study leading to:

(1) an Infant and Toddler Child Care and Education Credential, or

(2) an Infant Toddler Child Development Associate Credential, or

(3) other Office-recognized credential specific to the infant/toddler developmental period, or

(4) an Associate's Degree in Early Childhood, Child Development or a related field, and (b) two years of experience related to caring for children, one of which must be related to working with infants or toddlers.

Assistant teacher (all age groups): high school diploma or its equivalent OR one-year experience working with children less than 13 years of age.

3. Preschool

-- How does the State/territory define preschool (age range):

3yrs of age and not yet enrolled in kindergarten or a higher grade.

-- Ratio:

for 3yrs = 1:7, for 4 yrs. = 1:8, for 5 yrs. = 1:9

-- Group size:

3 yrs.=18, 4 yrs.= 21, 5 yrs.= 24

-- Teacher/caregiver qualifications:

To be qualified as a group teacher for a preschool class, a person must possess either:

(i) an Associate's degree in Early Childhood, Child Development or related field, or

(ii) (a) a Child Development Associate credential or other Office-recognized credential specific to the preschool developmental period, and (b) one-year experience related to caring for children, or

(iii) (a) 9 college credits in Early Childhood, Child Development or a related field, with a plan of study leading to:

(1) a Child Development Associate Credential, or

(2) an Associate's degree in Early Childhood, Child Development or related field; and (b) two years' experience related to caring for children

Assistant teacher (all age groups): high school diploma or its equivalent OR one-year experience working with children less than 13 years of age.

4. School-age

-- How does the State/territory define school-age (age range):

under 13 years of age who is enrolled in Kindergarten or higher grade of school

-- Ratio:

through 9 yrs. = 1:10; 10-12 yrs. = 1:15

-- Group size:

9 yrs.= 20; 10-12 yrs.= 30

-- Teacher/caregiver qualifications:

To be qualified as a group teacher, a person must possess either: (i) an Associate's degree in Child Development, Elementary Education, Physical Education,

Recreation or a related field; or

(ii) (a) a School-age Child Care Credential or other Office recognized credential specific to the school-age developmental period; and (b) one year of experience working with children less than 13 years of age; or

(iii) (a) a high school diploma or its equivalent; and (b) two years of direct experience working with children under 13 years of age.

Assistant teacher (all age groups): high school diploma or its equivalent OR one-year experience working with children less than 13 years of age.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

The ratios and maximum group sizes for legally-exempt center-based care are as follows:

3 years 1:20 for seated activities, 1:10 for all other, maximum group size of 30

4 years 1:20 for seated activities, 1:12 for all other, maximum group size of 36

5 years- 12 years 1:25 for all activities, maximum group size of 50

More restrictive standards may apply to programs operated under the auspices of another government organization including, but not limited to the following

•NYS Education Department Voluntarily Registered Nursery Schools

Ratios:

3 years 1:8

4 years 1:10

5 years 1:15

Max Group Size:

3/4 years old: 20 student maximum

5 years old: 22 student maximum

•NYS Department of Health Summer Day Camps

Ratios:

Under age 6 during camp trip/special activities- 1:6

Under age 6 during camp trip/special activities- 1:6

Passive activity; no age specified-1:25

Summer day/traveling summer day-1:12

•NYC Department of Health and Mental Hygiene Summer Day Camps
Ratios:
General Camp Activities:
Under age 6 - 1:6
Ages 6-7 1:9
Ages 8 and up- 1:12

Offsite camp trips:
All age groups- 1:5 minimum ratio

Water Activities:
Under the age of 6- 1:4
Ages 6-7 1:6
Ages 8 and up 1:7
Lifeguards are one for every 25 swimmers

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

For purpose of maintaining a continuity-of-care model, centers may mix children six weeks of age to thirty-six months of age in one classroom. The teacher/child ratio and maximum group size in continuity of care classrooms must be applicable to the youngest child in the group and consistent with section 418-1.8(k) of state regulations for child care centers.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

(1) To be qualified as a
director, a person must possess either:
(i) (a) a Bachelor degree, including or in addition to, 12 credits in Early Childhood, Child Development, or a related filed; and, (b) one-year full-time teaching experience in a child day care center, family or group family day
care home or other early childhood program; and, (c) one year of experience supervising staff in a child care program or a related field of work, or

(ii) (a) a New York State Children's Program Administrator Credential; and,

(b) one-year full-time teaching experience in a child day care center, family or group family day care home or other early childhood program; and
(c) one year of experience supervising staff in a child care program or a related field of work, or

(iii) (a) an Associate's degree in Early Childhood or related field with a plan of study leading to:
(1) a Bachelor's degree, or
(2) a New York State Children's Program Administrator Credential, and
(b) two years full-time teaching experience in a child day care center, family or group family day care home, or other early childhood program; and (c) two years of experience supervising staff in a child care program or a related field of work, or

(iv) (a) a Child Development Associate Credential with a plan of studying leading to:
(1) a Bachelor's degree or,
(2) a New York State Children's Program Administrator Credential, and
(b) two years full-time teaching experience in a child day care center, family or group family day care home, or other early childhood program, and (c) two years of experience supervising staff in a child care program or a related field of work.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

birth to 2 years of age

-- Ratio:

1:2

-- Group size:

8 (FDC); 16 (GFDC)

-- Teacher/caregiver qualifications:

Must be at least 18 years old; and have a minimum of either two (2) years of

experience caring for children under six years of age, or one (1) year of experience caring for children under six years of age plus six hours of training or education in early childhood development. The phrase "experience caring for children" can mean child-rearing as well as paid and unpaid experience caring for children. The term "training" can mean educational workshops and courses in caring for preschool-age children.

2. Toddler

-- How does the State/territory define toddler (age range):

2 years to 36 months

-- Ratio:

1:6

-- Group size:

8 (FDC); 16(GFDC)

-- Teacher/caregiver qualifications:

Must be at least 18 years old; and have a minimum of either two (2) years of experience caring for children under six years of age, or one (1) year of experience caring for children under six years of age plus six hours of training or education in early childhood development. The phrase "experience caring for children" can mean child-rearing as well as paid and unpaid experience caring for children. The term "training" can mean educational workshops and courses in caring for preschool-age children.

3. Preschool

-- How does the State/territory define preschool (age range):

at least three years of age who is not yet enrolled in kindergarten or a higher grade.

-- Ratio:

1:6

-- Group size:

8 (FDC); 16 (GFDC)

-- Teacher/caregiver qualifications:

Must be at least 18 years old; and have a minimum of either two (2) years of experience caring for children under six years of age, or one (1) year of experience caring for children under six years of age plus six hours of training or education in early childhood development. The phrase "experience caring for children" can mean child-rearing as well as paid and unpaid experience caring for children. The term "training" can mean educational workshops and courses in caring for preschool-age children.

4. School-age

-- How does the State/territory define school-age (age range):

a child under 13 years of age who is enrolled in kindergarten or higher grade level. Programs may request a waiver to allow children enrolled in pre-k to also be enrolled in a school-age program. In this instance, the school age program must adhere to day care center regulations for teacher: ratios and group size, group teacher qualifications and program structure.

-- Ratio:

1:8

-- Group size:

8(FDC); 16(GFDC)

-- Teacher/caregiver qualifications:

Must be at least 18 years old; and have a minimum of either two (2) years of experience caring for children under six years of age, or one (1) year of experience caring for children under six years of age plus six hours of training or education in early childhood development. The phrase "experience caring for children" can mean child-rearing as well as paid and unpaid experience caring for children. The term "training" can mean educational workshops and courses in caring for

preschool-age children.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

Responses above do not apply to license- exempt family child care homes. For license-exempt family child care, the provider may care for up to 2 non-related children full time, plus additional non-related children when such care overlaps for less than three hours per day. When the provider is caring for a mix of related and non-related children, the provider may care for no more than 8 children in total.

c) In-home CCDF providers:

1. Describe the ratios

1:8

2. Describe the group size

The maximum group size is 8 (unless all children are related to the provider, and live in the home where care is provided which is a necessary exception to accommodate the parental choice of very large families).

3. Describe the maximum number of children that are allowed in the home at any one time.

For exempt family child care, the provider may care for up to 2 non-related children full time. When the provider is caring for a mix of related and non-related children, the provider may care for no more than 8 children.

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

Related children are not included in the child-to-provider ratio or group size.

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

None, unless there are three or more unrelated children being cared for more than 3 hours/day on a regular basis.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

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

a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

Effective Date: 02/01/2021

1. Prevention and control of infectious diseases (including immunization)

   -- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

   For licensed/registered programs. Health and infection control: The following are the topic areas in the infection and control section of licensed and registered program regulations that address prevention and control of infectious diseases:

   •Staff, caregivers, volunteers and children must wash hands at specific times during program hours.

   •Caregivers must assist children in keeping clean and comfortable, and in learning appropriate personal hygiene practices.

   •Children are provided with an individual washcloth, towel and toothbrush when evening or night care is provided and each child has the opportunity to change into night clothes and wash before bed.

   •Either disposable towels or individual cloth towels for each child must be used and laundered daily.

•Sharing personal hygiene items, such as washcloths, towels, toothbrushes, combs and hairbrushes, is prohibited.
•Hand sanitizers are permitted under certain circumstances.
•Safety precautions relating to blood must be observed by all staff and volunteers.
•All rooms, equipment, surfaces, supplies and furnishings accessible to children must be cleaned and then sanitized or disinfected, using an EPA registered product.
•The premises must be kept clean and free from dampness, odors and the accumulation of trash.
•The premises must be kept free of vermin.
•Garbage receptacles must be covered, and cleaned as needed after emptying.
•Thermometers and toys mouthed by children must be washed and disinfected using an EPA-registered product before used by another child.
•Individual drinking cups or disposable cups must be provided daily. Once a drinking cup or eating utensils have been used by a child they may not be used by another child unless they are washed first.
•Between uses, dishes and utensils must be washed with soap and hot water and rinsed in hot running water.
•Linens, blankets and bedding must be cleaned at least weekly and before use by another child. Cribs, cots, beds, mats and mattresses must be cleaned thoroughly between uses by different children and at least monthly.
•Sanitizers and disinfectants must be used as directed on the product label.
•Hygiene, diapering and toileting requirements must be followed.
•Sufficient and suitable clothing must be available so that children who dirty or soil their clothing may be changed. All such clothing must be returned to parents for washing or must be washed by the program.
•Any application of pesticides shall be completed in accordance with the requirements of the Social Services Law and the Environmental Conservation Law.
•Precautions to take to protect children from exposure to pesticides must be taken.
•Blankets and linens may not be shared.

For all legally-exempt programs, safety precautions relating to blood must be observed by all staff and volunteers and the premises must be kept free of vermin.

For legally-exempt group child care programs, the director must provide for themselves, and also must obtain a medical statement from each employee and

volunteer which confirms that they are physically fit to provide child care and free of any psychiatric and emotional disorder that would preclude such person from providing care, and are free of any communicable disease unless the applicable person's health care provider has indicated that the presence of a communicable disease does not pose a risk to the health and safety of the children in care. An updated medical statement may be required when an event or condition reasonably calls into question the person's ability to provide safe and/or suitable child care and/or if there is reasonable cause to suspect the information provided is inaccurate.

The caregiver of informal child care must certify that the caregiver and each employee and each volunteer is physically fit to provide child care and free of any psychiatric and emotional disorder that would preclude such person from providing care, and are free of any communicable disease unless the applicable person's health care provider has indicated that the presence of a communicable disease does not pose a risk to the health and safety of the children in care. For an informal child care provider and employees or volunteers of the informal child care provider, a medical statement may be requested by the enrollment agency when an event or condition reasonably calls into question the ability of such person to provide safe and/or suitable child care and/or if there is reasonable cause to suspect the information provided is inaccurate. If the legally-exempt caregiver enrollment agency has reasonable cause to suspect that the information provided by the caregiver is incorrect, the legally-exempt caregiver enrollment agency may require that the caregiver submit a statement from a physician, physician's assistant or nurse practitioner verifying the information.

A caregiver of informal child care or a caregiver of legally-exempt group child care shall not be provided to any child (with the exception of children enrolled in kindergarten or a higher grade in a public or private school), child care unless the provider has been furnished with a statement signed by a physician or other authorized individual who specifies that the child has received age appropriate immunizations in accordance with the requirements of New York Public Health Law. A provider may provide child care to any child not yet immunized provided the child's immunizations are in process and the caretaker gives the program specific appointment dates for required immunizations in accordance with the requirements of New York Public Health Law. Any child who is missing one or more of the required immunizations may be provided care if a physician, licensed to practice medicine in

New York State furnishes the program with a signed, completed medical exemption form issued by the New York State Department of Health or New York City Department of Education. The medical exemption must be reissued annually.

-- List all citations for these requirements, including those for licensed and license-exempt programs

4.1.6.11(a)(1), (3), (7), 417. 11(a)(1), (3), (7), 418-1.11(a)(1), (3), (7), 418.2 .11(a)(1), (3), (7), 4.1.6.11(b)(1), (5), (6), 417.11(b)(1), (5), (6), 418-1.11(b)(1), (5), (6), 418.2 .11(b)(1), (5), (6), 416.11(c)(2)(i), 417.11(c)(2)(i), 418-1.11(c)(2)(i), 418-2.11(c)(2)(i), 416.11(g)(1), 417.11(g)(1), 418-1.11(g)(1), 418-2.11(g)(1), 416.11(h)(4), 417.11(h)(4), 418-1.11(h)(4), 418-2.11(h)(4), 416.5(l)(1), 417.5(l)(1), 418-1.5(l)(1), 418-2.5(l)(1),414.11(i), 416.11(i), 417.11(i), 418-1.11(i), 418-2.11(i), pesticide is defined in Section 33-0101 of the Environmental Conservation Law, Section 390-c of the Social Services Law and Sections 33-1004 and 33-1005 of the Environmental Conservation Law. For legally-exempt providers, the citation which addresses this standard is: 415.13(b)(8).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

No relative exemption.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

For licensed/registered programs:

•Children may not sleep or nap in car seats, baby swings, strollers, infant seats or bouncy seats unless otherwise prescribed by a health care provider. Should a child fall asleep in one of these devices, he or she must be moved to a crib/cot or other

approved sleeping surface.
•Sleeping and napping arrangements for children that nap while in care,must be made in writing between the parent and the program. Such arrangements shall include: the area of the program where the child will nap; whether the child will nap on a cot, mat, bed or a crib; and how the napping child will be supervised.
•Sleeping arrangements for infants through 12 months of age require that the infant be placed flat on his or her back to sleep, unless medical information from the child's health care provider is presented to the program by the parent that shows that arrangement is inappropriate for that child.
•Cribs, bassinets and other sleeping areas for infants through 12 months of age must include an appropriately sized fitted sheet, and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child's health care provider.
•The resting/napping places must:(1) be located in approved day care space; (2) be located in safe areas of the program;(3) be located in a draft-free area;
(4) be where children will not be stepped on;(5) be in a location where safe egress is not blocked; (6) allow a person to move freely and safely within the napping area in order to check on or meet the needs of children; and (7) be at least two feet apart from each other.
•Children cannot be left without competent supervision at any time. Competent supervision includes awareness of and responsibility for the ongoing activity of each child. It requires that all children be within a teacher's range of vision and that the teacher be near enough to respond when redirection or intervention strategies are needed. Competent supervision must take into account the child's age emotional, physical, and cognitive development.

For legally-exempt programs.
Sleeping arrangements for infants through 12 months of age require that the infant be placed flat on his or her back to sleep, unless medical information from the child's health care provider is presented to the program by the caretaker that shows that arrangement is inappropriate for that child.

Cribs, bassinets and other sleeping areas for infants through 12 months of age must include an appropriately sized fitted sheet, and must not have bumper pads, toys,

stuffed animals, blankets, pillows, wedges or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child's health care provider.

For legally-exempt informal child care providers, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include: where the child will nap or sleep; whether the child will nap or sleep on a cot, mat, bed or a crib; and how the child will be supervised, including whether electronic monitors can be used, and how often the provider is required to check on the child.
A caregiver of legally-exempt group child care, operating under the auspices of another federal, state or local governmental agency, must also comply with the standards set by that government agency.

-- List all citations for these requirements, including those for licensed and license-exempt providers
418-1.7(l-r), 418-1.8(a), 416.7(l-o), 416.8(a), 416.8 (b) (2), 416.8 (b) (3), 417.7(l-o), 417.8(a), 417.8 (b) (2), 417.8 (b) (3), 418-2.7(i-o), 418-2.7 (m-n). For legally-exempt providers, the citation which addresses this standard is: 415.13(b)(4) and (5).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
OCFS licensed and registered family-based programs allow the following for supervision while napping: With the prior written permission of the parent, children who are napping or sleeping may do so in a room where an awake approved caregiver is not present, the doors to all rooms must be open; the approved caregiver must remain on the same floor as the children; and a functioning electronic monitor must be used in any room where children are sleeping or napping and an awake approved caregiver is not present. When a functioning electronic monitor is in use, napping and sleeping children must be physically checked every 15 minutes. This standard is covered in the pre-service health and safety training legally- exempt non-relative providers are required by regulation to complete prior to care. For legally-exempt informal providers, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include: where the child will nap or sleep; whether the child will nap or sleep on a cot, mat, bed or a

crib; and how the child will be supervised, including whether electronic monitors can be used, and how often the provider is required to check on the child.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Yes. Individuals who fall into the federal definition of a relative are exempt from the pre-service health and safety training requirement, but not from the requirements related to supervision and sleeping arrangements.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The following are the standards for licensed and registered, and legally-exempt programs in administering medications:

Staff may administer medication only in accordance with the following:

•Program staff and caregivers who will be administering medications must first successfully complete a competency-based training approved by OCFS for the administration of medication. In addition, medication administrants must complete CPR and First aid certification appropriate to the ages of the children in care. A health care consultant must also oversee and approve all health care plans that include the option to administer medications other than epinephrine auto injectors, diphenhydramine in combination with the auto injector, asthma inhalers and nebulizers, topical ointments, lotions, creams and sprays.

•Policies regarding the administration of medications must be explained to the parent at the time of enrollment of the child in care and when substantive changes are made thereafter. Parents must be made familiar with the policies of the day care program relevant to the administration of medications.

•Staff who are authorized to administer medications must administer medication as follows: to the right child, at the right dose, at the right time, with the right medication, and through the right route.

•At the time of administration, the staff must document the dosages and time that the medications are given to the child.

•All observable side effects must be documented and communicated to the parent, and when appropriate, the child's health care provider.
•Documentation must be made if the medication was not given and the reason for such a decision.
•The parent must be notified immediately and the Office must be notified within 24 hours of any medication administration errors. Notification to the Office must be reported on a form provided by the Office or on an approved equivalent.
•Staff who are authorized to administer medications must be literate in the language for which the permissions and instructions for use are written.
•In the case of medication that needs to be given on an ongoing, long-term basis, the authorization and consent forms for children under 5 years of age must be reauthorized at least once every six months and twelve months for children 5 and older. Any changes in the medication authorization related to dosage, time or frequency of administration shall require a program to obtain new instructions written by the licensed authorized prescriber. All other changes to the original medication authorization require a change in the prescription.

-- List all citations for these requirements, including those for licensed and license-exempt providers

414.11(d), (e) and (f); 416.11(d), (e)and (f)417.11; 417.11(d), (e) and (f); 418-1.11(d), (e) and (f); 418-2.11(d), (e) and (f). For legally-exempt providers, the citation which addresses this standard is 415.13(c).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

Nothing prevents a parent, or relative within the third degree of consanguinity of the parents or step-parents of a child, even if such a person is a staff person or volunteer of the program, from administering medications to a child while the child is attending the program even if the program has chosen not to administer medications or if the

staff designated to administer medications is not present when the child receives the medication.

4. Prevention of and response to emergencies due to food and allergic reactions
-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

• OCFS regulations for licensed and registered child day care programs, and legally-exempt providers permit child care program staff and caregivers to administer epinephrine auto-injector devices and diphenhydramine, when necessary, to prevent anaphylaxis or breathing difficulty for an individual child when the parent and the child's health care provider have indicated such treatment is appropriate. In addition, a written Individual Health Care Plan must be developed for the child. Staff or caregivers who have been instructed on the use of the auto injector, diphenhydramine, inhaler or nebulizer must be present during all hours the child with the potential emergency condition is in care. The program must immediately contact 911 after administration of epinephrine.

•In addition, a NYS bill was signed into law in March 2017 (Chapter 373 of the laws of 2016) that permits child care programs to purchase non-patient specific epinephrine auto injectors. This law allows trained staff and caregivers at a child day care program to administer the auto injector to a child who is experiencing anaphylaxis. In order to administer the auto injector, he/she would be required to successfully complete a training course in the use of epinephrine auto-injector devices conducted by a nationally recognized organization. This law went into effect on March 28, 2017. OCFS developed a training for day care programs that meets the DOH Commissioner's approval.

For licensed and registered child day care programs, prevention of allergic reactions can be found in the following health associated citations:

•All containers, or bottles of breast milk, formula or other individualized food items must be clearly marked with the child's complete name.

•Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.

•A written medical statement from the health care provider is required at enrollment and must state whether the child is a child with special health care needs and, if so,

what special provisions, if any, will be necessary in order for the child to participate in child day care. When the written statement from the health care provider advises the day care program that the child being enrolled is a child with special health care needs, the day care program must work together with the parent and the child's health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care program will obtain or develop any additional competencies that the staff will need to have in order to carry out the health care plan for the child.
•Individual children's food allergies must be posted in a discreet location visible only to staff.
•(an) Staff must take steps to prevent a child's exposure to the foods to which the child is allergic.

For legally-exempt programs, prevention of allergic reactions is addressed via the following regulations:
•Each child must receive meals and snacks in accordance with the plan developed jointly by the child care provider and the child's caretaker.
•Perishable food, milk and formula must be kept refrigerated.
•Heating infant formula, breast milk and other food items for infants in a microwave oven is prohibited.
•Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.
•Providers and staff must take steps to prevent a child's exposure to the foods to which the child is allergic.
•and for legally-exempt group programs, individual children's food allergies must be posted in a discreet location visible only to directors, employees and volunteers.

-- List all citations for these requirements, including those for licensed and license-exempt providers
414.11(h), 416.11(h), 417.11(h), 418-1.11(h), 418-2.11(h), 414.5(a), 416.5(a), 417.5(a),418-1.5(a), 418.5(a), 414.11(a), 416.11(a)(2), 417.11(a)(2), 418-1.11(a)(2) 418-2.11(a)(2), 418-1.12 (am), 418-1.12(an), 416.12 (ai) and (aj), 417.12 (ai) and (aj), 418-2.12 (ai) and (aj).

For legally-exempt providers, the citations that address this standard is:

415.13.(b)(5),(9) and 415.13(h)(7)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None.

-- Describe any variations based on the age of the children in care

None.

-- Describe if relatives are exempt from this requirement

N/A

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

OCFS regulations for licensed and registered day care programs are based predominantly on health and safety standards. As such, the following are the highlights of the building and physical premises safety citations include:

•The use of pesticides at any licensed or registered program must meet the Environmental Conservation Law standards. A notice must be sent home with each child not less than forty-eight hours prior to the application of pesticides.

•If private well water is used by a licensed or registered program, a report from a state licensed laboratory or individual, based on tests performed within the 12 months preceding the date of application, must show that the water meets standards for drinking water established by the New York State Department of Health;

•Licensed and registered programs must provide certification, on forms provided by the Office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include, but are not limited to, dry cleaners, gas stations, nuclear laboratories or power plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies.

•Licensed and registered programs must have fire alarms and carbon monoxide

detectors appropriate to their building needs.
•All programs must have at least two forms of egress that are remote from one another,
•Areas that will be used by the children must be well-lighted and well-ventilated. Heating, ventilation and lighting equipment must be adequate for the protection of the health of the children
•A temperature of at least 68 degrees Fahrenheit must be maintained in all rooms to be occupied by children
•All cribs must be in compliance with the safety standards established by the Consumer Product Safety Commission. Stackable cribs are prohibited.
•Toxic paints or finishes must not be used on room surfaces, furniture or any other equipment, materials or furnishings which may be used by children or are within their reach.
•Peeling or damaged paint or plaster must be repaired.
•Concrete floors used by the children must be covered with appropriate material.
•Adequate and safe water supply and sewage facilities must be provided and must comply with State and local laws. Hot and cold running water must be available and accessible at all times.
•All fire alarm and detection systems in day care centers and school-age programs must be inspected, tested and maintained in accordance with the applicable requirements of the Fire Code and Building Code of New York State or other applicable fire and building codes when the Fire Code and Building Code of New York State is not applicable.
•Portable electric heaters or other portable heating devices, regardless of the type of fuel used, may not be used in child day care centers.
•Radiators and pipes located in rooms occupied by children must be covered to protect the children from injury when the heating system is in use.
•Porches, decks or stairs with more than two steps must have railings with a barrier extending to the floor or ground to prevent children from falling.
•Barriers must exist to prevent children from gaining access to unsafe areas. Such areas include, but are not limited to, swimming pools, drainage ditches, wells, ponds, or other bodies of open water, holes, wood and coal burning stoves, fireplaces, pellet stoves, permanently installed gas space heaters, or any other unsafe area.
•Day care centers and school-age programs may not use a pools that has not received a Department of Health permit to operate. Spa pools and all fill-and-drain

wading pools are prohibited.
•No child shall participate in aquatic activities including, fishing, boating, swimming or any other activity on a body of water without a certified lifeguard present.
•Public swimming pools and adjacent areas used by the children must be constructed, maintained, staffed and used in accordance with Chapter 1, Subpart 6-1, of the New York State Sanitary Code, and in such a manner as will safeguard the lives and health of children.
•All field trips with an itinerary that includes an activity where emergency medical care is not readily available and/or an activity such as, but not limited to, wilderness hiking, rock climbing, horseback riding, bicycling, must be accompanied by a staff who possess a current first aid certificate and cardio-pulmonary resuscitation (CPR) certification.
•Any animal present at the program must present no evidence of disease or parasites and pose no threat.
•All animals present at the program that require a license must be licensed.
•All required vaccines must be kept current.
•The license and record of vaccines must be available to the Office when requested.
•These provisions apply to all animals present at the program regardless of who owns the animal.
•The program must immediately notify the parents of children in care and the Office when an animal kept on the premises harms any person, including a child in care.
•The program must provide parents with a written description of all animals kept on the premises prior to a child's enrollment in the program.
•Within twenty-four hours that an animal is first kept on the premises of a child care program, the program must provide written notice to the Office and parents of children in care that such animal is being kept on the premises.
At centers, animals that have bitten a person must be immediately and permanently removed from the program.
•Reptiles and amphibians are not permitted at child care centers.
•Materials and play equipment used by the children must be sturdy and free from rough edges and sharp corners.
•Play equipment must be installed and used in accordance with the manufacturer's specifications and instructions, be in good repair, and be placed in a safe location.
•Play equipment must be used in a safe manner.
•Play equipment and apparatus may be used only by the children for whom it is

developmentally appropriate.
•All programs that substantially modify, or install new, outside play equipment must do so in accordance with the U.S. Consumer Product Safety Commission's Public Playground Safety Handbook.
•Clear interior or exterior glass doorways must be marked clearly to avoid accidental impact.
•Glass in outside windows less than 32 inches above the floor level must be of safety grade or otherwise protected by use of barriers to avoid accidental impact.
•Windows above the first floor that are accessible to children and present a fall hazard must be protected by permanent barriers or restrictive locking devices to prevent a window from opening fully thus preventing children from falling out the windows.
•Every closet door latch that is accessible to children must be constructed to enable children to open the door from inside the closet.
•Every bathroom door lock must be designed to permit opening of the locked door from the outside in an emergency. The opening device must be readily accessible to the staff.
•Egress doors from the center must be able to be opened from the inside without using a key. Child protective door knob covers may not be used on egress doors.
•Every closet door latch that is accessible to children must be constructed to enable children to open the door from inside the closet.
•Every bathroom door lock must be designed to permit opening of the locked door from the outside in an emergency. The opening device must be readily accessible to the staff.
•Egress doors from the center must be able to be opened from the inside without using a key. Child protective door knob covers may not be used on egress doors.
•Operating carbon monoxide detectors and alarms must be located in accordance with applicable laws, and used in all programs where children nap.
•The use of trampolines by day care children is prohibited, except for small one-person exercise trampolines.
•All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials must be stored in their original containers. Such materials must be used in such a way that they will not contaminate play surfaces, food or food preparation areas, or constitute a hazard to children. Such materials must be kept in a place inaccessible to children.
•Cleaning materials must be stored in their original containers unless the product's use

or the program's health care plan indicates that the product be mixed with water before use. In this case, the container used for subsequent use of the mixed product must state the name of the cleaning material contained within. Cleaning materials must be used in such a way that they will not contaminate play surfaces, food or food preparation areas, or constitute a hazard to children. Such materials must be kept in a place inaccessible to children.

•Firearms, shotguns and rifles are prohibited at the day care and school age programs, except that nothing in this section shall be construed to prohibit a police officer or peace officer, or a security guard, from possessing a firearm, shotgun or rifle on the premises for the protection of the child care program.

•Protective caps, covers or permanently installed obstructive devices must be used on all electrical outlets that are accessible to children.

•All window and door blind cords, ropes, wires and other strangulation hazards must be secured and inaccessible to children.

•High chairs, when used, must have a sturdy and steady base and be used only for children who are able to sit up independently. A safety strap must be fastened around children who are seated in high chairs.

•A child must never be left unattended in any motor vehicle or other form of transportation.

•All children must be secured in child safety seats properly installed per manufacturers recommendations, or with safety belts, as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law.

•Any motor vehicle, other than a public form of transportation, used to transport children in care at the center must have a current registration and inspection sticker.

•No person transporting child care children shall operate a motor vehicle while using a mobile phone, or other electronic communication device, including hands-free devices. All communications made or received by the driver while the motor vehicle is in use for the transportation of child care children must be made from a legally permitted parked position off the road.

Caregivers and volunteers must take suitable precautions to prevent children from receiving burns caused by contact with hot liquids.

•Child care programs are prohibited from transporting child care children in a vehicle built to hold more than 10 passengers, including the driver, unless the vehicle: meets the National Highway Traffic Safety Administration definition of a school bus or a

multifunction school activity bus; complies with the National Highway Traffic Safety Administration Federal Motor Vehicle Safety Standards applicable to a school bus or multifunction school activity bus; and is inspected per New York State Department of Transportation rules and regulations.

For legally-exempt

•There must be two separate and remote ways to escape in an emergency.

•Rooms for children must be well-lighted and well-ventilated. Heat, ventilating and lighting equipment must be adequate for the protection of the health of the children.

•Adequate and safe water supply and sewage facilities must be provided and comply with State and local laws. Hot and cold running water must be available and accessible at all times.

•Paint and plaster must be in good repair and there must be no danger of children putting paint or plaster chips in their mouths or of it getting into their food.

•Stairs, railings, porches, decks, and balconies must be in good repair.

•Buildings, systems, and equipment must be kept in good repair and operate as designed.

•Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.

•All potentially hazardous materials, which include, but are not limited to, matches, lighters, medicines, drugs, alcohol, cleaning materials, detergents, aerosol cans, and other poisonous or toxic materials must be:

inaccessible to children in care and stored in their original containers, and

used in a way that they will not contaminate play surfaces, food, or food preparation areas or constitute a hazard to children.

•Barriers must be used to restrict children from unsafe areas. Such areas include, but are not limited to, swimming pools, bodies of water, open drainage ditches, wells, holes, wood and coal burning stoves, fireplaces, and permanently installed gas space heaters.

•Where child care is provided on floors above the first floor, windows on floors above the first floor must be protected by barriers or locking devices to prevent children from falling out of the windows.

•Protective caps, covers, or permanently installed obstructive devices must be used on all electrical outlets that are accessible to young children.

•Firearms and ammunition must be securely stored and inaccessible to children while

care is being provided.
•There must be either a working telephone or immediate access to one. Emergency telephone numbers for the fire department, local or State Police or sheriff's department, poison control center, and ambulance service must be posted conspicuously or are readily accessible.
•The use of, or being under the influence of, alcohol or drugs is prohibited while children are in care. Children must not be exposed to persons using drugs or alcohol while in care. The use of, or being under the influence of, a controlled substance is prohibited while children are in care, unless the controlled substance is prescribed by a health care provider, is being taken as directed, and does not interfere with the person's ability to provide child care services.
•Smoking and vaping are prohibited in indoor areas while children are in care or in vehicles while children are being transported. Children must not be exposed to smoke or vapors from vaping in outdoor areas.
•The child care site must be free of vermin.
•Exposure or access to any materials that are developmentally inappropriate for the age of the children in care is prohibited. Such materials include, but are not limited to, sexually and illicitly graphic materials, drug paraphernalia, and other printed or digital materials or content.
•Sleeping arrangements for infants through 12 months of age require that the infant be placed flat on his or her back to sleep, unless medical information from the child's health care provider is presented to the program by the caretaker that shows that arrangement is inappropriate for that child.
•Cribs, bassinets and other sleeping areas for infants through 12 months of age must include an appropriately sized fitted sheet, and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child's health care provider.
•Providers and staff must take steps to prevent a child's exposure to the foods to which the child is allergic.
•A child must never be left unattended in any motor vehicle or other form of transportation.
•Each child must board or leave a vehicle from the curb side of the street.
•All children must be secured in child safety seats properly installed per manufacturer's recommendations, or with safety belts, as appropriate for the age of

the child in accordance with the requirements of the New York State Vehicle and Traffic Law.
•Drivers transporting children must be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating.
•Any motor vehicle, other than a public form of transportation, used to transport children must have a valid registration and inspection sticker.
•Children in care may not be transported in a vehicle built to hold more than 10 passengers, including the driver, unless the vehicle: meets the National Highway Traffic Safety Administration definition of a school bus or a multifunction school activity bus; complies with the National Highway Traffic Safety Administration Federal Motor Vehicle Safety Standards applicable to a school bus or multifunction school activity bus; and is inspected per New York State Department of Transportation rules and regulations.
For informal child care providers, there must be a minimum of one operating smoke detector on each floor of the home and a minimum of one operating carbon monoxide detector. Such detectors must be checked regularly to verify proper operation.
For legally-exempt group child care programs, operating carbon monoxide detectors and smoke alarms must be located and operating in accordance with the New York State Uniform Fire Prevention and Building Code or other applicable fire prevention and building codes.
Legally-exempt group programs must submit documentation of an inspection for compliance with the New York State Uniform Fire Prevention and Building Code or other applicable fire prevention and building codes, and remain in compliance therewith. Updated documentation of compliance may be required.

-- List all citations for these requirements, including those for licensed and license-exempt providers
414.2-6, 416.2-6, 416.5(z), 416.5 (l) (5-8), 416.6 (m), 417.2-6, 417.5(z), 417.5 (l) (5-8), 417.6 (m), 418-1.2-6, 418-1.6(n), 418-1.5(l)(5-10), 418-2.2-6, 418-2.6(m), 418-2.5(l)(5-10). For Legally-exempt: 415.13(b)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
None

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

No relative exemptions.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Shaken baby syndrome, abuse head trauma, and maltreatment are all forms of abuse and maltreatment. As such, these topics would fall under the OCFS child abuse and maltreatment laws and regulations that apply to licensed and registered providers. Which are as follows:

•Any abuse or maltreatment of a child is prohibited. A day care program must prohibit and may not tolerate or in any manner condone an act of abuse or maltreatment by a staff, caregiver, volunteer or any other person.

•Staff and caregivers must report any suspected incidents of child abuse or maltreatment concerning a child receiving child day care to the Statewide Central Register of Child Abuse and Maltreatment, or cause such a report to be made, when such staff have reasonable cause to suspect that a child coming before them in their capacity as child day care center workers is an abused or maltreated child.

•In day care centers and school-age programs, the reporting staff person must immediately notify the director that the report was made.

•The director of a day care center or school-age program is responsible for implementing procedures that provide for the safety and protection of any child named in a report of child abuse or maltreatment involving a situation which occurs while the child is in attendance at the center. Immediately after making a report, the director must take such appropriate action as is necessary to protect the health and safety of the children involved in the report and, as necessary, of any other children in the care of the center.

•Training in the education and information on the identification, diagnosis and prevention of shaken baby syndrome is mandatory in regulation, as is mandated reporter training in child abuse and maltreatment.

For legally-exempt:

For a caregiver of informal child care or a caregiver of legally-exempt group child care, the following regulations address this standard:
•Any abuse or maltreatment of a child is prohibited. An abused child or maltreated child means a child defined as an abused child or maltreated child pursuant to Section 412 of the Social Services Law.
Providers, directors, employees, and volunteers must report or cause such a report to be made to the Statewide Central Register of Child Abuse and Maltreatment when there is reasonable cause to suspect that a child has been abused or maltreated. In the case that a child is in immediate danger, 911 or the local emergency number must also be called.
Legally-exempt child care providers are responsible for implementing procedures which ensure the safety and protection of any child named in a report of child abuse or maltreatment.
•Acceptable techniques and approaches must be used to discipline children and to manage children's behavior.
•The use of corporal punishment is prohibited. The term corporal punishment means punishment inflicted directly on the body including, but not limited to, physical restraint, spanking, biting, shaking, slapping, twisting or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child's mouth soap, hot spices, irritants or the like.
•Methods of discipline, interaction, or toilet training that frighten, demean, or humiliate children are prohibited.

-- List all citations for these requirements, including those for licensed and license-exempt providers
414.10, 416.10, 417.10, 418-1.10, 418-2.10, 414.14, 415.16, 416.14, 417.14, 418-1.14, 418-2.14, Section 412, 413 and 415 of the Social Services law. For license-exempt providers, the citation that addresses this standard is: 415.13(b)(7) and 415.16.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

This standard is further covered in the pre-service health and safety training that non-relative legally-exempt providers are required by regulation to complete prior to providing care.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

No relative exemption.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

OCFS- child care regulations address emergency preparedness.

For licensed/registered child day care, it is addressed in the following regulations:

•The program must submit a written Emergency Plan and Emergency Evacuation Diagram using forms furnished by the Office or an approved equivalent form. Primary emphasis must be placed on the safe and timely evacuation and relocation of children. The plan must account for the variety of needs of children, including those with disabilities.

•The plan must be reviewed with the parents of the children in the program and all staff that work in the program.

•The Emergency Evacuation Diagram must be posted in a conspicuous place in every room.

•The Emergency Plan must include the following: how children and staff will be made aware of an emergency; a designation of primary and secondary evacuation routes; methods of evacuation, including where children and staff will meet after evacuating

the building, and how attendance will be taken; a plan for the safe evacuation of children from the premises for each shift of care provided (day, evening, night); the designation of primary and secondary emergency relocation sites to be used in the case of an emergency, which prohibits re-entry to the child care premises, and how the health, safety and emotional needs of children will be met in the event it becomes necessary to evacuate to another location; a strategy for sheltering in place, and how the health, safety and emotional needs of children will be met in the event it becomes necessary to shelter-in-place; notification of authorities and the children's parents; and roles of staff and procedures related to the reunification of children and caretakers. .

•Each program must hold two shelter-in-place drills annually during which procedures and supplies are reviewed. Parents must be made aware of this drill in advance.

•The program must maintain on file a record of each shelter-in-place drill conducted.

•Parents must be made aware of the primary and secondary relocation sites and any changes to the plan in advance. In the case that a program is directed to a different location by emergency services, the program must notify parents and the Office as soon as possible. In the event that relocation is required, a written notice must be placed on the main entry to the child care space unless an immediate threat precludes the program from doing so.

•Each program must have on site a variety of supplies including food, water, first aid and other safety equipment to allow for the protection of the health and safety of children in the event parents are unable to pick up children due to a local disaster. The plan must take into account a child's needs for an overnight stay. Food supplies must be non-perishable and of sufficient quantity for all children for an overnight stay. Programs that serve food daily and have a food supply stored on site for their daily operation or are co-located at a site with a cafeteria, pantry or eatery of some kind are not required to store emergency food or water supplies if they can show that they have access to and permission to use those foods in a declared emergency.

•In child day care centers, an evacuation crib or other assistive device must be available and used for children unable to evacuate on their own or without assistance.

•The program must maintain on file at the child day care center, the following records in a current and accurate manner: the name, address, gender, and date of birth of each child and each child's parents' names, addresses, telephone numbers and place(s) at which the parents or other persons responsible for the child can be reached in case of an emergency;

For legally-exempt providers:

•Except for in-home care, each legally-exempt child care provider must have on site a variety of supplies including food, water, first aid and other safety equipment to allow for the protection of the health and safety of children in the event caretakers are unable to pick up their children due to a local disaster.

•Each legally-exempt child care provider must have a written emergency plan that places primary emphasis on the safe and timely evacuation and relocation of children. The plan must account for the variety of needs of children, including those with disabilities, and contain the following components:

o how children and adults will be made aware of an emergency;

o a designation of primary and secondary evacuation routes;

o methods of evacuation, including where children and adults will meet after evacuating the building, and how attendance will be taken;

o a plan for the safe evacuation of children from the premises for each shift of care provided (day, evening, night);

o the designation of primary and secondary emergency relocation sites to be used in the case of an emergency that prohibits re-entry to the child care site, and how the health, safety and emotional needs of children will be met in the event it becomes necessary to evacuate to another location;

o a strategy for sheltering in place, and how the health, safety, and emotional needs of children will be met in the event it becomes necessary to shelter-in-place;

o methods of notifying authorities and the children's caretakers;

o roles of providers, employees and volunteers during an emergency;

o procedures related to the reunification of children and caretakers.

•Two shelter-in-place drills must be conducted annually during which procedures and supplies are reviewed. The children's caretakers must be made aware of the drills in advance.

•A record of each shelter-in-place and evacuation drill conducted, using forms provided by the Office or equivalents, must be maintained on site.

•The children's caretakers must be notified of the primary and secondary relocation sites and any changes to the plan in advance. In the case that a provider is directed to a different location by emergency services, the provider must notify the caretakers and the enrollment agency as soon as possible. In the event that relocation is required, a written notice must be placed on the main entry to the child care space unless an immediate threat precludes the provider from doing so.

A caregiver of legally-exempt group child care, operating under the auspices of another federal, state or local governmental agency, must also comply with the standards set by that government agency.

-- List all citations for these requirements, including those for licensed and license-exempt providers

418-1.15(c)(3), 414.15(c)(3), 416.15(c)(3,) , 417.15(c)(3) 418-2.15(C)(3), 414.5(b), 416.5(b), 417.5(b), 418-1.5(b),418-2.5(b). For legally-exempt providers, the citation which addresses this standard is:415.13(b)(11)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

License exempt on-home child care providers are exempt from the requirement to maintain supplies at the home of the child.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

No relative exemption.

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

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The licensed/registered child day care regulations that address hazardous materials for licensed and registered child day care programs are as follows:

•Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.

•Applicants for a license must submit to the Office: certification, on forms provided by the Office, that the building, its property and premises, and the surrounding neighborhood and environment are free from environmental hazards. Such hazards include, but are not limited to, dry cleaners, gas stations, nuclear laboratories or power

plants, property designated as a federal superfund clean-up site, and any property with known contaminated ground or water supplies. Where the historical or current use of the building, its property and premises, or the surrounding neighborhood indicates that an environmental hazard may be present, inspection or testing must be completed by the appropriate local official or authority to determine if such a hazard exists. Documentation of the inspection or testing must be appended to the statement required by this paragraph and include a statement from the appropriate local official or authority following this inspection and/or testing that the building, its property and premises, and the surrounding neighborhood meet applicable standards for sanitation and safety.

For legally-exempt child care, the following regulations address this standard:
•Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.
•All potentially hazardous materials, which include, but are not limited to, matches, lighters, medicines, drugs, alcohol, cleaning materials, detergents, aerosol cans, and other poisonous or toxic materials must be inaccessible to children in care and stored in their original containers, and used in a way that they will not contaminate play surfaces, food, or food preparation areas or constitute a hazard to children.
•Safety precautions relating to blood and other bodily fluids must be observed.

All legally-exempt providers must have procedures in place to reduce the risk of infection.

A caregiver of legally-exempt group child care, operating under the auspices of another federal, state or local governmental agency, must also comply with the standards set by that government agency.

-- List all citations for these requirements, including those for licensed and license-exempt providers
414.5(a), 416.5(a), 417.5(a), 418-1.5(a), 418-2.5(a), 414.2(a)(6), 416.2(a)(13), 417.2(a)(13), 418-1.2(a)(6), 418-2.2(a)(6). For legally-exempt providers, the citation that addresses this standard is: 415.13(b)(5)(8).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

No relative exemption.

9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The following regulations are in effect for licensed and registered child day care programs.

•The program must obtain written consent from the parent of the child for any transportation of the children in care at the center, provided or arranged for by the program and when this person providing transportation changes.

•Parents must be informed when the person who or vendor that is providing transportation changes.

•Parents must be informed of and agree to a transportation plan before a child can be transported by the program.

•A child must never be left unattended in any motor vehicle or other form of transportation. The program must develop and follow procedures to guarantee no children are left alone on a bus, vehicle or other transportation modes without adult supervision at any time, including insuring all children have departed the vehicle.

•Each child must board or leave a vehicle from the curb side of the street.

•All children must be secured in child safety seats properly installed per manufacturers recommendations, or with safety belts, as appropriate for the age of the child in accordance with the requirements of the Vehicle and Traffic Law, before any child may be transported in a motor vehicle where such transportation is provided or arranged for by the program.

•Programs that offer transportation services either directly or by contract with a third party must provide that drivers and vehicles meet all Department of Motor Vehicles

and Department of Transportation requirements.
•Drivers must be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating.
•Any motor vehicle, other than a public form of transportation, used to transport children in care at the center must have a current registration and inspection sticker.
•Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.
•No person transporting child care children shall operate a motor vehicle while using a mobile phone, or other electronic communication device, including hands-free devices. All communications made or received by the driver while the motor vehicle is in use for the transportation of child care children must be made from a legally permitted parked position off the road.
•Children in care may not be transported in a vehicle built to hold more than 10 passengers, including the driver, unless the vehicle: meets the National Highway Traffic Safety Administration definition of a school bus or a multifunction school activity bus; complies with the National Highway Traffic Safety Administration Federal Motor Vehicle Safety Standards applicable to a school bus or multifunction school activity bus; and is inspected per New York State Department of Transportation rules and regulations.
•The program must openly display its daily transportation schedules.
•For day care centers, when transportation is provided by the child day care center, the driver of the vehicle may not be included in the supervision ratio except when the only children being transported are enrolled in kindergarten or a higher grade.

For a caregiver of informal child care or a caregiver of legally-exempt group child care
•A child must never be left unattended in any motor vehicle or other form of transportation.
•Each child must board or leave a vehicle from the curb side of the street.
•All children must be secured in child safety seats properly installed per manufacturer's recommendations, or with safety belts, as appropriate for the age of the child in accordance with the requirements of the New York State Vehicle and Traffic Law.
•Drivers transporting children must be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating.

•Any motor vehicle, other than a public form of transportation, used to transport children must have a valid registration and inspection sticker.
•Children in care may not be transported in a vehicle built to hold more than 10 passengers, including the driver, unless the vehicle: meets the National Highway Traffic Safety Administration definition of a school bus or a multifunction school activity bus; complies with the National Highway Traffic Safety Administration Federal Motor Vehicle Safety Standards applicable to a school bus or multifunction school activity bus; and is inspected per New York State Department of Transportation rules and regulations.
•Smoking and vaping are prohibited in indoor areas while children are in care or in vehicles while children are being transported. Children must not be exposed to smoke or vapors from vaping in outdoor areas.
•Suitable precautions must be taken to eliminate all conditions in areas accessible to children which pose a safety or health hazard.
•Children must never be left unsupervised or in the care of persons who are not authorized to supervise the children.

-- List all citations for these requirements, including those for licensed and license-exempt providers

. 414.6, 416.6, 417.6, 418-1.6, 418-2.6. For license-exempt providers, the citation which addresses this standard is: 415.13(b)(5) and (6)

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

This standard is also covered in the pre-service health and safety training that non-relative legally-exempt providers are required by regulation to complete prior to providing care.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

No relative exemption.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The following regulations are in effect for licensed and registered child day care programs:

•All staff or caregivers who are designated to administer medications in a licensed or registered programs must possess a current certification in first aid and cardio-pulmonary resuscitation (CPR) appropriate to the ages of the children in care, and

•All licensed and registered programs must have at least one staff person or caregiver who holds a valid certificate in cardio-pulmonary resuscitation (CPR) and first aid on the premise of the program during the program's operating hours.

•Cardio-pulmonary resuscitation and first aid certificates must be appropriate to the ages of the children in care.

All certifications in CPR and first aid must contain an in-person competency component.

•No child shall participate in activities at or near a body of water, without a person who is certified in cardio-pulmonary resuscitation and first aid present.

•All field trips with an itinerary that includes an activity where emergency medical care is not readily available and/or an activity such as, but not limited to, wilderness hiking, rock climbing, horseback riding, bicycling, must be accompanied by a staff or caregiver who possess a current first aid certificate and cardio-pulmonary resuscitation (CPR) certification.

For a legally-exempt child care, the following regulations address this standard:

•The home or facility is equipped with a portable first aid kit that is accessible for emergency treatment. The first aid kit is stocked to treat a broad range of injuries and situations and will be restocked as necessary. The first aid kit and any other first aid supplies are kept in a clean container or cabinet not accessible to children.

•Any persons administering medications must possess a current certification in first aid and CPR appropriate to the ages of the children

And for legally-exempt group programs receiving an enhanced rate related to health, that the program has at least one employee with a caregiving role in each classroom during the program's operating hours who holds a valid certificate in cardio-pulmonary resuscitation (CPR), appropriate to the ages of the children in the classroom.

A caregiver of legally-exempt group child care, operating under the auspices of another federal, state or local governmental agency, must also comply with the standards set by that government agency.

-- List all citations for these requirements, including those for licensed and license-exempt providers

414.11, 416.11, 417.11, 418-1.11, 418-2.11, 414.14, 416.14, 417.14, 418-1.14, 418-2.14, 414.5, 416.5, 417.5, 418-1.5, 418-2.5, 416.14(m), 417.14(m), 418-1.14(m), 418-1.14(l), 418.15(c)(19), 418-2.14(m). For license-exempt providers, the citation that addresses this standard is: 415.9(i)(2)(i) 415.13(b)(8) and 415.13(c)(2).

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Currently, this standard is covered in the pre-service health and safety training that non-relative legally-exempt providers are required by regulation to complete prior to providing care. LDSSs have the option to establish an enhanced payment rate for legally-exempt group child care programs that have employees with caregiving roles onsite that have been trained in cardiopulmonary resuscitation (CPR) and that have an approved health care plan, which includes provisions for first-aid.

-- Describe any variations based on the age of the children in care

All staff or caregivers who are designated to administer medications in an enrolled legally-exempt, licensed or registered program must possess a current certification in first aid and cardio-pulmonary resuscitation (CPR) appropriate to the ages of the children in care. All certifications in CPR and first aid must contain an in-person competency component.

-- Describe if relatives are exempt from this requirement

Yes. Individuals who fall into the federal definition of a relative are exempt from the pre-service health and safety training requirement, and depending on the relationship to the children, relatives may be exempt from the first aid and CPR requirements for administering medications.

11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The following regulations are in effect for licensed and registered child day care programs.

•Any abuse or maltreatment of a child is prohibited. A day care program must prohibit and may not tolerate or in any manner condone an act of abuse or maltreatment by a staff, caregiver, volunteer or any other person.

•Staff and caregivers must immediately report any suspected incidents of child abuse or maltreatment concerning a child receiving child day care to the Statewide Central Register of Child Abuse and Maltreatment, or cause such a report to be made, when such staff have reasonable cause to suspect that a child coming before them in their capacity as child day care center workers is an abused or maltreated child.

•In day care centers and school-age programs, the reporting staff person must immediately notify the director that the report was made.

•The director of a day care center or school age program is responsible for implementing procedures which provide for the safety and protection of any child named in a report of child abuse or maltreatment involving a situation which occurs while the child is in attendance at the center. Immediately after making a report the director must take such appropriate action as is necessary to provide for the health and safety of the children involved in the report and, as necessary, of any other children in the care of the center.

•Training in the education and information on the identification, diagnosis and prevention of shaken baby syndrome is mandatory in regulation, as is mandated reporter training in child abuse and maltreatment.

For a caregiver of informal child care or a caregiver of legally-exempt group child care, the following regulations address this standard:

•Abuse or maltreatment of a child is prohibited. Any informal child care provider, director of a legally-exempt group child care program, employee, or volunteer must report or cause such a report to be made to the Statewide Central Register of Child Abuse and Maltreatment when there is reasonable cause to suspect that a child has been abused or maltreated. In the case that a child is in immediate danger, any informal child care provider, director of a legally-exempt group child care program, or

employee must call 911 or the local emergency number.
•(The legally-exempt child care provider is responsible for implementing procedures which ensure the safety and protection of any child named in a report of child abuse or maltreatment.
•Acceptable techniques and approaches must be used to discipline children and to manage children's behavior.
•The use of corporal punishment is prohibited. The term corporal punishment means punishment inflicted directly on the body including, but not limited to, physical restraint, spanking, biting, shaking, slapping, twisting or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child's mouth soap, hot spices, irritants or the like.
•Methods of discipline, interaction, or toilet training that frighten, demean, or humiliate children are prohibited

-- List all citations for these requirements, including those for licensed and license-exempt providers
414.10, 416.10, 417.10, 418-1.10, 418-2.10, 414.14, 416.14, 417.14, 418-1.14, 418-2.14, Section 412, 413 and 415 of the Social Services law. For legally-exempt providers, the citation which addresses this standard is: 415.13(b)(7) and 415.16.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
This standard is also covered in the pre-service health and safety training that non-relative legally-exempt providers are required by regulation to complete prior to providing care.

-- Describe any variations based on the age of the children in care
N/A

-- Describe if relatives are exempt from this requirement
Yes. Individuals who fall into the federal definition of a relative are exempt from the pre-service health and safety training requirement.

b) Does the Lead Agency include any of the following optional standards?

☐ No, if no, skip to 5.2.3.

☑ Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The OCFS regulations for licensed and registered programs include the following citations:

•Programs must provide sufficient and nutritious snacks to children.

•Programs must have procedures in place so that each child in care for more than four hours a day receives a nutritious meal.

•Each child in care for more than ten hours a day must receive a minimum of two nutritious meals.

•If the program does not furnish meals, there must be adequate nutritious supplemental food available in the event that no meal is provided by the parent or if the meal provided by the parent is of inadequate nutritional value.

•Where meals are furnished by the program, food preferences for personal, religious or medical reasons may be accommodated. If resultant meal patterns or serving sizes will not meet the child's nutritional needs, a medical statement must be obtained documenting the appropriateness of the variation.

•Where meals are furnished by the child day care center, the servings must be in portions suitable for the size and age of the children in care including infants. There must be a sufficient amount of food available to children to permit second helpings of nutritious food.

•Safe drinking water must be available to children at all times and must be offered at intervals that are responsive to the needs of the individual children.

•Fluid milk, 100% juice and/or water, are the only beverages a program may provide to children in care.

•When milk is served as a beverage, low-fat or fat-free milk (1% fat or less) must be served to children two years of age or older.

•Day care center and school age programs that provide meals and/or snacks to infants and children must be in compliance with the USDA Child and Adult Food

Program (CACFP) meal patterns.
•Licensed and registered child day care programs must share information on healthy food and beverage choices and the prevention of childhood obesity with the parent.
•Licensed and registered child day care programs must obtain a written statement from the parent of each infant in care setting forth the breast milk, formula and feeding schedule instructions for the infant and must be updated as changes are made.
•Every effort must be made to accommodate the needs of a child who is being breast-fed.

For a caregiver of informal child care or a caregiver of legally-exempt group child care, the following regulations address this standard:
•Each child must receive meals and snacks in accordance with the plan developed jointly by the child care provider and the child's caretaker.
•Perishable food, milk and formula must be kept refrigerated.
•Heating infant formula breast milk and other food items for infants in a microwave oven is prohibited.
•Programs are encouraged to participate in CACFP when programmatically eligible

-- List all citations for these requirements, including those for licensed and license-exempt providers
414.14 ,416.14 ,417.14, 418-1.14, 418-2.14

For legally-exempt care, the citation for this standard is 415.13(b)(9)

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).
None.

-- Describe any variations based on the age of the children in care.
N/A for Legally-exempt providers.

•Where meals are furnished by the child day care center, the servings must be in portions suitable for the size and age of the children in care including infants. There must be a sufficient amount of food available to children to permit second helpings of nutritious food.

•When milk is served as a beverage, low-fat or fat-free milk (1% fat or less) must be served to children two years of age or older.
•Day care center and school age programs that provide meals and/or snacks to infants and children must be in compliance with the USDA Child and Adult Food Program (CACFP) meal patterns.
•Licensed and registered child day care programs must obtain a written statement from the parent of each infant in care setting forth the breast milk, formula and feeding schedule instructions for the infant and must be updated as changes are made.
•Every effort must be made to accommodate the needs of a child who is being breast-fed.

--Describe if relatives are exempt from this requirement
Relatives are not exempt.

2. Access to physical activity
--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)
The following regulations are in effect for licensed and registered child day care programs.
•A written daily schedule of program activities and routines is required.
•The program must establish and implement a daily schedule of program activities that offers reasonable regularity in routines, indoor activities, outdoor play time and a variety of large muscle activities throughout the day. There must be physical activity, appropriate to the ages of the children in care, every day.
•When care is provided to infants less than six months of age, the daily schedule must include short supervised periods of time during which the awake infant is placed on his or her stomach, back or side allowing them to move freely and interact socially, thus developing motor skills and social skills.
•Daily supervised outdoor play is required for all children in care, except during inclement or extreme weather or unless otherwise ordered by a health care provider.
•Readily accessible outdoor play space which is adequate for active play must be provided.

-- List all citations for these requirements, including those for licensed and license-exempt providers

418-1.7, 414.7, 416.7,417.7,418-2.7

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

The requirements as listed above do not apply to a caregiver of informal child care or a caregiver of legally-exempt group child care.

-- Describe any variations based on the age of the children in care.

N/A for Legally-exempt providers.

•The program must establish and implement a daily schedule of program activities that offers reasonable regularity in routines, indoor activities, outdoor play time and a variety of large muscle activities throughout the day. There must be physical activity, appropriate to the ages of the children in care, every day.

•When care is provided to infants less than six months of age, the daily schedule must include short supervised periods of time during which the awake infant is placed on his or her stomach, back or side allowing them to move freely and interact socially, thus developing motor skills and social skills.

--Describe if relatives are exempt from this requirement

The requirements as listed above do not apply to legally-exempt providers, there is no specific exemption for relative providers.

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

The following citations specifically address caring for children with special needs, however, OCFS regulations for licensed and registered programs are written to apply to all children in care.

•The program must provide a sufficient quantity and variety of materials and play equipment appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays or disabilities, which promote

the children's cognitive, educational, social, cultural, physical, emotional, language and recreational development.

•The program must submit a written Emergency Plan and Emergency Evacuation Diagram using forms furnished by the Office or an approved equivalent form. The plan must account for the variety of needs of children, including those with disabilities.

•Any child who is 18 months or older who may not be developmentally ready to advance to the next age group setting in a day care center may be retained for a period of up to three months. If this time period is expected to exceed three months, the center, in consultation with Early Intervention or Special Education staff and the parent, may exercise greater discretion in the placement of the child with a developmental disability or delay based on consideration of such factors as the child's developmental readiness, appropriateness of the classroom environment, the level of care the child requires and the needs of the other children in care.

•A written medical statement from the health care provider must state whether a child is a child with special health care needs and, if so, what special provisions, if any, will be necessary in order for the child to participate in child day care. When the written statement from the health care provider advises the day care program that the child being enrolled is a child with special health care needs, the day care program must work together with the parent and the child's health care provider to develop a reasonable health care plan for the child while the child is in the child day care program. The health care plan for the child must also address how the day care program will obtain or develop any additional competencies that the staff will need to have in order to carry out the health care plan for the child.

•When a program is approved to administer an inhaler to a child with asthma or other diagnosed respiratory condition, or an epinephrine auto injector for anaphylaxis, a school-aged child may carry and use these devices during day care hours if the program secures written permission of such use of a duly authorized health care provider, parental consent and completes a special health care plan for the child.

•Licensed and registered programs are not required to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.

•Programs must operate in compliance with the regulations of the Office and all other applicable laws and regulations.

For legally-exempt programs:

Child with special needs means a child who is incapable of caring for himself or herself and who has been diagnosed by a physician, licensed or certified psychologist or other professional with the appropriate credentials to make such a diagnosis, as having one or more of the following conditions to such a degree that special education or related services are required, in accordance with section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401), part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794):
(1) visual impairment;
(2) deafness or other hearing impairment;
(3) orthopedic impairment;
(4) emotional disturbance;
(5) intellectual disability;
(6) learning disability;
(7) speech or language impairment;
(8) health impairment;
(9) autism;
(10) multiple disabilities;
(11) traumatic brain injury,
(12) deaf-blindness; or
(13) other health impairment

Legally-exempt programs are not required to administer any medication, treatment, or other remedy except to the extent that such medication, treatment or remedy is required under the provisions of the Americans with Disabilities Act.
Legally-exempt providers must have a written emergency plan that places primary emphasis on the safe and timely evacuation and relocation of children. The plan must account for the variety of needs of children, including those with disabilities.

-- List all citations for these requirements, including those for licensed and license-exempt providers
416.7, 417.7, 418-1.7, 418-2.7, 414.5, 416.5, 417.5, 418-1.5, 418-2.5, 418-1.8, 414.11, 414.416.11, 417.11, 418-1.11, 418-2.11, 414.15, 416.15, 417.15, 418-1.15, 418-2.15, 415.1(c), 415.13(b)(11) and 415.13(c)(1).

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care.

N/A for Legally-exempt providers.

•The program must provide a sufficient quantity and variety of materials and play equipment appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays or disabilities, which promote the children's cognitive, educational, social, cultural, physical, emotional, language and recreational development.

•Any child who is 18 months or older who may not be developmentally ready to advance to the next age group setting in a day care center may be retained for a period of up to three months. If this time period is expected to exceed three months, the center, in consultation with Early Intervention or Special Education staff and the parent, may exercise greater discretion in the placement of the child with a developmental disability or delay based on consideration of such factors as the child's developmental readiness, appropriateness of the classroom environment, the level of care the child requires and the needs of the other children in care.

•When a program is approved to administer an inhaler to a child with asthma or other diagnosed respiratory condition, or an epinephrine auto injector for anaphylaxis, a school-aged child may carry and use these devices during day care hours if the program secures written permission of such use of a duly authorized health care provider, parental consent and completes a special health care plan for the child.

--Describe if relatives are exempt from this requirement

N/A

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

Program development and behavior management.

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Program development and behavior management skills promote the health and safety of children and their physical and mental development. Here is a list of the regulatory requirements in licensed and registered child day care programs:

•Programs must establish and follow a written plan for behavior management that is acceptable to the office. This plan must include how the staff will approach: challenging behaviors, help children solve problems and encourage acceptable behaviors, and use acceptable techniques and approaches to help children solve problems.

•Behavior management must promote self-esteem in children and guide children in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care.

•Any discipline used must relate to the child's action and be handled without prolonged delay on the part of the staff so that the child is aware of the relationship between his or her actions and the consequences of those actions.

•Isolating a child in a closet, darkened area, or any area where the child cannot be seen and supervised by a teacher is prohibited.

•Where a child's behavior harms or is likely to result in harm to the child, others or property, or seriously disrupts or is likely to seriously disrupt group interaction, the child may be separated briefly from the group, but only for as long as is necessary for the child to regain enough self-control to rejoin the group.

•Physical restraint is prohibited.

•Physical intervention is permitted.

•Corporal punishment is prohibited.

•Withholding or using food, rest or sleep as a punishment is prohibited.

•A child may only be disciplined by a director, group teacher or assistant teacher.

•Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child are prohibited.

•The program must establish and implement a daily schedule of program activities that offers reasonable regularity in routines, including snack and meal periods, nap and rest periods, indoor activities, outdoor play time and a variety of large muscle activities throughout the day. There must be physical activity, appropriate to the ages of the children in care, every day.

•When care is provided to infants less than six months of age, the daily schedule must include short supervised periods of time during which the awake infant is placed on his or her stomach, back or side allowing them to move freely and interact socially, thus developing motor skills and social skills.
•The daily schedule must include a routine of good personal hygiene practices, and when night care is provided, this includes changing into night clothes, brushing teeth, and washing before bed in the manner to be agreed between the parent and the program.
•Children must receive instruction, consistent with their age, needs and circumstances, in techniques and procedures that will enable them to protect themselves from abuse and maltreatment.
•Each program must provide a sufficient quantity and variety of materials and play equipment appropriate to the ages of the children and their developmental levels and interests, including children with developmental delays or disabilities, which promote the children's cognitive, educational, social, cultural, physical, emotional, language and recreational development.
•As age and development permit, children must be allowed freedom of movement and must be provided with an environment designed to develop such skills as crawling, standing, walking and running.
•Children must be provided an opportunity to choose between quiet activities and active play.
•Children must be provided with a program of self-initiated, group-initiated and
•Teacher-initiated activities which are intellectually stimulating and foster self-reliance and social responsibility.
•Activities which provide children with opportunities for learning and self-expression in small and large groups is required.
•If television or other electronic visual media is used, it must be part of a planned developmentally appropriate program with an educational, social, physical or other learning objective that includes identified goals and objectives. Television and other electronic visual media must not be used solely to occupy time.
•Television and other electronic visual media must be turned off when not part of a planned developmentally appropriate program activity.
•Children must not watch television or other electronic visual media during meals.
•Television and other electronic visual media must be turned off while children are sleeping, and during established nap times.

•Daily supervised outdoor play is required for all children in care except while sleeping, awaking or going to sleep, an infant must not be left in a crib, playpen or other confined space for more than 30 minutes at any one time. Other than at meals or snack time, a child must not be left in a high chair for longer than 15 minutes.
•Children unable to sleep during nap time shall not be confined to a sleeping surface (cot, crib, etc.) but instead must be offered a supervised place for quiet play.
•Each classroom or area must be arranged to allow children to actively manipulate and utilize toys and equipment while interacting with peers and adults.
•Climbing and large motor apparatus should be available either inside the child day care center or in the outdoor play space.
•Infants must not be exposed to television and other electronic visual medias.

For a caregiver of informal child care or a caregiver of legally-exempt group child care, the following regulation addresses this standard:
Safe, suitable care that is supportive of the children's physical, intellectual, emotional, and social well-being must be provided. Acceptable techniques and approaches must be used to discipline and manage children's behavior. The use of corporal punishment is prohibited .
The term corporal punishment means punishment inflicted directly on the body including, but not limited to, physical restraint, spanking, biting, shaking, slapping, twisting or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child's mouth soap, hot spices, irritants or the like. Methods of discipline, interaction, or toilet training that frighten, demean, or humiliate children are prohibited.

A legally-exempt group child care program operating under the auspices of another federal, state or local governmental agency, must also comply with the standards set by that government agency.

-- List all citations for these requirements, including those for licensed and license-exempt providers
414.7, 416.7, 417.7, 418-1.7, 418-2.7, 414.9, 416.9, 417.9, 418-1.9, 418-2.9. For legally-exempt providers, the citation which addresses this standard is: 415.13(b)(7).

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

None

-- Describe any variations based on the age of the children in care.

N/A for Legally-exempt providers.

Behavior management must promote self-esteem in children and guide children in such a way as to help each child develop self-control and assume responsibility for his or her actions through clear and consistent rules and limits appropriate to the ages and development of the children in care.

--Describe if relatives are exempt from this requirement

No relative exemption.

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Effective Date: 03/12/2020

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

Directors: 15 hours, teachers and volunteers: 5 hours
An applicant yet to hold a day care license or registration must complete an Office-approved pre-application orientation session.

Each applicant for, or individual in the position of director, teacher, or volunteer must complete Office- approved training that complies with federal minimum health and safety pre-service or three-month orientation period requirements. This training must be obtained pre-service or within three months of starting such position.

Any teacher, director, or volunteer who has not completed this training must not be left unsupervised with children in care until such time as the training has been completed.

2. Licensed FCC homes:

Providers: 15 hours. Employees and volunteers: 5 hours
An applicant yet to hold a day care license or registration must complete an Office-approved pre-application orientation session.

Each applicant for, or individual in the position of provider, employee, or volunteer must complete Office- approved training that complies with federal minimum health and safety pre-service or three-month orientation period requirements. This training must be obtained pre-service or within three months of starting such position.

Any employee or volunteer who has not completed this training must not be left unsupervised with children in care until such time as the training has been completed.

3. In-home care:

All non-relative legally-exempt providers must complete a minimum of 5 hours of pre-service health and safety training.

4. Variations for exempt provider settings:

All legally-exempt providers must complete a minimum of 5 hours of pre-service health and safety training, except for a grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle providing care. Under the COVID-19 waiver, this requirement could be temporarily waived for an employee in a legally-exempt group

child care program in order to meet staffing needs.

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

3 months. In relation to legally-exempt providers, all non-relative legally-exempt family child care and in-home providers, employees and volunteers, as well as directors of legally-exempt center-based programs must complete the health and safety training prior to providing care. Under the COVID-19 waiver, this requirement could be temporarily waived for an employee in a legally-exempt group child care program in order to meet staffing needs.

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

N/A

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

Training is available in person as well as via asynchronous methods. Two levels of trainings are available: one to address the needs of family-based providers and center-based employees, and one to address the needs of center directors.

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

   Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

   418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check

process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

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

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if

living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed,

registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [x] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

☑ Yes

☐ No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3 e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

418-1.14(n), 418-2.14(n), 414.14(n),416.14(a)(1), 417.14(a)(1) 416.14(q),417.14(q), 415.13(d). With the exception of legally-exempt programs, NYS does not require a staff person to take every pre-service training topic before being unsupervised with children in care. Instead the person must have proof of training that covers at least one of the federal topic areas, and all new (prospective) individuals at licensed, registered, and legally-exempt programs must complete the background check process prior to beginning at the program, provided that employees may begin on a supervised basis after submitting fingerprints for a background check. Such employees must be supervised at all times, and must never be alone with children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

☐ Yes

☑ No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed

to care for children unsupervised?

- [x] Yes
- [ ] No

Describe if relatives are exempt from this requirement

Legally-exempt providers who are the grandparent, great grandparent, sibling (if living in a separate residence), aunt, or uncle of the child/all children in care are exempt from this requirement.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

N/A

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

N/A

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [ ] No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

- [ ] Yes
- [ ] No

Describe if relatives are exempt from this requirement

N/A

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

Effective Date: 05/29/2020

a) Licensed child care centers:

30 hours every 2 years, with at least 5 hours every year.

b) Licensed FCC homes:

30 hours every 2 years, with at least 5 hours every year.

c) In-home care:

5-hours every year (non-relative providers)

d) Variations for exempt provider settings:

Legally-exempt, non-relative providers, employees and volunteers are required to complete 5 hours of training on an annual basis. Under the COVID-19 waiver, this requirement could be temporarily waived in order to meet need for care and/or staffing needs are. In order to incentivize training, OCFS offers two different enhanced rates of subsidy reimbursement which require additional training: 1) for legally-exempt informal providers who complete an additional 10 hours of training annually in health and safety topics identified in New York State Social Services Law, for a total of 15 hours annually. 2) For legally-exempt enrolled group providers whose directors complete the Health and Safety: Competencies in Child Care for Child Day Care Center, School-Age Child Care, and Enrolled Legally-Exempt Group Program Directors course and 15 additional -hours of training annually, for a total of 20 hours annually, and employees with caregiving roles complete an additional 5-hours of training annually, for a total of 10 hours annually. Additionally, legally-exempt providers that administer medications must complete Medication Administration Training (MAT).

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Effective Date: 09/25/2019

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.14(d), 416.14(f), 417.14(f), 418-1.14 (d), 418-2.14(d), 415.13(d)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in nutrition and health needs of infants and children. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed. It is also tied to medication administration, and may be required as part of maintaining that certification.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For license-exempt programs, training on this subject is among the annual training topics that are available., It is also tied to medication administration, and may be required as part of maintaining that certification.

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.14(d), 416.14(f), 417.14(f), 418-1.14 (d), 418-2.14(d), 415.13(d)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in nutrition and health needs of infants and children. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For license-exempt programs, training on this subject is among the annual training topics that are available.

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.11(e), 416.11(e), 417.11(e), 418-1.11(e), 418-2.11(e), 415.13(b)(11) and 415.13(d)

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in nutrition and health needs of infants and children. Providers who choose to administer medication routinely must also pass competency-based training on medication administration. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For license-exempt programs, specific topics are not required but training on this subject is among the annual training topics that are available. It is also tied to medication administration, and may be required as part of maintaining that certification.

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.14(d), 416.14(f), 417.14(f), 418-1.14 (d), 418-2.14(d),415.13(b)(11) and 415.13(d).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in nutrition and health needs of infants

and children. Providers who choose to administer medication routinely must also pass competency-based training on medication administration. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For license-exempt programs training on this subject is among the annual training topics that are available. It is also tied to medication administration, and may be required as part of maintaining that certification.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.14(d), 416.14(f), 417.14(f), 418-1.14 (d), 418-2.14(d), and 415.13.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in safety and security procedures. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

-- How often does the state/territory require that this training topic be completed by

caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For license-exempt programs training on this subject is among the annual training topics that are available.

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 416.14(f)(9), 417.14(f)(9), 418-1.14(d)(9), 418-2.14(d)(9), and 415.13(d).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in nutrition and health needs of infants and children, child abuse and maltreatment identification and prevention. All providers, except school age child care providers, must also take training on education, and information on the identification, diagnosis and prevention of shaken baby syndrome. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For legally-exempt programs, but training on this subject is amount the annual training topics that are available.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.14(d), 416.14(f), 417.14(f), 418-1.14 (d), 418-2.14(d),and 415.13(d).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in safety and security procedures. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For license-exempt programs training on this subject is among the annual training topics that are available.

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

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.14(d), 416.14(f), 417.14(f), 418-1.14 (d), 418-2.14(d),) and 415.13(d).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in safety and security procedures, and nutrition and health needs of infants and children. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For license-exempt programs training on this subject is among the annual training topics that are available.

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.14(d), 416.14(f), 417.14(f), 418-1.14 (d), 418-2.14(d),and 415.13(d).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in safety and security procedures. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

For license-exempt programs training on this subject is among the annual training topics that are available.

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 418-1.14(k), 418-2.14(k), 416.14(m), 417.14(m), 414.14(k),41513(b)(11) and 415.13(d).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Every program must have at least one person, present at all times with a valid CPR/1st aid certificate. Training on the topic must be completed pre-service or within three months of starting with the program. Every two years providers must take training in nutrition and health needs of infants and children. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Training may be completed on an annual basis for legally-exempt programs and is arequirement for those opting to administer medications or certain staff in legally-exempt group programs that are approved for an enhanced rate.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.14(c)(6) 416.14(f)(6), 417.14(f)(6), 418-1.14(d)(6), 418-2.14(d)(6), 416.14(f)(8), 417.14(f)(8), 418-1.14(d)(8), 418-2.14(d)8), 414.14(c)(8),and 415.13(d).

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in child abuse and maltreatment identification and prevention, statutes and regulations pertaining to child abuse and maltreatment, and nutrition and health needs of infants and children. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For license-exempt programs training on this subject is among the annual training topics that are available.

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

SSL 390-a, 414.14(c)(1) 416.14(f)(1), 417.14(f)(1), 418-1.14(d)(1), 418-2.14(d)(1), and 415.13(d).

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

- [ ] Annually
- [x] Other

Describe:

Every two years providers must take training in child development and child care program development. Providers who choose to administer medication routinely must also pass competency-based training on medication administration. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

- [ ] Annually
- [x] Other

Describe:

For license-exempt programs training on this subject is among the annual training topics that are available.

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

For licensed or registered programs, each staff, caregiver and volunteer must complete a total of thirty (30) hours of training every two years.

Such training must address the following topics that include but are not limited to child development topics:

•nutrition and health needs of infants and children;
•child day care program development;
•safety and security procedures;
•business record maintenance and management;
•statutes and regulations pertaining to child day care;

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

414.14(d), 416.14(f), 417.14(f), 418-1.14 (d), 418-2.14(d)

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

☐ Annually

☑ Other

Describe:

Every two years providers must take training in principles of child development, nutrition and health needs of infants and children, business record maintenance and management, statutes and regulations pertaining to child day care. Providers who choose to administer medication routinely must also pass competency-based training on medication administration. Directors of centers/school-age programs, and lead providers in home based programs also cover this in a mandatory 15-hour competency based Health and Safety Course taken prior to the program becoming licensed.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

☐ Annually

☑ Other

Describe:

For license-exempt programs training in these additional topics can count towards the annual training requirements.

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

To facilitate the training of all OCFS licensed, registered and legally-exempt providers in meeting the federal mandate to complete training in the federal health and safety topics, OCFS produced a fully narrated 5-hour e-Learning course which offers important information and strategies to facilitate and improve the safety and health of children in regulated child care programs and enrolled legally-exempt programs. Child care staff, volunteers, caregivers and providers completing this course receive training credit in federally mandated Health and Safety topic areas which include all topic areas found in 98.41 (98.42(a)). In addition, OCFS developed a 15-hour training course in these same topic areas and more for licensed and registered directors of centers and school-age programs, and child day care providers.

OCFS informed the field of this training mandate by hard-copy informational letters, web postings, in person at inspections and inserted notes included in every inspection letter sent to programs between the months of March 2017 and September 2017 As a result of the COVID-19 emergency, an Executive Order was issued on March 7, 2020 declaring a state of emergency in NYS. In an effort to support child care program's' needs to hire and onboard new employees in a timely manner during the COVID-19 emergency, OCFS subsequently developed guidance to allow for temporary employment approval through the issuance of a waiver. This process temporarily suspends the requirement to complete the 5-hour e-Learning course. Programs approved for a waiver must submit acceptable staffing and supervision plans that are assessed as part of the waiver review process.

To establish whether program staff and caregivers were in compliance with the September 30, 2017 corrective action plan date, OCFS was able to create reports from the e-Learning training application to verify completion. In addition, licensors and registrars checked all training records during program on-site monitoring visits. Any program found out of compliance was cited and a corrective action plan was required, and compliance was verified.

OCFS relies on its frequent unannounced inspections of licensed and registered programs to check for compliance with health and safety operational standards in programs. Inspections are prompted by regular scheduling, response to complaints, reported injuries, and child abuse and maltreatment allegations. Since a report of child abuse and maltreatment signals an allegation of a serious or imminent danger situation for a child in child day care, OCFS designed and implemented a link between its child abuse and maltreatment registry (Connections) and its Child Care Facility System (CCFS). This technical inter-face allows for all child day care coded reports of abuse or maltreatment to be transmitted immediately to both local social services districts and child care regional office licensors. A collaborative investigation between the two entities is commenced to check on the safety of the named child and the conditions at the licensed or registered program.

To monitor compliance, legally-exempt caregiver enrollment agencies (LECEA) conduct annual inspections of non-relative enrolled legally-exempt family child care, non-relative in-home programs and legally-exempt group programs. Three times a year, CACFP conducts inspections of programs that are participating in CACFP. The LECEA also inspects all legally-exempt programs in response to complaints. Legally-exempt center-based CCDF providers may receive announced or unannounced inspections from their other governmental oversight agencies, and inspections that verify they meet fire standards in accordance with the New York State Uniform Fire Prevention and Building Code (Uniform Code) or other applicable code when the Uniform Code does not apply. The requirement for annual inspections may be waived in response to COVID-19; however, complaint inspections will continue to be conducted.

Effective Date: 03/12/2020

5.3.2 Inspections for licensed CCDF providers.

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

Effective Date: 03/12/2020

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

Applicants for day care center licenses and school-age child care registrations are fully inspected prior to licensing/registering. The program must be in compliance with all regulatory standards including compliance with health, safety, and fire standards, and state and local law, and building code prior to licensure. As such, in most instances multiple on-site inspections by a licensor, fire safety inspector, local department of health inspectors and local code/zoning staff are essential in meeting this standard.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

In addition to an annual inspection, OCFS sets the goal of quarterly unannounced inspections for licensed and registered programs. As a result of the COVID-19 emergency an Executive Order was issued on March 7, 2020 declaring a state of emergency in NYS. OCFS subsequently suspended its routine monitoring activities to safeguard the health and safety of regulatory staff and the provider community. As a

result OCFS has limited field activity to complaint investigations. In addition, OCFS is in the process of developing and implementing a quality indicators system. Once implemented, OCFS will analyze violation histories and focus more inspection time on the programs that are not regularly in compliance with health and safety regulations. In addition to unannounced routine inspections, OCFS relies on other state and local government agencies to assist in inspections relative to child abuse and maltreatment allegations, reports of suspected communicable diseases and environmental hazard claims.

3. Identify the frequency of unannounced inspections:

- [ ] Once a year
- [x] More than once a year

Describe:

The average for unannounced monitoring visits is four times per year.

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

It has been OCFS's goal to conduct unannounced monitoring inspections on a quarterly basis. However, as a result of the COVID-19 emergency, an Executive Order was issued on March 7, 2020 declaring a state of emergency in NYS. OCFS subsequently suspended its routine monitoring activities on a temporary basis. This was done to safeguard the health and safety of regulatory staff and the provider community and also prevent the potential for disease transmission. As a result, OCFS has limited field activity to complaint investigations. Prior to implementing these temporary changes, OCFS conducted these visits as unannounced based on research (Caring for Our Children, third addition) that indicates that unscheduled inspections encourage compliance with regulatory standards. In order to maintain consistency and compliance with OCFS mandatory inspection items, OCFS relies on a checklist of mandatory items including those that measure compliance with health, safety, and fire standards, that must be examined at every monitoring visit. The required items on the checklist expands when non-checklist violations are discovered or a licensor determines that a full inspection will benefit the safety of children in the program. In addition, OCFS is in the process of developing and implementing a quality indicators

system. Once implemented, OCFS will analyze violation histories and focus more inspection time on the programs that are not regularly in compliance with health and safety regulations.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

414.2, 418-1.2, 418-2.2, SSL 390 (3)(a)

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

An applicant's home to be used for a family-based program is fully inspected for compliance with health, safety, and fire standards prior to licensing or registration. Theprogram must be in compliance with all regulatory standards and state and local law and building code prior to licensure or registration. As such, in most instances multipleonsite inspections by a licensor and fire safety inspector are essential in meeting this standard.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

On 1/1/2020, OCFS implemented a new automated process to create, conduct and track annual unannounced inspections. In addition to an annual inspection, OCFS sets the goal of quarterly unannounced inspections for licensed and registered programs. These inspections must include an evaluation of OCFS identified health and safety standards as well as system generated randomized checklist items unique to each inspection. If a licensor finds violations, a full inspection of all standards may be conducted.

3. Identify the frequency of unannounced inspections:

- [ ] Once a year
- [x] More than once a year

Describe:

The goal is quarterly (4 times a year)

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

It has been OCFS's goal to conduct unannounced monitoring inspections on a quarterly basis. OCFS conducted these visits as unannounced based on research (Caring for Our Children, third addition) that indicated that unscheduled inspections encourage compliance with regulatory standards. In order to maintain consistency and overall inspection coverage of identified standards, OCFS relies on a checklist of items that must be inspected at every monitoring visit. The checklist expands when non-checklist items are found. In addition, OCFS is in the process of developing and implementing a quality indicators system. Once implemented, OCFS will analyze violation histories and focus more inspection time on the programs that are not regularly in compliance with health and safety regulations. As a result of the COVID-19 emergency an Executive Order was issued on March 7, 2020 declaring a state of emergency in NYS. OCFS subsequently suspended its routine monitoring activities to safeguard the health and safety of regulatory staff and the provider community. As a result OCFS has limited field activity to complaint investigations.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

416.2, 417.2, SSL 390 (3)(a)

c) Licensed in-home CCDF child care

☑ N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

3. Identify the frequency of unannounced inspections:

☐ Once a year

☐ More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

OCFS licensing staff and their contracted registration agents conduct pre-licensing and unannounced inspections of all licensed/registered child care providers. In addition, OCFS fire safety representatives also conduct pre-licensing inspections. All center-based programs may also be required to be inspected by the following entities prior to licensing and every two years thereafter: local codes officials to verify that program is in compliance with the Fire and Building Code of NYS, local or State Health Department, an appropriate local authority or official if there are concerns that an environmental hazard exists in proximity to the site, NYS licensed service personnel inspection of fire alarm and detection system, service personnel qualified to perform an inspection of fire suppression system, and representatives from NYS Department of Labor or an insurance company must inspect all steam and hot water boilers and all other fuel burning heating systems must be inspected and serviced by a heating contractor. Home-based child care providers may also be required to have a heating system inspection conducted by a local or qualified inspector if wood or coal burning stove, fireplace, pellet stoves or permanently installed gas space heaters are used at the home. In addition, home-based child care providers may need an inspection by an appropriate local authority or official if there are concerns that an environmental hazard exists in proximity to the site. As a result of the COVID-19 emergency an Executive Order was issued on March 7, 2020 declaring a state of emergency in NYS. OCFS subsequently suspended its routine monitoring activities to safeguard the health and safety of regulatory staff and the provider community. As a result OCFS has limited field activity to complaint investigations.

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B)) from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

Effective Date: 03/12/2020

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

a) Legally-exempt center-based CCDF providers may receive announced or unannounced inspections from the enrollment agency or their other governmental oversight agencies. Inspections may occur as part of the annual inspection requirement, as a result of a complaint, or in order for a legally-exempt group program to receive and enhanced rate. The enrollment agency must conduct an inspection which review compliance with applicable health, safety and fire standards. These programs must meet fire standards in accordance with the New York State Uniform Fire Prevention and Building Code (Uniform Code) or other applicable code when the Uniform Code does not apply. In addition, LDSSs can conduct inspections when onsite visits are approved as an additional standard. The requirement for annual inspections has been waived in response to COVID-19, however, complaint inspections will continue to be conducted. Additionally, programs subject to another government oversight agency may receive inspections per that agency's requirements.

Provide the citation(s) for this policy or procedure

•Inspections by LDSS: 18 NYCRR 415.4, 415.9, 415.12, 415.13, 415.14

•Summer camps: 10 NYCRR, 7-2.

•School-based school age care: 8 NYCRR155 Regulations of the Commissioner of Education and for compliance with the New York State Uniform Fire Prevention and

Building Code (NYSUFPBC).
•Private school-based care for children ages 3-5: New York City Health Code Article 43
•Nursery schools: Part 125
•Military: USC Title 10, Chapter 88 Military Family Programs and Military Child Care, subchapter Military Child Care

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

Annual inspections of all legally-exempt child care programs except those who care only for related children will be conducted. These inspections review compliance with health, safety and fire standards may be announced or unannounced. Additionally, inspections may be conducted, including for a relative provider, as a result of a complaint, and LDSSs can conduct inspections when onsite visits are approved as an additional standard. The requirement for annual inspections has been waived in response to COVID-19, however, complaint inspections will continue to be conducted.

Provide the citation(s) for this policy or procedure

18 NYCRR 415.4, 415.12, 415.13, 415.14

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

Annual inspections of all legally-exempt child care programs except those who care only for related children will be conducted. These inspections review compliance with health, safety and fire standards may be announced or unannounced. Inspections may be conducted as a result of a complaint for any in-home program including those who only care for related children. Additionally, LDSSs can conduct inspections when onsite visits are approved as an additional standard. The requirement for annual inspections has beenwaived in response to COVID-19, however, complaint inspections will continue to be conducted.

Provide the citation(s) for this policy or procedure

18 NYCRR 415.4, 415.12, 415.13, 415.14

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

☑ No

☐ Yes. If yes,

describe:

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

OCFS and its designees, applicable social services district and its designees, and the applicable legally-exempt caregiver enrollment agency are authorized to inspect any legally-exempt group child care program that is enrolled or applying for enrollment. On an annual basis, the applicable legally-exempt caregiver enrollment agency must conduct annual on-site inspections including reviewing the immunization records of the currently enrolled legally-exempt family child care caregivers

5.3.4 Licensing inspectors.

Effective Date: 10/01/2018

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

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

The New York State Civil Service Commission is a New York State government body that adopts rules that govern the hiring of qualified workers for positions in state government. Its regulations are compiled in title 4 of the New York Codes, Rules and

Regulations. In addition, OCFS contracts with the Professional Development Program at the State University of New York at Albany to develop and train all incoming licensors and registrars. Candidates for this position must take and pass a civil service examination and be hired from a civil service list. The civil service requirements for eligibility to take the examination are as follows: Either 1) a master's degree in social work (MSW), or 2) a master's degree and one year of qualifying experience, or 3) a bachelor's degree and two years of qualifying experience. Qualifying experience is defined as either 1) professional experience providing services to children and their families either in inspection, management, or administration of foster care programs; day care programs; adoption programs, domestic violence programs; youth detention facilities; or other providers of care, support, and assistance to children, assuring compliance for certification, or licensing purposes; or 2) providing, supervising, monitoring, or administering human services; juvenile justice; criminal justice, local departments of social services; or local voluntary childcare service programs providing services for children, adults or their families, including but not limited to providing social case work, case planning, case management, counseling, crisis intervention, advocacy on behalf of clients, or direct investigation of potential abuse and neglect. All new licensors and registrars complete an interactive, classroom training called the Licensor's Institute. The curriculum includes a vast variety of child care topics and health and safety concerns, training in regulation and state law, monitoring expectations, licensing and registration requirements and professional conduct. Licensors receive training in these topics relative to all modalities of care and age groups. Training for licensing and registration staff is continuous throughout their career at OCFS and includes the federal health and safety topic areas.

b) Provide the citation(s) for this policy or procedure

Social Services Law § 390-a, and title 4 of the New York Codes, Rules and Regulations.

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

Effective Date: 10/01/2018

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

OCFS sets as a ratio: 1 licensor to a maximum of 60 programs.

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

This is a business practice and is not set in written policy.

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Effective Date: 09/25/2019

☐ Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

☑ Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

Relative-only legally-exempt child care and in-home providers are exempt from annual inspection requirements; however complaint inspections will be conducted.

☐ No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

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

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years			x
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			x

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check require+J514ments, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is

committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.
In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing)	

	staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

Effective Date: 03/18/2020

a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the in-state criminal repository with fingerprints for all new (prospective) operators, directors, employees, volunteers and adult household members at licensed and registered child care programs. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 413.4(a)(1); 414.2(a)(16), 414.13(b)(3), 414.15(b)(11)(ii)(c); 416.2(a)(5), 416.13(b), 416.15(b)(11)(ii)(c), 416.15(b)(19)(iii); 417.2(a)(5), 417.13(b), 417.15(b)(11)(ii)(c), 417.15(b)(19)(iii); 418-

1.2(a)(16), 418-1.13(b)(3), 418-1.15(b)(11)(ii)(c); 418-2.2(a)(17), 418-2.13(b), 418-2.15(b)(11)(ii)(c).

To allow for temporary approval for employment in child care programs during the COVID--19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these employees who have not undergone the CBC process. Approval of the waivers will be done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. OCFS will also require criminal history and medical attestations to be submitted by the employees seeing temporary approval for employment. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the in-state criminal repository with fingerprints for all new (prospective) non- relative legally-exempt child care providers and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 415.15(b)(1)(i), 415.15(c)(1)(i), 415.15(d)(1)(i).

Prior to being enrolled, all new (prospective) relative-only legally-exempt providers are required to submit a criminal history attestation for themselves and all employees, volunteers and adult family child care household members. Household members in legally-exempt family child care programs who are related to all children in care are also included in this requirement. This requirement is found in regulation in 18 NYCRR

415.13(a)(3)(iii).

To allow for temporary approval for employment in child care programs during the COVID-19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these individuals who have not undergone the CBC process. Approval of the waivers will be done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. For licensed and registered care, OCFS will also require criminal history and medical attestations to be submitted by the individuals seeking temporary approval. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

OCFS previously conducted New York State criminal history background checks with fingerprints for all current (existing) operators, directors, employees, volunteers and adult household members at licensed and registered child care programs, and maintains those records on a "search and retain" basis. Pursuant to the regulatory package effective September 25, 2019, this check will be conducted for all current (existing) non-relative legally-exempt child care providers and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs in accordance with a schedule developed by OCFS. It is anticipated that this will be completed by September 30, 2020, and will reflect a total universe of approximately 220,000 individuals when completed. Additionally, current (existing) individuals listed above already disclosed criminal history information at the time of licensure/registration, enrollment or starting at the program which were further evaluated. Last, the following counties conducted a local criminal background check of current (existing) legally-exempt providers as an additional standard for enrollment: New York City (legally-exempt family: provider, employees, volunteers and adult household members; legally-exempt in-home: provider, employees and volunteers; legally-exempt group: director), Albany, Erie and Lewis (legally-exempt family: provider, employees, volunteers and adult household members; legally-exempt in-home: provider, employees and volunteers), and Cayuga and Onondaga (legally-exempt family: provider and adult household members; legally-exempt in-home: provider).

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii))..

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

Effective Date: 10/01/2020

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the New York State Sex Offender Registry for all new (prospective) operators, directors, employees, volunteers and adult household members at licensed/registered providers. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 413.4(a)(3).

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the New York State Sex Offender Registry for all new (prospective) non- relative legally-exempt providers, and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 415.15(b)(1)(iii), 415.15(c)(1)(iii), 415.15(d)(1)(iii).

Prior to being enrolled, all new (prospective) relative-only legally-exempt providers and all employees, volunteers and adult family child care household members at such programs are checked against the New York State Sex Offender Registry. Household members in family child care programs who are related to all children are also subject to this requirement. This requirement is found in regulation in 18 NYCRR 415.13(a)(3)(v) and 18 NYCRR 415.14(c)(4).

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
-- Key challenges to fully implementing this requirements
-- Strategies used to address these challenges
Describe:
OCFS already conducted checks of the New York State Sex Offender Registry for all current (existing) legally-exempt informal child care providers, and all employees, volunteers and adult family child care household members at such programs. Pursuant to the regulatory package effective September 25, 2019, this check will be conducted for all current (existing) operators, directors, employees, volunteers and adult household members at licensed and registered child care programs, and providers, directors, employees and volunteers at legally-exempt group child care programs in accordance with a schedule developed by OCFS. It was anticipated that this requirement would be completed by September 30, 2020, and will reflect a total universe of approximately 220,000 individuals when completed. However, as a result of the COVID-19 pandemic, completion of the in-state sex offender registry checks for the remaining existing individuals outlined above has been impacted, resulting in delays in the completion of this requirement. OCFS has been issued a federal waiver for this requirement through September 30, 2021.

Current (existing) individuals listed above at licensed and registered programs have already completed NYS criminal background checks, criminal history attestations, and a search of the Statewide Central Register of Child Abuse and Maltreatment and the Justice Center for Vulnerable Person's Staff Exclusion List. Therefore, it is believed that any offense likely to be on the New York State Sex Offender Registry would already have been known. Current (existing) legally-exempt group providers were required to disclose criminal history, child abuse/maltreatment, and removal of a child/termination of parental rights information as a condition of enrollment. Additionally, New York City requires a local criminal background check as part of an additional standard, and existing legally-exempt group providers there also went through that process and obtained a positive result prior to enrollment.

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

Effective Date: 10/01/2020

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the NYS child abuse and maltreatment registry for all new (prospective) operators, directors, employees, volunteers, and adult household members at licensed and registered child care programs. These requirements are established in NY Social Services Law Section 424-a and outlined in regulation in NYCRR 413.4(a)(3), 414.2(a)(19)(i), 414.10(b), 414.13(b)(4), 414.15(b)(11)(ii)(a); 416.2(a)(8)(i), 416.13(d), 416.15(b)(11)(ii)(a); 417.2(a)(8)(i), 417.13(d), 417.15(b)(11)(ii)(a); 418-1.2(a)(19)(i), 418-1.10(b)(i), 418-1.13(b)(4), 418-1.15(b)(11)(ii)(a); 418-2.2(a)(20)(i), 418-2.13(d), 418-2.15(b)(11)(ii)(a). After the initial screening is done, it can be conducted again after 6 months on an as needed basis and an individual is rescreened anytime they apply to work in another program. OCFS has designed an automated interface with the lead agency's child abuse and maltreatment database, which allows for the transmission of child abuse and maltreatment reports involving child care providers to automatically initiate a formal complaint investigation on the licensing end. OCFS also has a formal process to review and evaluate the results of the screening if an indicated history is returned. OCFS also conducts a check against the State's Staff Exclusion List maintained by the Justice Center for the Protection of Persons with Special Needs, and this check is done anytime a search of the child abuse and maltreatment registry is done. This requirement is established in NY Social Services Law Section 495 and outlined in regulation in NYCRR 414.2(a)(19)(ii), 414.10(b)(1)(ii), 414.13(b)(5), 414.15(b)(11)(ii)(b), 416.2(a)(8)(ii), 416.13(c), 416.15(b)(11)(ii)(b), 417.2(a)(8)(ii), 417.13(c), 417.15(b)(11)(ii)(b); 418-1.2(a)(19)(ii), 418-1.10(b)(ii), 418-1.13(b)(5), 418-

1.15(b)(11)(ii)(b), 418-2.2(a)(20)(ii), 418-2.13(c), 418-2.15(b)(11)(ii)(b).

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the in-state child abuse and neglect registry for all new (prospective) non- relative legally-exempt child care providers and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 415.15(b)(1)(iv), 415.15(c)(1)(iv), 415.15(d)(1)(iv). After the initial screening is done, it can be conducted again after 6 months on an as needed basis and an individual is rescreened anytime they apply to work in another program. OCFS also conducts a check against the State's Staff Exclusion List maintained by the Justice Center for the Protection of Persons with Special Needs, and this check is done anytime a search of the child abuse and maltreatment registry is done. This requirement is established in NY Social Services Law Section 495 and outlined in regulation in NYCRR 415.16(b)(2).

Prior to being enrolled, all new (prospective) relative-only legally-exempt providers are required to submit an attestation indicating whether he or she has ever had parental rightsterminated or a child removed from his or her care under the Family Court Act, and districts must verify this information. Additionally, such providers must furnish the child's caretaker with true and accurate information, in writing, indicating whether the provider and any employee, volunteer and/or adult family child care household member has been the subject of an indicated report of child abuse or maltreatment. This requirement also applies to household members of family child care providers who are related to all children in care. These requirements are found in regulation in 18 NYCRR 415.4(f)(2), 415.13(a)(3)(i), 415.13(a)(iv).

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

OCFS previously conducted New York State child abuse and maltreatment registry checks for all current (existing) operators, directors, employees, and adult household members at all licensed and registered child care programs, and all current (existing) volunteers at center-based licensed and registered programs. Pursuant to the regulatory package effective September 25, 2019, this check will be conducted for all current (existing) volunteers at home-based licensed and registered programs, and all current (existing) non-relative legally-exempt child care providers and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs in accordance with a schedule developed by OCFS. It was anticipated that this requirement would be completed by September 30, 2020, and will reflect a total universe of approximately 220,000 individuals when completed. However, as a result of the COVID-19 pandemic, completion of the in-state child abuse and maltreatment registry checks for all remaining existing individuals outlined above has been impacted, resulting in delays in the completion of this requirement. OCFS has been issued a federal waiver for this requirement through September 30, 2021. Under previous regulations, current (existing) legally-exempt providers already disclosed child abuse and maltreatment information for themselves and all employees, volunteers and adult family child care household members as a condition of enrollment, and districts were required to verify that information. The following counties conducted a search to verify the information related to child abuse and maltreatment disclosed by current (existing) legally-exempt providers as an additional standard for enrollment: Broome, Clinton, Cortland, Ontario, Orange, Rensselaer, Saratoga, Westchester, Tompkins (legally-exempt family: provider, employees, volunteers and adult household members; legally-

exempt in-home: provider, employees and volunteers), Columbia, Greene (legally-exempt family: provider; legally-exempt in-home: provider), Schoharie, Seneca (legally-exempt family: provider and adult household members; legally-exempt in-home: provider; legally-exempt group: provider), Steuben (legally-exempt family: provider, employees, volunteers and adult household members; legally-exempt in-home: provider), and Wayne (legally-exempt family: provider, employees, volunteers and adult household members; legally-exempt in-home: provider; legally-exempt group: provider). Last, current (existing) individuals at legally-exempt informal providers were already checked against the New York State Sex Offender Registry. Current (existing) volunteers at home-based licensed and registered programs cannot be left unsupervised with children in care.

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

Effective Date: 03/18/2020

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the FBI criminal repository with fingerprints for all new (prospective) operators, directors, employees, volunteers and adult household members at licensed and registered programs. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 413.4(a)(2).

To allow for temporary approval for employment in child care programs during the COVID--19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these employees who have not undergone the CBC process. Approval of the waivers will be done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. OCFS will also require criminal history and medical attestations to be submitted by the employees seeing temporary approval for employment. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the FBI criminal repository with fingerprints for all new (prospective) non- relative legally-exempt child care providers, and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 415.15(b)(1)(ii), 415.15(c)(1)(ii), 415.15(d)(1)(ii)

Prior to being enrolled, all new (prospective) relative-only legally-exempt providers are required to submit a criminal history attestation for themselves and all employees, volunteers and adult family child care household members. For non-relative legally-exempt family child care providers, an adult household member who is related to all children in care is also subject to the requirement to submit a criminal history attestation for themselves. This requirement is found in regulation in 18 NYCRR 415.13(a)(3)(iii).

To allow for temporary approval for employment in child care programs during the COVID-19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these individuals who have not undergone the CBC process. Approval of the waivers will be done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. For licensed and registered care OCFS will also require criminal history and medical attestations to be submitted by the individuals seeking temporary approval. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Pursuant to the regulatory package effective September 25, 2019, this check will be conducted for all current (existing) operators, directors, employees, volunteers and adult household members at licensed and registered programs, and non-relative legally-exempt child care providers and directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs in accordance with a schedule developed by OCFS. It is anticipated that this will be completed by September 30, 2020, and will reflect a total universe of approximately 220,000 individuals when completed. OCFS previously conducted New York State criminal history background checks with fingerprints for all current (existing) individuals listed above at licensed and registered child care programs, and maintains those records on a "search and retain" basis. Additionally, current (existing) individuals listed above already disclosed criminal history information at the time of licensure/registration, enrollment or starting at the program, which information was further evaluated. Last, the following counties conducted a local criminal background check of current (existing) legally-exempt providers as an additional standard for enrollment: New York City (legally-exempt family: provider, employees, volunteers and adult household members; legally-exempt in-home: provider, employees and volunteers; legally-exempt group: director), Albany, Erie and Lewis (legally-exempt family: provider, employees, volunteers and adult household members; legally-exempt in-home: provider, employees and volunteers), and Cayuga and Onondaga (legally-exempt family: provider and adult household members; legally-exempt in-home: provider).

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

On April 16, 2020, OCFS implemented the ability to search the NCIC NSOR for all new (prospective) operators, directors, employees, volunteers, and adult household members at licensed and registered programs. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 413.4(b)(2).

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

On April 16, 2020, OCFS implemented the ability to search the NCIC NSOR for all new (prospective) non-relative legally-exempt child care providers and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 415.15(b)(2)(ii), 415.15(c)(2)(ii). 415.15(d)(2)(ii).

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

New York State enacted legislation on April 1, 2019, which provides OCFS the authority to search the NCIC NSOR for all current (existing) operators, directors, employees, volunteers, and adult household members at licensed and registered programs, and all non-relative legally-exempt child care providers and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 413.4(b)(2), 415.15(b)(2)(ii), 415.15(c)(2)(ii), 415.15(d)(2)(ii).

Pursuant to the regulatory package effective September 25, 2019, this check will be conducted for all current (existing) individuals referenced above in accordance with a schedule developed by OCFS. As a result of the technical solution implemented in April 2020, OCFS now has the ability to complete NCIC NSOR checks for current(existing) individuals. It was anticipated that this requirement would be completed by September 30, 2020, and would reflect a total universe of approximately 220,000 individuals when completed. However, as a result of the COVID-19 pandemic, completion of the NCIC NSOR checks for all current(existing) individuals outlined above has been impacted,

resulting in delays in the completion of this requirement. OCFS has been issued a federal waiver for this requirement through September 30, 2021.

Inter-state Background Check Requirements

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Effective Date: 03/18/2020

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the interstate criminal repositories for all new (prospective) operators, directors, employees, volunteers and adult household members at licensed and registered programs, when such person has resided in a state other than New York in the past five years and such information is not captured as part of the FBI fingerprint check (NFF participants). This requirement is established in NY Social

Services Law Section 390-b and 18 NYCRR 413.4(c)(1).

To allow for temporary approval for employment in child care programs during the COVID-19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these employees who have not undergone the CBC process. Approval of the waivers will be done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. OCFS will also require criminal history and medical attestations to be submitted by the employees seeing temporary approval for employment. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the interstate criminal repositories for all new (prospective) non- relative legally-exempt child care providers, and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs, when such person has resided in a state other than New York in the past five years and such information is not captured as part of the FBI fingerprint check (NFF participants). This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 415.15(b)(3)(i), 415.15(c)(3)(i), 415.15(d)(3)(i).

Prior to being enrolled, all new (prospective) relative-only legally-exempt providers are required to submit a criminal history attestation for themselves and all employees,

volunteers and adult family child care household members, and adult household members related in any way to all children in care at non-relative family programs. This requirement is found in regulation in 18 NYCRR 415.13(a)(3)(iii).

To allow for temporary approval for employment in child care programs during the COVID-19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these individuals who have not undergone the CBC process. Approval of the waivers will be done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. For licensed and registered care, OCFS will also require criminal history and medical attestations to be submitted by the individuals seeking temporary approval. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the interstate criminal registry or repository check been put in place for all current

(existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Pursuant to the regulatory package effective September 25, 2019, this check will be conducted for all current (existing) operators, directors, employees, volunteers and adult household members at licensed and registered programs, and all non-relative legally-exempt child care providers and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs, when such person resided in a state other than New York in the past five years and such information is not captured as part of the FBI fingerprint check (NFF participants). Such checks will be conducted in accordance with a schedule developed by OCFS. It is anticipated that this will be completed by September 30, 2020, and will reflect a total universe of approximately 220,000 individuals when completed. Additionally, current (existing) individuals listed above already disclosed criminal history information at the time of licensure/registration, enrollment or starting at the program, which information was further evaluated.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

Effective Date: 03/18/2020

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the Interstate Sex Offender Registries for all new (prospective) operators, directors, employees, volunteers and adult household members at licensed/registered providers, when such person resided in a state other than New York in the past five years. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 413.4(c)(2).

To allow for temporary approval for employment in child care programs during the COVID-19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these individuals who have not undergone the CBC process. Approval of the waivers will be done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. For licensed and registered care, OCFS will also require criminal history and medical attestations to be submitted by the individuals seeking temporary approval. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the Interstate Sex Offender Registries for all new (prospective) non-relative legally-exempt providers, and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs, when such person resided in a state other than New York in the past five years. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 415.15(b)(3)(ii), 415.15(c)(3)(ii), 415.15(d)(3)(ii).

To allow for temporary approval for employment in child care programs during the COVID-19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these individuals who have not undergone the CBC process. Approval of the waivers will be done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. For licensed and registered care, OCFS will also require criminal history and medical attestations to be submitted by the individuals seeking temporary approval. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Pursuant to the regulatory package effective September 25, 2019, this check will be conducted for all current (existing) operators, directors, employees, volunteers and adult household members at licensed and registered child care programs, and non-relative legally-exempt providers, directors, employees, volunteers and adult family child care adult household members not related in any way to all children in care at such programs, when such person resided in a state other than New York in the past five years, in accordance with a schedule developed by OCFS. It is anticipated that this will be completed by September 30, 2020, and will reflect a total universe of approximately 220,000 individuals when completed. OCFS will be processing all interstate background checks through a centralized unit that has been created to support this requirement in an effort to streamline and provide continuity to this new process.

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

Effective Date: 03/18/2020

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

☑ Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the interstate child abuse and neglect registries for all new (prospective) operators, directors, employees, volunteers and adult household members at licensed/registered programs, when such person resided in a state other than New York in the past five years. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 413.4(c)(3).

To allow for temporary approval for employment in child care programs during the COVID-19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these employees who have not undergone the CBC process. Approval of the waivers will be done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. OCFS will also require criminal history and

medical attestations to be submitted by the employees seeing temporary approval for employment. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

OCFS currently searches the interstate child abuse and neglect registries for all new (prospective) non-relative legally-exempt child care providers and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs, when such person resided in a state other than New York in the past five years. This requirement is established in NY Social Services Law Section 390-b and 18 NYCRR 415.15(b)(3)(iii), 415.15(c)(3)(iii), 415.15(d)(3)(iii).

Prior to being enrolled, all new (prospective) relative-only legally-exempt providers must furnish the child's caretaker with true and accurate information, in writing, indicating whether the provider and any employee, volunteer and/or adult family child care household member has been the subject of an indicated report of child abuse or maltreatment. These requirements are found in regulation in 18 NYCRR 415.13(a)(3)(iv).

To allow for temporary approval for employment in child care programs during the COVID-19 emergency, OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS is requiring programs to submit a waiver request that also details the program's supervision and staffing plans when requesting temporary approval of these employees who have not undergone the CBC process. Approval of the waivers will be

done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. OCFS will also require criminal history and medical attestations to be submitted by the employees seeing temporary approval for employment. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

☐ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

☐ Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

☑ No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Pursuant to the regulatory package effective September 25, 2019, this check will be

conducted for all current (existing) operators, directors, employees, volunteers and adult household members at licensed and registered programs, and all non-relative legally-exempt child care providers and all directors, employees, volunteers and adult family child care household members not related in any way to all children in care at such programs, when such person resided in a state other than New York in the past five years. Such checks will be conducted in accordance with a schedule developed by OCFS. It is anticipated that this will be completed by September 30, 2020, and will reflect a total universe of approximately 220,000 individuals when completed. Additionally, current (existing) legally-exempt providers already disclosed child abuse and maltreatment information for themselves and all employees, volunteers and adult family child care household members as a condition of enrollment. For legally-exempt informal providers, a search of the local child welfare database is also conducted to verify this information. Counties have the option to include such a verification search as an additional standard for legally-exempt providers, and 15 counties currently do.

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

Effective Date: 10/01/2020

☑ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

☑ The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

New York will continue to allow for provisional employment for directors, employees, and volunteers at licensed/registered programs and employees and volunteers at legally-exempt group programs, after an individual has submitted their fingerprints for FBI fingerprint review, but before the results have been returned for individuals who are under the direct supervision of an individual who has successfully cleared the comprehensive background check. In order to work without supervision, individuals will need to be notified by OCFS that they have cleared the required parts of the comprehensive background clearances. OCFS has been issued a federal waiver through September 30, 2021 to allow for temporary approval for employment in child care programs during the COVID-19 emergency,. OCFS requested to waive all comprehensive background checks (CBC) with the exception of the online New York State Sex Offender Registry and the New York Statewide Central Register for Child Abuse and Maltreatment database checks. Live Scan fingerprinting locations have been extensively closed throughout New York State making completion of instate and FBI fingerprinting processing unable to be supported and completed. The regulatory workforce has also been mandated to work from home which creates additional obstacles in completing the comprehensive background check process. In addition to these screenings, OCFS required programs to submit a waiver request that also

details the program's supervision and staffing plans when requesting temporary approval of these individuals who have not undergone the CBC process. Approval of the waivers were done on a case-by-case basis after the required screenings have been completed and the waiver requests have been assessed. OCFS also required criminal history and medical attestations to be submitted by the individuals seeking temporary approval. This temporary approval process will be in effect only for the duration of the COVID-19 emergency.

Although a federal waiver is in place through September 30, 2021, OCFS has been able to resume provisional employment, based upon submission of fingerprint images, as many Live Scan locations have reopened.
18 NYCRR §413.4(d); §415.15.(e)

☐ Other.
Describe:

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Effective Date: 09/25/2019

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).
OCFS used its existing process for completing background checks as a guide for creating the process for responding to other states' requests for background checks. This streamlined approach allows for the expeditious processing and tracking of responses to other states' requests. For criminal history, this involves an automated database that interfaces with the agency's CHRU and DCJS. Because the in-state criminal history data

is maintained on a search and retain basis for all active individuals, OCFS will be able to promptly respond to such requests. OCFS has established a newly-created unit that will be responsible for conducting and responding to out-of-state requests for searches of the New York State Sex Offender Registry. OCFS will immediately forward out-of-state requests regarding the Statewide Central Register of Child Abuse and Maltreatment to the SCR for processing.

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

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Effective Date: 09/25/2019

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

- [x] No
- [ ] Yes.

Describe other disqualifying crimes and provide citation:

5.4.12 The state/territory has a process for a child care staff member to appeal the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Effective Date: 05/29/2020

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment (98.43(e)(2-4)).

With regard to privacy, Social Services Law 390-b(9) provides that any criminal history record provided by DCJS, and any summary of the criminal history record provided by OCFS to the individual applicant, is confidential and shall not be available for public inspection. Unauthorized disclosure of such records or reports is subject to civil penalties. OCFS cannot release the content of the results of FBI checks to any non-public entity (18 NYCRR 415.15(k), 18 NYCRR 413.4(j)). In addition, all criminal history information is managed in accordance with the Use and Dissemination Agreement that OCFS has with its partners at DCJS.

OCFS provides opportunities for applicants to appeal the results of background checks as follows: Social Services Law 390-b(7), 18 NYCRR 415.15(k), and 18 NYCRR 413.4(j) provide that, where OCFS or its designee denies or directs a program to deny an application based on the criminal history record, OCFS must notify the applicant that the criminal record check was the basis for the denial of clearance, and must provide such individual with a copy of the results of the FBI check upon which such denial was based together with a written statement setting forth the reasons for such denial, as well as a copy of article 23-A of the correction law, and inform such individual of his or her right to seek correction of any incorrect information contained in the FBI check. Pursuant to SSL 390-b(3-b), 18 NYCRR 415.15(i) and 18 NYCRR 413.4(h), an employee or volunteer disqualified for other than a mandatory disqualifying offense per CCDBG shall have the ability to request a de novo review of the determination in an administrative hearing before an administrative law judge, to be held and completed before the employer is notified of such determination. Such person shall have reasonable notice concerning the

determination, and information regarding how to request a hearing to review that determination, and an opportunity to provide any additional information that such person deems relevant to such determination. Such person may choose to be heard in person, by video conference if reasonably available, or through submission of written materials. Where such request is made, the office of children and family services shall also have an opportunity to be heard

Individuals with felony drug offenses are subject to the safety assessment process set forth in SSL 390-a, 18 NYCRR 415.15(g)(2), and 18 NYCRR 413.4(f). Article 23-A of State Corrections Law provides factors that must be evaluated when assessing the criminal history of individuals with convictions, with the intent to encourage licensure or employment. These factors include: the length of time since the offense was committed, the age of the individual when the offense was committed, the duties of the position being applied for, the relationship between the nature of the offense and the position being applied for, evidence of rehabilitation/good conduct, severity of the offense(s), and the legitimate interest in protecting public safety.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Effective Date: 03/07/2020

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

In accordance with SSL 390-b(6), OCFS is required to pay for the criminal history check and sex offender processing fees. These fees are not passed on to child care providers. SSL 424-a(1)(f) requires OCFS to charge a $25 fee when it searches the Statewide Central Register of Child Abuse and Maltreatment for new (prospective) operators, providers, directors and employees. This is the only fee individual applicants must pay as part of the entire background check process. On March 12, 2020, as a result of the COVID-19 emergency, Executive Order No. 202.1 was issued to suspend the requirement to pay the $25 fee during the COVID-19 emergency.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

Effective Date: 09/25/2018

- [ ] No, relatives are not exempt from background check requirements.
- [ ] Yes, relatives are exempt from all background check requirements.
- [x] Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

Per 18 NYCRR 415.1(h)(1)(i), legally-exempt relative-only in-home child care is not required to be licensed or registered, provided in a home where every child in care resides, by an adult related, by virtue of blood, marriage or court decree, to all such children as a grandparent, great-grandparent, sibling living in a separate residence from the child, aunt, or uncle. Per 18 NYCRR 415.1(h)(2)(i), legally-exempt relative-only family child care is not required to be licensed or registered, provided in a home where one or more of the children in care do not reside, by an adult related, by virtue of blood, marriage or court decree, to all such children as a grandparent, great-grandparent, sibling living in a separate residence from the child, aunt, or uncle. These providers, and all employees, volunteers and household members at such providers, are exempt from the CCDBG background checks, per SSL 390-b(3-a) and 18 NYCRR 415.15(a). However, these providers are subject to the following:

18 NYCRR 415.13(a)(2): provider must certify whether he or she has been denied a child day care license or registration, or had such revoked, limited or suspended (if so, must provide the child's caretaker and enrollment agency with true and accurate information);

18 NYCRR 415.13(a)(3)(i) and (ii): provider must certify whether he or she has had parental rights terminated or a child removed from his or her care by court order (if so, must provide the child's caretaker and enrollment agency with true and accurate information). 18 NYCRR 415.4(f)(2) requires the district to check the local child welfare database to verify this information;

18 NYCRR 415.13(a)(3)(iii): provider must certify whether provider and all employees, volunteers and adult family child care household members, and adult household members related in any way to all children in care at non-relative family programs have been convicted of a crime (if so, must provide the child's caretaker and enrollment agency with true and accurate information). Provider cannot be enrolled if any person at program has been convicted of a crime against a child. Convictions for other crimes are subject to further review. No such provider may be enrolled who knowingly makes a materially false statement in connection with or refuses to cooperate with the criminal history evaluation;

18 NYCRR 415.13(a)(3)(iv): provider must furnish the child's caretaker with true and accurate information, in writing, indicating whether he or she, and all employees, volunteers and adult family child care household members and adult household members related in any way to all children in care at non-relative family programs have been the subject of an indicated report of child abuse or maltreatment (if so, must provide the child's caretaker with true and accurate information);

18 NYCRR 415.13(a)(3)(v) and 18 NYCRR 415.14(c)(4): provider and all employees, volunteers, and adult family child care household members, and adult household members related in any way to all children in care at non-relative family programs must be checked against the New York State Sex Offender Registry. Provider cannot be enrolled if any person at program is on the registry.

Additionally, household members at non-relative in-home legally-exempt programs are exempt from all background check requirements (SSL 390-b(2), 18 NYCRR 415.15).

6 Recruit and Retain a Qualified and Effective Child Care Workforce

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

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

6.1 Professional Development Framework

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

Effective Date: 10/01/2018

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

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

NYS Core Body of Knowledge, NYS Early Learning Guidelines

http://www.earlychildhoodnyc.org/pdi/cbk.php

The child care center regulations 418-1.13(f) outline various paths for a teacher to be or become qualified for the role. This includes an "other Office recognized credential" providing opportunities to accept new professional development opportunities and credit-bearing courses that are developed by institutions of higher education. An example of this is the Early Childhood Certificate program earned through many New York State community colleges and requires between 24-36 credit hours.

Currently, there are several combinations of state-specific credentials and degrees for early childhood educators that supplement the nationally recognized Child Development Associate CDA associate's, bachelor's, and master's degree credentials. New York State credentials include the following: Infant Toddler Care and Education Credential Family Child Care Credential (FCCC); the Children's Program Administrator Credential (CPAC); the Early Learning Trainer Credential (NYSELTC); and the Birth-Grade 2 Teacher Certification.

Developed and administered by the New York Association for the Education of Young Children (NYAEYC), the ITCEC and FCCC have been designed to address the specialized knowledge and skills required of professionals caring for and teaching infants and toddlers, as well as those serving as family child care providers. The ITCEC and FCCC are competency-based and require credit-bearing coursework. Several two- and four-year public institutions in New York State have created coursework for these credentials. By providing a pathway for early childhood educators to earn college credit and a credential related to their daily work, these credentials serve as a starting point for early childhood educators without prior postsecondary experience to go on to pursue an Associate's and/or Bachelor's Degree. All two-year and four-year public colleges within the City University of New York and the State University of New York systems have articulation agreements to ensure that the workforce has pathways that support career and competency advancement. The CPAC is also administered by the NYAEYC. The

CPAC is a78-credit, competency-based credential that focuses on management and leadership skills. Included in the 78-credits are a minimum of 18-credits in child development or a related field and a minimum of 18-credits in children's program administration.

Additionally, the Board of Regents and the Commissioner of Education have established an Early Childhood Education Birth - Grade 2 Certification (Birth-2) to address the specialized experiences and qualifications necessary for early childhood educators to successfully meet the unique developmental needs of young children. In New York State, lead teachers in state-funded prekindergarten, as well as in center-based preschool and Head Start programs in New York City, are required to have a bachelor's degree with teacher certification. The Birth-2 certification provides a certification for these teachers that specifically addresses early childhood development and the skills and knowledge teachers need to work with young children. New York State also offers an Early Childhood Education Birth - Grade 2, Student with Disabilities Certification, for professionals pursuing a career in special education and an Early Childhood Education Birth - Grade 2, Literacy credential for professionals focused on literacy development.

-- Career pathways. Describe:

A Career Ladder has been developed and is available on the NYS Early Childhood Workforce Registry Aspire. https://nyworksforchildren.org/professional-growth/career-ladder/

-- Advisory structure. Describe:

Several entities provide advice and recommendations to OCFS related to professional development. The Early Childhood Advisory Council (ECAC) http://nysecac.org/ serves as the formal advisory group. ECAC and also supports cross-systems collaborations and serves as a sounding board. The ECAC Early Learning subcommittee provides a structure for this work. In addition, OCFS has regular contact with the following entities to shape professional development: New York Association for the Education of Young Children, unions representing child care providers, the SUNY Professional Development Program, CUNY Professional Development Institute, New York Education Department, Prevent Child Abuse New York, the Early Care and Learning Council (New York's CCR&R network), New York City Department of Education and the New York Council on Children and Families.

-- Articulation. Describe:

Approximately 90 institutions of higher education in New York State currently offer degree and certificate programs in the early childhood field. Those who are part of the State University of New York (SUNY) and City University of New York (CUNY) have robust program to program articulation agreements which guarantees admission to a four-year campus from another with a AA or AS degree; is based on standardized general education requirements and established transfer paths leading to maximized credit acceptance. All two-year SUNY and CUNY school are required to have these agreements with their local four-year SUNY/CUNY schools. In many cases, the private four-year schools also have agreements with two-year SUNY and CUNY schools. In addition, some CCR&Rs the offer CDA training have articulation agreements with local community colleges.

-- Workforce information. Describe:

Workforce information is collected through the NYS Early Childhood Workforce Registry, Aspire; and workforce demographic information also is collected by the Professional Development Program, University at Albany.

-- Financing. Describe:

There are a variety of financing programs available for child care providers.

•Educational Incentive Program offers scholarships for economically eligible providers to take credit-bearing and non-credit-bearing coursework, and/or to pay for approved credential fees

•Medication Administration Training rebate program for all who become certified to administer medication in their child care program

•Pyramid Model support for development of Master Cadre Trainers

•Quality Scholars Program - For QUALITYstarsNY participating programs to implement their quality improvement plans and improve quality through assessment, coaching and staff development opportunities. In addition, New York State created the Excelsior Scholarship in 2017. This scholarship covers tuition at the 87 State University of New York (SUNY) or City University of New York (CUNY) colleges and universities up to $13,000 per year for families whose household income is below $110,000 (2018 income limit) More details here: https://www.ny.gov/programs/tuition-free-degree-program-excelsior-scholarship

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

☑ Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

Webcast and e-learning course developed with CCDF funds by the Professional Development Program offer continuing education units. The Educational Incentive Program offers college scholarships for eligible students enrolled in early childhood courses and majors.

☑ Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Training event approval protocols under Aspire and Educational Incentive Program require training and professional development providers to identify OCFS Training Topic areas and NYS Core Body of Knowledge areas addressed by courses being submitted. Child care providers are able to search approved courses by OCFS Training Topic and NYS Core Body of Knowledge areas. Child Care Resource and Referral agencies (CCR&Rs) provide community-based trainings that are aligned with elements of the framework, and coordinate seven regional infant toddler technical assistance centers across the state. OCFS staff meets with their statewide leadership to cultivate alignment and do site visits to assess the work of the infant toddler specialists. The NYS Core Body of Knowledge has been provided to all Institutions of Higher Learning. In addition, the Training and Technical Assistance Professional Credential (TTAP) looks at alignment with the Core Body of Knowledge with Professional development as the focus, which can be used specific to the needs of the program. OCFS provides state general fund dollars to the two unions representing licensed and legally-exempt, residence-based child care providers

•The United Federation of Teachers (UFT) represents child care providers providing care within NYC, and

•The Civil Service Employees Association (CSEA) represents child care providers providing care outside of NYC. Both unions have a professional development fund supporting the provision of courses which may include, but are not limited to: LE train the

trainer, 10-hour training; staff supervision and labor law training; emergency preparedness training, making the most of your space training; business training, CPR training; Basic first aid UFT provides Quality Grants for covered providers irrespective of their union membership, to increase the quality of the environment in which they provide their services.

☐ Other

Describe:

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

As noted above, New York's professional standards and competencies are grounded in the state's Early Learning Guidelines and Core Body of Knowledge. The Early Learning Guidelines are a product of the state advisory council, the Early Childhood Advisory Council (ECAC). The Core body of Knowledge was developed by diverse group of professionals and is now part of the work of ECAC. OCFS reached out to the co-chairs of the ECAC Early Learning Work Group and invited input on all of Section 6 – Professional Development Framework. One of the recommendations that emerged from the work group's feedback is noted in Section 6.2.1; namely that targeted training focused entirely on the Early Learning Guidelines be produced and marketed to center directors and group teachers. These training opportunities would introduce the early learning framework and would increase awareness of how program standards, professional standards, and the guidelines should be used and how they intersect. OCFS continues to engage with the ECAC on issues related to the professionalization of the early childhood workforce by providing feedback on the ECAC's strategic directions in this area and by contributing resources to ECAC member initiatives when feasible and when consistent with OCFS's own training and professional development goals.

Effective Date: 10/01/2018

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Child care providers can choose from a variety of educational credentials to qualify for roles in regulated child care. These include higher education degrees, credentials such as the Child Development Associate Credential (CDA), and some that are specific to New York such as the Infant Toddler Care and Education Credential Family Child Care Credential (FCCC); the Children's Program Administrator Credential (CPAC); the Early Learning Trainer Credential (NYSELTC); and the Birth-Grade 2 Teacher Certification. In addition, child care professionals can earn New York State specific credentials as trainers and coaches. New York has created a career ladder https://nyworksforchildren.org/professional-growth/career-ladder/ which is embedded in the New York's training registry system. New York's robust Universal Pre-K initiatives offer child care providers enhanced professional and salary opportunities. The Educational Incentive Program (EIP) provides funds for providers to attain these credentials and move through the career ladder. When seen as a whole, these supports create a diverse, stable and invested child care workforce.

Effective Date: 10/01/2018

6.2 Training and Professional Development Requirements

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

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

Training in CCDBG-mandated health and safety topics within the time parameters set forth in CCDBG is required for all child care providers in New York (except when the caregiver is exempt due to being the grandparent, great grandparent, sibling [if living in a separate residence], aunt, or uncle providing care). For lead providers in licensed/registered family based programs, and directors of Day Care Centers and School Age Child Care, this is a 15-hour course available at locations across the state. For other staff and legally-exempt caregivers (excluding those exceptions described above) , this can be met through a 5-hour online course. Legally-exempt caregivers also have the option of attending the 15-hour classroom-based training. These trainings can be used to meet the requirement that all caregivers in licensed/registered programs have a total of 15 hours of training in the first six months of employment, and a total of 30 hours of training every two years covering nine OCFS required topic areas. Legally-exempt providers can opt to take additional training which will qualify them for enhanced reimbursement rates.

Social-emotional/behavioral and early childhood mental health is supported through the use of the Pyramid Model. This evidence-based approach not only supports social-emotional development, it also addresses issues related to “challenging” behavior, suspension/expulsion from early childhood programs, and implicit bias. OCFS, other New York State agencies and school districts have made significant investment training child care program implementation of the Pyramid Model, and create a state-wide system of trainers, coaches and infrastructure to sustain the work. In addition, OCFS supports the development of warm, responsive relationships between caregivers and children through regulations revised to remove obstacles to continuity of care in day care centers and provided targeted training on this model. In home-based programs, the lead provider must be the primary caregiver. As part of its commitment to training and professional development, OCFS has actively worked to incorporate Early Learning Guidelines into many of its on-line trainings and webcasts. In 2018, work to revise the Early Learning Guidelines was initiated by the Early Childhood Advisory Council (ECAC). After the revision, OCFS plans to develop training

focused on the Guidelines for directors and group teachers. Preliminary discussion is to create both an on-line training and classroom training. The impetus for this came from the ECAC. These trainings will introduce the early learning framework, increase awareness of how program standards, professional standards, and the guidelines intersect, and practical applications for use by providers and directors.

Effective Date: 10/01/2018

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

New York's training and professional development resources are accessible to all child care providers, including tribal organizations, without regard to whether or not they receive CCDF funds.. This includes free trainings, scholarships and rebates, support and training from CCR&Rs and the Early Care and Learning Council, technical assistance from Infant/Toddler specialists, technical assistance and collaboration with licensors/registrars, and participation on New York's training registry (Aspire). Marketing and outreach is done for all providers, without regard to tribal support or affiliation. Additional outreach to tribal organizations is done through regularly scheduled meetings and in collaboration with the OCFS Director of Native American Services.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

a) with limited English proficiency

New York State does not directly recruit providers. However, New York does support providers with differing abilities through foundational Health and Safety training in multiple languages for both licensed/registered and Legally-exempt providers, use of translation services, and one-on-one support from registrars and licensors. Training programs eligible for scholarship support under the Educational Incentive Program are also available in languages other than English. Relevant websites, including www.ocfs.gov and www.ecetp.pdp.albany.edu and www.nyworksforchildren.org have translation features included to address multi-language users and several child care forms and information materials are available in languages other than English. Primary languages offered are Spanish and Chinese. Website translation, using Google Translate offers extensive list of languages. Various forms on the OCFS website are also available in Russian, Haitian-Creole, Korean and Italian. Live translation services are also utilized through a contract with an outside translation vendor, Language Line.

b) who have disabilities

New York State does not directly recruit providers. However, New York does support providers, including those with disabilities to provide child care so long as their disability does not interfere with their ability to safely care for children. For licensed and registered child care providers, this is verified through the medical statement which requires that a health care provider attest that there is no condition that would pose a risk to the health and safety of children in care, and that there is no physical condition which would prevent them from engaging in typical child care duties.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).

State professional development requirements are to sustain or improve the regulatory requirements of child care. As such, all providers can, if they choose, work toward receiving

recognized credentials designed to increase knowledge and skill in specialty areas (i.e., NYS Infant-Toddler Credential). None are required; it is up to the individual to determine what proficiency they want to achieve. However, under the QUALITYstarsNY scoring rubric, licensed and registered child care programs receive points based on the qualifications and experience of staff and administrators. Child care providers are required by regulation to complete 30 hours of training biennially, in nine topic areas. Two of these topic areas: principles of childhood development, focusing on the developmental stages of the age groups for which the program provides care; and child day care program development both address children of different age groups, cultural diversity, and children with developmental delays and disabilities.

As part of the Lead Agency's commitment to children's social and emotional development and to the training and professional development of child care providers and staff, OCFS supports training in Adverse Childhood Experiences (ACEs) developed by Prevent Child Abuse New York (PCANY). This training and our continued commitment to expand opportunities for training in the Pyramid model strengthens the skills of providers and those working with children of special needs.

Effective Date: 10/01/2018

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

Effective Date: 03/07/2020

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

New technical assistance offerings were developed and implemented in 2017 related to homelessness. These include:

•Technical assistance related to homelessness was offered to providers through the broadcast of a video titled "Identifying and Helping Children Who Have Experienced Trauma", shown live on May 19, 2016. The new regulations and stipulations were discussed

in order for providers to better serve the homeless child population and understand Public Health law related to grace periods for immunizations (see next bullet). This broadcast was recorded and portions can be seen as a part of the video library on the PDP website (www.ecetp.pdp.albany.edu). In addition, TA customized to a provider and families specific situation is available to providers by contacting their licensor/registrar as well as through inspection visits.

•New York State Public Health Law (PHL) allows children, including homeless children and children in foster care, to be temporarily enrolled in a child care program while a family obtains documentation of immunizations. A child care provider must not unduly delay temporary enrollment of a child experiencing homelessness or a child in foster care due to a lack of immunization records. According to PHL, once attending the child care program, the parent or caretaker has a grace period of no more than 14 calendar days from the date the program began to provide care for the child to submit the required documentation of immunizations. The grace period can be extended by the child care program to 30 calendar days from the date the child care provider began to provide care to the child in cases where the child is from out-of-state or from another country and the parent or caretaker has shown a good faith effort to get the necessary documentation of the immunizations. This grace period applies to licensed, registered and enrolled legally-exempt child care programs.

•A family experiencing homelessness may not have access to all documentation needed to determine eligibility for child care services and, may have an immediate need for child care services. LDSSs must establish procedures to permit an interim eligibility period for child care services while a family experiencing homelessness obtains all required documentation. LDSSs have the discretion to establish the circumstances under which a family experiencing homelessness can qualify for an interim eligibility and the durations of the interim eligibility period, consistent with applicable regulations and statutes. However, the interim eligibility period may not exceed three months. If upon the full determination of eligibility, it is determined that the family is ineligible, the child care provider must receive payment for child care services rendered during the interim eligibility period. Claims for such LDSS expenditures are reimbursable up to the LDSS's allocation through the New York State Child Care Block Grant or its Title XX allocation. Payments made during the interim period of eligibility for families experiencing homelessness will not be considered errors or improper payments for the purpose of federal or state audits. Further, the LDSS must not seek recoupment from the family for payments made during the interim period of eligibility, unless fraud is involved.

•18 NYCRR §415.9(h) was revised to include a new differential payment rate for families

experiencing homelessness and to set new requirements for the differential payment rates for nontraditional hours and accredited programs. Differential payment rates apply to the actual cost of care or the applicable market rate, whichever is less. For more information on market rates, consult the most recent market rate Local Commissioner's Memorandum(16-OCFS-LCM-18). https://ocfs.ny.gov/main/policies/external/OCFS_2016/LCMs/16-OCFS-LCM-18.pdf

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

In addition to the circulation of the Local Commissioners Memorandum (17-OCFS-LCM-05) (https://ocfs.ny.gov/main/policies/external/OCFS_2017/#LCM) to all LDSS commissioners, director of services, child care unit supervisors and Temporary Assistance Unit Supervisors, the required Child Care Subsidy Program training incorporated the new statutes, regulations and policies to the curriculum in order to inform local district participants of the requirements, procedures and processes to follow in support of homeless families receiving child care subsidy and child care for their children. All associated documents are posted to the OCFS/PDP website and available for stakeholders with authorized access to the site.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

Effective Date: 03/07/2020

- [x] Issue policy change notices
- [ ] Issue new policy manual
- [x] Staff training
- [x] Orientations
- [x] Onsite training
- [x] Online training
- [x] Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

For licensed and registered care, the average for unannounced site visits is four times per year. At the time of these inspections, compliance with regulatory requirements including those related to program integrity and accountability would be assessed. For legally-exempt care, annual inspections are conducted for non-relative programs and an attestation related to compliance with these requirements is required. The attestation is signed at the time of re-enrollment, and when additional children enroll over the course of the annual enrollment period, an updated attestation related to compliance with these requirements is also required. Such requirements are also reviewed at the time of on-site monitoring of legally-exempt programs. The requirement for annual inspections may be waived in response to COVID-19, however, complaint inspections will continue to be conducted.

☑ Other

Describe:

Some LDSSs contract with the child care programs that receive subsidy dollars. Their information is provided on the county level. There is also a statewide electronic payment system (Child Care Time and Attendance - CCTA) designed and developed to track attendance with payments. It is easy to use and many providers use this on-line payment system to reduce paperwork, reduce time for receipt of payment for services rendered, and accurate payments. The training for the use of this system is on-line as well, so providers can receive this training at their convenience.

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

Effective Date: 10/01/2018

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

OCFS regulations for licensed and registered programs require that child care providers receive business record maintenance and management training every two years.

Webcasts addressing this topic area is planned for April and October 2018. OCFS has as one of its required nine statutory training topics: business record maintenance and management. Providers may take any course work in this broad topic he/she identifies as a program need. To assist in the availability of business management training, OCFS has collaborated with the two unions representing family-based providers. They have developed training specific to child care business needs.

In addition, New York State relies on CCR&Rs to help strengthen providers' business practices. CCR&Rs provide multiple group and onsite training sessions on Family Child Care Business Essentials that cover the following topics: recordkeeping, marketing, contracts and policies, legal and insurance information, inventory, budgeting, disaster preparedness, and filing income taxes. The topics are covered in series that are often offered two to three times per year. There is usually a location where CCR&Rs operate an early learning resource center that houses curriculum material for purchase as well as a variety of equipment and technology items that can be used for program and curriculum development. Follow up on-site visits to participants in the group sessions are conducted to see whether new skills and practices are demonstrated. At the request of the provider, CCR&Rs may provide sessions on preparing for an audit.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- [x] Fiscal management
- [x] Budgeting
- [x] Recordkeeping
- [x] Hiring, developing, and retaining qualified staff
- [x] Risk management
- [x] Community relationships
- [x] Marketing and public relations
- [x] Parent-provider communications, including who delivers the training, education, and/or technical assistance
- [ ] Other

Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

Effective Date: 10/01/2018

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

The New York State Early Learning Guidelines were developed and vetted by a diverse group of stakeholders with expertise in child development and aligned to the Pre-K standards. New York State has Early Learning Development Standards that are developmentally, culturally, and linguistically appropriate across age groups and inclusive of all service delivery systems. Our Early Learning and Development Standards are designed to foster high-quality learning, experiences and outcomes for all children, and further our goal of having New York State children achieve standards across the Essential Domains of School Readiness, be healthy as they transition into kindergarten, and continue on the road to becoming college and career ready.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

Each of the following documents serves a specific role in developing a strong foundation for school readiness for all children. The Early Learning Guidelines provide information to

enable professionals, caregivers, and parents to understand, track, and support the developmental progress of children birth to 5 years of age (divided into three age groups; birth to 18 months, 18 months to 3 years, and 3 to 5 years). The Head Start Child Development and Early Learning Framework provides guidance for educational programming for children ages 3- 5 in federally funded programs. These standards are composed of developmental building blocks critical to a child's school and long-term success. The Prekindergarten Foundation for the Common Core works to prepare all children for the transition to kindergarten by clearly defining expectations needed for kindergarten readiness. All three sets of standards are aligned with one another and the P-20 Common Core to support comprehensive, developmentally appropriate skills, knowledge and approaches to learning that is needed for school readiness.

The Prekindergarten Foundation for the Common Core and the Early Learning Guidelines were developed in succession using the Head Start Child Development and Early Learning Framework as a guiding tool to guarantee alignment and applicability across settings. Through a collaborative interagency partnership led by the ECAC, numerous early childhood stakeholders and experts in the field contributed to the development of the Early Learning and Development Standards and the alignment of the developmental domains across documents. Each component of the Early Learning Guidelines are organized within the following domains, which align with the Essential Domains of School Readiness: Approaches to Learning; Language, Communication and Literacy; Social and Emotional Development; Cognition and Knowledge; and Physical Development and Health.

New York State implemented a number of strategies to provide for the developmental, linguistic, and cultural appropriateness of each document within our Early Learning and Development Standards, including:
•Multiple stakeholder meetings, held throughout the two-year development period, included experts in the development of learning standards from the areas of child development, special education, birth to 3, early intervention, English Language Learners, Head Start, health, mental health and others.
•Teams developing the Early Learning Guidelines and the Prekindergarten Foundation for the Common Core gathered prekindergarten standards that addressed the Essential Domains of School Readiness from other states, and researched how other states implemented a birth- to- 5 continuum of developmental learning standards.

•In 2007, Sharon Lynn Kagan, the Virginia and Leonard Marx Professor of Early Childhood and Family Policy and Co- Director of the National Center for Children and Families at Teachers College, Columbia University, and Professor Adjunct at Yale University's Child Study Center, brought into the process the vertical and horizontal alignment of expectations so that the standards fit into a continuum of development and school expectations. Dr. Kagan, who is recognized internationally for her work related to the care and education of young children and their families, provided feedback and support to incorporate appropriate developmental, linguistic, and cultural elements in the standards.
•Standards were vetted with teacher focus groups and at the NYAEYC annual conferences.
•In June 2009, the standards were circulated to expert researchers, released for public comment, revised, and then presented to the New York State Board of Regents in January 2011.

The State Early Learning and Development Standards are appropriate for multiple types of learners because young children with special needs and young ELLs are addressed explicitly in each of the supporting documents. The Head Start Child Development and Early Learning Framework provides a specific domain for English Language Learners (ELLs). The Early Learning Guidelines provide explicit strategies to foster development in struggling students and support the Early Childhood Educator's ability to identify children who may have special needs. The Prekindergarten Foundation for the Common Core is inclusive of ELLs and students with disabilities. In their entirety, the Early Learning and Development Standards provide a wealth of examples and evidence of their developmental, linguistic, and cultural appropriateness.

New York State's Early Learning Guidelines and the Prekindergarten Foundation to the Common Core are aligned with the Common Core State Standards, which the Board of Regents adopted in 2010 as New York State's P-12 academic standards in English Language Arts (ELA) and Math. New York State is one of only two states across the nation to incorporate prekindergarten standards into the Common Core Standards before adopting them. New York State incorporated prekindergarten standards for early literacy and math as part of New York State's 15 percent addition to the Common Core State Standards, reflecting the Regents' strong belief that the path to college and career readiness begins before children enter kindergarten.

New York State implemented a number of strategies to align the Early Learning and Development Standards with the state's K-3 academic standards, including:
•Convening a workgroup comprised of internal and external professionals, teachers, and individuals from institutes of higher learning which developed aligned prekindergarten standards based on developmentally appropriate practice and within the regulations outlined for this process by the Common Core authors.
•Engaging Dr. Barbara Foreman, the Francis Eppes Professor of Education and director of the Florida Center for Reading Research at Florida State University, as an expert reviewer for the Common Core State Standards for prekindergarten. Dr. Foreman's experience includes serving as the principal investigator of several federally-funded grants concerning early reading interventions, scaling assessment-driven instruction, and literacy development in Spanish-speaking children.

The inclusion of prekindergarten standards for ELA and Math in New York State's Common Core State Standards aligns expectations for preschool children with the expectations for K-12 students. Vertical alignment of the standards helps early childhood educators understand the differences between prekindergarten and kindergarten, bolstering developmentally appropriate practice across early years. Because the Common Core State Standards includes only ELA and Math, the Board of Regents further adopted the Prekindergarten Learning Standards in January 2011 to set standards in the Essential Domains of School Readiness not covered by the Common Core State Standards for prekindergarten. As early childhood educators used these standards to inform curriculum and instruction, they provided feedback about integrating the ELA and Math Common Core State Standards into the Prekindergarten Learning Standards. The result of this process is the Prekindergarten Foundation for the Common Core, which incorporates both the Common Core State Standards for ELA and Math and the Prekindergarten Learning Standards for all other Essential Domains of School Readiness.

The Prekindergarten Foundation for the Common Core was developed concurrently with the Early Learning Guidelines, which are New York State's Early Learning and Development Standards for children ages birth - 5 aligned with the Prekindergarten Foundation for the Common Core which focuses on skills, knowledge, and approaches to learning for prekindergarten students. The Early Learning Guidelines focus on child

development, and together these documents provide a comprehensive approach to understanding and meeting the needs of children. The Early Learning Guidelines development team used the Prekindergarten Foundation for the Common Core and the Head Start Child Development and Early Learning Framework as a framework to create standards with aligned domains that are developmentally, linguistically, and culturally appropriate. The team also drew on high-quality standards and best practices from other states to inform the development of New York State's guidelines. New York State decided to extend the Early Learning Guidelines through the fifth year because not all 4-year-olds attend prekindergarten, and it is a priority of the state to serve every form of English Language Proficiency Development (ELPD) through the Early Learning and Development Standards.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- [x] Cognition, including language arts and mathematics
- [x] Social development
- [x] Emotional development
- [x] Physical development
- [x] Approaches toward learning
- [x] Other

Describe:

Includes critical thinking skills and problem solving

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The NYS Early Childhood Advisory Council's Early Learning Professional Development Work Group developed the Early Learning Guidelines with the help of many experts in the field.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

The NYS ELG were issued in 2012. They have not been updated as of this writing.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

N/A

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

http://www.ccf.ny.gov/files/7813/8177/1285/ELG.pdf

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

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

-- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,

-- Will be used as the primary or sole method for assessing program effectiveness,

-- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

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

The guidelines were developed to be used by child care providers as a helpful reference tool, to help create a safe and engaging learning environment, to help the provider get to know and appreciate each child as an individual, to help build a trusting relationship with each child, to help individualize and promote each child's learning, to help set realistic expectations and guide children's behavior in positive ways, to help strengthen partnerships with families, to support provider concerns about a child's development or growth. In addition, as stated in 6.2.1- OCFS has included incorporating Early Learning Guidelines into many of its on-line trainings and webcasts as a goal for future training development. OCFS has also initiated work to develop training that is, focused entirely on Early Learning Guidelines which will be marketed to directors and group teachers, and be produced as both an on-line training and as classroom training. These training opportunities will introduce the early learning framework and increase awareness of how program standards, professional

standards, and the guidelines should be used and how they intersect. This training is intended to teach directors and group teachers how to use the Early Learning Guidelines in creating high quality programs that meet the individual needs of children.

Effective Date: 10/01/2018

7 Support Continuous Quality Improvement

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

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).

2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).

3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

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

-- Supporting the training and professional development of the child care workforce

-- Improving on the development or implementation of early learning and developmental guidelines

-- Developing, implementing, or enhancing a tiered quality rating and improvement system for

child care providers and services

-- Improving the supply and quality of child care programs and services for infants and toddlers

-- Establishing or expanding a statewide system of child care resource and referral services

-- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

-- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children

-- Supporting providers in the voluntary pursuit of accreditation

-- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development

-- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

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

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

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

NYS CCR&Rs do an annual needs assessment in the counties they serve. The CCR&R

focuses these annual needs assessment for parents on referrals, education about child care and parenting workshops, they also include preferences for accessing parent services. These needs assessments identify the child care supply and changing needs in the counties the CCR&R has been funded to serve. Strategies outside of the mandated CCR&R services are often developed from these changing county needs as part of the assessment process. CCR&R often include training, general technical assistance and on-site technical assistance gleamed from the provider section of the needs assessment that provides information on provider needs from providers, licensing representatives and partner agencies that train or educate providers.

Training needs of child care providers serviced by the New York's Early Childhood Education and Training Program are assessed in the following ways:
•Training participant feedback regarding future training needs is routinely gathered through program evaluations.
•ECETP staff conduct environmental scanning of Early Childhood related research and best practices to be addressed in future programming.
•Training needs surveys and focus groups are conducted as needed to inform programming.
•Feedback from regulatory staff and OCFS administrators regarding inspection findings and quality improvement opportunities are shared with ECETP staff through bimonthly meetings and via email.

Program Improvement Plans are jointly developed with the childcare program administrators participating in Quality Stars NY and their assigned Quality Improvement Specialists. Funding for professional development needs identified under these Program Improvement Plans is available under the QualityScholars scholarship program.

Needs Assessment surveys are conducted every two years to inform Regulatory staff training. This is supplemented by annual contact with OCFS regional office managers and bimonthly meetings with OCFS home office staff and training vendor to determine training needs and priorities.

In 2017, a needs assessment was conducted for a specific re-design of the New Regulatory Staff Training Institute. The needs assessment was done with an advisory group of Regional Office Managers, regulatory staff and supervisors. There were two advisory group meetings at which were identified tasks and skills required for a new regulatory staff person, when the

new staff person needed to begin to learn and/or develop in these areas, which of these areas were important to be included in the Institute (versus as a part of their on-boarding process), and the level of competence if skills involved. A concept paper was written, based on the needs assessment work. Learning objectives, as well as a goal for the Institute, were agreed upon.

Also in 2017, OCFS conducted an inter-rater reliability study of its inspection process. OCFS partnered with the National Association for Regulatory Administration (NARA) to provide methodological guidance and assessment of the study.

Effective Date: 10/01/2018

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

Depending upon the area of New York State, CCR&Rs find a variety of issues and needs during their annual needs assessments. Issues and needs are also identified by regional offices that work together with the local CCR&Rs. Additional feedback is used from directors of programs through requests for on-site trainings and technical assistance. Often times, once a CCR&R begins working with a program, through observation and collaboration with the program director or FCC/GFCC providers, specific goals are developed.

For example, in the capital region of New York state, the local CCR&Rs use various studies and demographics to identify needs including “The Picture of Child Care in the Capital Region” used in addressing community wide scores for the Environment Rating Scales (ITERS, ECERS, FCCERS). The capital region also uses the available Classroom Assessment Scoring System (CLASS) for observing and assessing the quality of interactions between teachers and students in early childhood education classrooms. Believing that by using valid classroom observations they can improve student outcomes; provide a framework for planning professional development and coaching, and support individualized curriculum planning.

The overarching goal of the New Regulatory Staff Training Institute as agreed upon and

approved by advisory group is that participants will develop key skills for carrying out OCFS's mission and/DCCS's mission promotes and protects the health, safety and development of children in regulated care. Topics addressed in this Institute include: New York State Child Care Regulations, Developmentally Appropriate Practice, Effective Communications, Critical Thinking, The Application Process, Inspections and Complaint Investigations, Collaborative Investigations for Child Abuse and Maltreatment and Managing Work. This training is being piloted in 2018 and will revised and updated as needed.

Information gathered from regulators participating in 2017 training programs identified the need for more in-depth training for experienced regulators on topics such as: learning environments, enforcement preparation, motivating providers to improve their quality of care. Newly developed curriculum to support this need is Supporting Pyramid Model Practices.

Through environment scanning and collaboration with partners, coaching has been identified as important support to advancing quality in child care programs. Coaching Competencies have been developed. Eligibility requirement for New York's Educational Incentive Program have also been expanded to provide scholarship support for coaching activities. Coaching support is in the early stages and is expected to be refined and expanded during the period of this plan.

Child care providers, who participated in 2017 e-learning and webcast training, identified "Behavior Management," "Nutrition" and "Business," as the top three requests for future training offerings. Content related to these topics has been included in the goals for the 2018 webcast programs. The "Building Healthy Relationships" webcast provides a focus on business and behavior management, "Educating for Sustainability" offers content on nutrition, and the "Town Hall Meeting: Examining the Business Side of Child Care" focuses on business practices in running a child care program.

The outcomes of over 40,000 inspections conducted in 2016 related to the inter-rater reliability study were assessed and provided findings that there is no evidence of weak inter-rater reliability in our inspection process. OCFS has identified practices that will be initiated as a result of the study to further strengthen and enhance our inspection practices, which include: regular rotation and reassignment of licensing caseloads, modification of our inspection instrument to randomly include variable checklist items, development of formal

inspection guidelines for monitoring inspections, and increased and targeted field supervision of licensing staff.

Effective Date: 10/01/2018

7.2 Use of Quality Funds

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

Effective Date: 10/01/2018

- [x] Supporting the training and professional development of the child care workforce If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [ ] Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.
  - [ ] CCDF funds
  - [ ] Other funds

  Describe:

- [x] Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [x] Other funds

  Describe:

  Private philanthropic dollars from a consortium of NYC-based private foundations.

☑ Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this activity. Check all that apply

☑ CCDF funds

☐ Other funds

Describe:

☑ Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

☑ Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

☑ Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

☑ Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

☑ CCDF funds

☐ Other funds

Describe:

- [x] Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.
  - [x] CCDF funds
  - [ ] Other funds

  Describe:

- [ ] Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply
  - [ ] CCDF funds
  - [ ] Other funds

  Describe:

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

Effective Date: 10/01/2018

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- [x] Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

Funded through a Memorandum of Understanding, OCFS has supported the work of the State University of New York (SUNY) to develop trainings to promote the social, emotional, physical, and cognitive development of children, including those related to nutrition and physical activity. Trainings developed by SUNY are based on current scientific research and literature from organizations such as the American Academy of Pediatrics, American Health Association, the National Resource Center for Health and Safety, and other respected organizations.

Three online training sessions were developed in collaboration with the NYS Department of Health. These online sessions support the OCFS regulations, which now require that programs offer only healthy beverages and mandate USDA meal standards be met in centers and school age child care programs. These trainings on nutrition are titled: Infant Meal Pattern, Child Meal Pattern and Healthy Beverages. A curriculum was also developed for Medication Administration Training trainers to provide instruction to providers who intend to administer emergency medication (specifically, epinephrine auto-injectors, diphenhydramine in combination with the epinephrine auto-injector, asthma inhalers and nebulizers) in their programs. This is in accordance with the NYS OCFS child day care regulations, and the recent amendment of Public Health Law for the use of stock non-patient-specific epinephrine auto-injectors by public venues, including day care facilities.

OCFS E-learnings training sessions that promote children's physical and cognitive development are available online to providers. Titles include: Foundations in Health and Safety, Obesity Prevention, Infant Brain Development, Early Intervention, Keeping Children Safe: Prevention of Lead Poisoning and Other Dangers to Children, and Preventing Sudden Infant Death Syndrome, Promoting Safe Sleeping and Preventing Shaken Baby Syndrome. In partnership with SUNY, OCFS is developing an e-learning on Brain Injury. OCFS, through SUNY, continues to hold regular statewide video conference training, and has identified Educating for Sustainability as a topic to be delivered in 2018.

While OCFS trainings are also available to all legally-exempt providers as well, OCFS worked with PDP to create a five-hour Child Development training specifically geared towards legally-exempt providers. The course includes but is not limited to cognitive, social, emotional and physical development from infancy through school-age, developmentally appropriate behavior management techniques and supervision, and caring for children with special needs.

☑ Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

OCFS has many courses to assist providers by giving them the tools for implementing behavior management strategies. Managing Challenging Behavior: Birth to 18 Months, Managing Challenging Behavior: 18 to 36 Months, Expulsion and Suspension Prevention Strategies. OCFS is also working collaboratively with other state agencies and partners to promote the statewide use of The Pyramid Model, an evidence based framework proven effective in building social and emotional competence in early care and education programs.

While OCFS trainings are also available to all legally-exempt providers as well, OCFS worked with PDP to create a five-hour Child Development training specifically geared towards legally-exempt providers. The course includes but is not limited to cognitive, social, emotional and physical development from infancy through school-age, developmentally appropriate behavior management techniques and supervision, and caring for children with special needs.

☑ 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:

OCFS has made available to program staff and providers an online training session focused on family engagement. This training session covers topics such as cultural and linguistic differences and methods to engage families in both the development of the program and in supporting their child's positive development. In addition, one of the statewide video conferences scheduled for this year will cover Building Healthy Relationships with Effective Communication. In addition, the topic of family engagement is a consideration for inclusion in all E-learning and webcast productions.

☑ Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning

environments that are aligned with state/territory early learning and developmental standards.

Describe:

The New York Early Learning Guidelines were developed and vetted by a diverse group of stakeholders with expertise in child development and aligned to the Pre-K standards. New York State has Early Learning Development Standards that are developmentally, culturally, and linguistically appropriate across age groups and inclusive of all service delivery systems. The Early Learning and Development Standards are designed to foster high-quality learning, experiences and outcomes for all children, and further our goal of having New York State children achieve standards across the Essential Domains of School Readiness, be healthy as they transition into kindergarten, and continue on the road to becoming college and career ready.

☑ Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development

Describe:

OCFS supports a number of existing initiatives that promote access to comprehensive services and link families to community services. These include supports provided by family advocates in Head Start and other programs, early childhood mental health consultations, coordination with organizations that conduct developmental screenings, and pre-kindergarten programming supported by community based organizations. DCCS has committed to continue to work with the SAC and other partners to identify ways to promote access to programs and services that support this goal.

☑ Using data to guide program evaluation to ensure continuous improvement

Describe:

Training in topics specific to program need and advancement in developmentally appropriate practices are addressed during on-site monitoring and inspections. Licensing staff regularly offer technical assistance and resources for program development based on program specific needs. In addition, if a violation or enforcement action is one that could be corrected through training activities, that training becomes part of a corrective action plan. OCFS's continued support of training activities through its Education Incentive Program funding serves to encourage

continued education in child care topic areas.

☑ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment

Describe:

OCFS has made available to program staff and providers an online training session focused on family engagement. This training session covers topics such as cultural and linguistic differences and methods to engage families in both the development of the program and in supporting their child's positive development.

☑ Caring for and supporting the development of children with disabilities and developmental delays

Describe:

OCFS offers an online training session titled "Early Intervention." Trainees learn important information pertaining to resources available to them, including the New York State Department of Health's Early Intervention Program that may be helpful when working with a child from birth to 3 years of age who is exhibiting atypical behavior for his or her age or stage of development.

☑ Supporting the positive development of school-age children

Describe:

OCFS offers an online training titled: School-Age Child Care. This training is specific to this age group and focuses on program development, developmental stages of school-age children, and safety.

☑ Other

Describe:

Principles of childhood development, focusing on the developmental stages of the age groups for which the program provides care; health needs of infants and children; child day care program development; safety and security procedures; business record maintenance and management; child abuse and maltreatment identification and prevention; statutes and regulations pertaining to child day care; statutes and regulations pertaining to child abuse and maltreatment; education and information on the identification, diagnosis and prevention of shaken baby syndrome; safe sleep practices; sudden infant death; obesity prevention; emergency preparedness; family

engagement; early intervention; transportation; prevention of lead poisoning and other hazards; study of the regulations; continuity of care; infant feeding practices; children's author studies; quality programming; and caring for children with ADHD. OCFS is also working with PDP to make archived videoconferences available to the child care workforce. Some of these titles include: Nutrition, including Obesity Prevention, Picky Eaters and Food Allergy Management, More Than Just "Use Your Words": Promoting Positive Communication with Children, Family and Community Relationships with a Focus on Bullying during the School Age Years, Identifying and Helping Children Who Have Experienced Trauma, Child Abuse and Maltreatment with a Focus on Understanding Brain Injury and Prevention, Infant Feeding Practices and Moving and Grooving in Your Child Care Program.

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

- [x] Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling
- [x] Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities
- [x] Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education
- [ ] Other

Describe:

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

OCFS has a number of initiatives which seek to measure the quality of services being provided to children in licensed and registered care. OCFS has a computerized system of record that collects violations cited in every program and can assess the compliance histories of its licensed or regulated programs. This serves to inform OCFS on patterns of

violations and where they are occurring. This information is used to select training topics, and as a focus for technical assistance, and information letters to programs. In addition, OCFS is in the process of developing and implementing a quality indicators system. Once implemented, OCFS will analyze violation histories and focus more inspection time on the programs that are not regularly in compliance with health and safety regulations.

Effective Date: 10/01/2018

7.4 Quality Rating and Improvement System (QRIS)

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

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

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

Effective Date: 10/01/2018

- [ ] No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.
- [ ] No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.
- [x] Yes, the state/territory has a QRIS operating statewide or territory-wide

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

New York's QRIS, known as QUALITYstarsNY, is administered by the New York Early

Childhood Professional Development Institute at the City University of New York (PDI). QUALITYstarsNY includes child care, Pre-K, Head Start, and family child care providers from across the state. In its first five years, QUALITYstarsNY has added participation each year and is currently serving over 750 programs. (See www.qualitystarsny.org for more information.)

PDI tracks increases in star ratings. For example, in a three-year study, 84 percent of participating programs improved their rating scores, and the number of 4-star and 5-star rated programs (which is the highest rating possible) increased by 65 percent.

☐ Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

☐ Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

7.4.2 QRIS participation

Effective Date: 10/01/2018

a) Are providers required to participate in the QRIS?

☑ Participation is voluntary

☐ Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

☐ Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply

- [x] Licensed child care centers
- [x] Licensed family child care homes
- [ ] License-exempt providers
- [x] Early Head Start programs
- [x] Head Start programs
- [x] State prekindergarten or preschool programs
- [x] Local district-supported prekindergarten programs
- [x] Programs serving infants and toddlers
- [x] Programs serving school-age children
- [x] Faith-based settings
- [x] Tribally operated programs
- [ ] Other

Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

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

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
  - [x] Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality

improvement system) .

- [x] Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
- [x] Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).
- [ ] Programs that meet all or part of state/territory school-age quality standards.
- [ ] Other.

Describe:

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

Effective Date: 10/01/2018

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

Describe:

Two years ago, New York established "Start with Stars" to address the needs of licensed programs that had repeated licensing violations and needed a more intense level of support to bring them into compliance and then shepherded into the QUALITYstarsNY rating process.

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

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, check all that apply
  - [ ] One time grants, awards, or bonuses.
  - [ ] Ongoing or periodic quality stipends
  - [ ] Higher subsidy payments
  - [x] Training or technical assistance related to QRIS.
  - [x] Coaching/mentoring.
  - [x] Scholarships, bonuses, or increased compensation for degrees/certificates
  - [x] Materials and supplies
  - [ ] Priority access for other grants or programs
  - [ ] Tax credits (providers or parents)
  - [ ] Payment of fees (e.g., licensing, accreditation)
  - [ ] Other

Describe:

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

The QUALITYstarsNY standards were developed by leading experts in the field of early childhood development and learning across New York State to provide a common framework for the elements of high quality in early care and education programs. There are standards for center-based programs, including child care, Head Start and Pre-K, family home providers and primary schools with pre-kindergarten classrooms. A program's rating is determined using a point system based on 75 different indicators, resulting in a one-to-five-star rating with five stars denoting highest quality. To augment the rigor of the point system,

an independent evaluation of a site's classrooms or a provider's home using the Environmental Rating Scale (ERS) tool is used. PDI tracks changes in star ratings. Increases in rating star level are used as a metric to determine progress. For example, in a three-year study, 84 percent of participating programs improved their rating scores, and the number of 4-star and 5-star rated programs (which is the highest rating possible) increased by 65 percent.

Effective Date: 10/01/2018

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe

Effective Date: 10/01/2018

☑ Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

OCFS has Child Care Resource and Referral (CCR&R) Agencies along with I/T

specialists throughout the seven regions of the state. Many of the CCR&Rs provide start-up and/or health and safety and quality-based grants to new or expanding community and neighborhood-based family and child development centers. Additionally, CCR&Rs provide information about subsided funds for infants and toddlers from low-income families. The Regional I/T specialists do encourage priority be given to low income families to access available resources in each of their communities to build their capacity and responsiveness.

Also through the CCR&R's work with the LDSSs and other community based agencies strategies are provided to child care providers to strengthen the quality of early childhood services for infant/toddlers.

☑ Establishing or expanding the operation of community- or neighborhood-based family child care networks.

Describe:

The New York City Administration for Children's Services' (ACS) EarlyLearn NYC program was designed to better integrate Head Start and other child care programs provided through contracts with the city into a standardized and improved system for providing subsidized care. This includes expanding services in communities that are defined as having the greatest need, as well as increasing child care slots for infants and toddlers. Home-based providers serve the youngest children in the EarlyLearn NYC model. Rather than contract with individual family child care and group family child care providers, ACS contracts with family child care networks. These networks recruit, provide administrative oversight and support, and conduct eligibility determination to family-based providers. In an effort to build continuity of care and provide families with a smooth transition when their child ages out of the family child care setting, each network is expected to link with a child care center. Additionally, many CCR&Rs in NYS, often facilitated by infant/toddler specialists, lead support groups and networking opportunities for child care providers and child care center directors.

☑ Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers

Describe:

OCFS offers numerous professional development opportunities that promote and expand

providers' services to infants and toddlers. The OCFS E-learning training sessions available online to providers include the following: Infant-Toddler Care: Safety, Early Intervention: Support Infants and Toddlers, Infant-Toddler Care: Emotional and Social Development, Supporting Breastfeeding in Child Care, Preventing Sudden Infant Death Syndrome and Promoting Safe Sleeping, Preventing Shaken Baby Syndrome (SBS), Managing Challenging Behaviors, Obesity Prevention, Early Intervention, and Mandated Reporter Online Training. In addition, OCFS hosts videoconference trainings on topics that focus on early childhood issues, such as Understanding Brain Injury and Prevention. Family and group family day care providers must complete a competency-based training in health and safety topics focused on children's needs such as: hand washing, infection control, diapering, medical emergencies, emergency preparedness, preventing shaken baby syndrome, working to prevent SIDS, protecting children from abuse and maltreatment, cleaning and sanitizing, food safety and infant feeding, and safety and body fluids. Regulatory requirements address these standards as well.
In 2015, OCFS introduced and now allows the concept of continuity-of-care classrooms in child care centers as an option. The continuity-of-care model requires that the center make every effort to establish and maintain a primary relationship between teachers and children and their respective families over a period of years. In the continuity-of-care model, infants/toddlers and their teachers stay together until all children in the group are 36 months of age. The core concept in continuity-of-care is the practice of assigning a child to one teacher who becomes responsible for the child and for communication with the child's parents. The teacher must develop positive relationships with each child assigned to his/her care, tend to their physical and emotional needs, and work together with a second group teacher or assistant teacher who maintains this same relationship with another small number of children assigned to her/him. While each teacher is assigned to a small number of children, both are also responsible as a back-up for each other's assigned children when a need arises to safeguard the health and safety of any child in the classroom. OCFS participates in a collaborative sub-workgroup focusing on increasing parents' and providers' understanding of the relationship between child care and Early Intervention, the individual systems themselves, and increasing effective communication and shared information between entities when working with infants and toddlers with disabilities.

☑ Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler

specialists

Describe:

OCFS has infant/toddler specialists throughout the seven regions of the state providing technical assistance to providers to promote their understanding and use of strategies specific to addressing the unique needs of infants/toddlers. Technical assistance includes the use of infant/toddler-specific evaluation tools and developmentally appropriate approaches such as the Pyramid Model.

☑ 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:

OCFS coordinates with the NYS Department of Health, Division of Family Health, Bureau of Early Intervention, and local Early Intervention Programs administered by municipal governments to so that early intervention services are provided for infants and toddlers with disabilities through state-approved early intervention program providers/early intervention specialists. OCFS co-chairs a collaborative workgroup that includes several NYS agencies and organizations including NYS Department of Health, Division of Family Health, Bureau of Early Intervention who are working to complete the Strengthening State and Territory Infant/Toddler Child Care Policies and Practices Tool created by the Child Care State Capacity Building Center. Cross-agency coordination and collaboration to address opportunities for infants/toddlers with disabilities is one of the topics of the group's focus. OCFS participates in a collaborative sub-workgroup focusing on increasing parents' and providers' understanding of the relationship between child care and Early Intervention, the individual systems themselves, and increasing effective communication and shared information between entities when working with infants and toddlers with disabilities.

☐ Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

☑ Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

OCFS completed a major overhaul to its child day care regulations that pertain to licensed and registered programs in 2015 that included addressing important quality issues relative to infants and toddlers. One such change in regulation is the allowance to operate continuity-of-care classrooms. The continuity-of-care model requires the center to make every effort to establish and maintain a primary relationship between teachers and children and their respective families over a period of years. In the continuity-of-care model, infants/toddlers and their teachers stay together until all children in the group are 36 months of age. The core concept in continuity-of-care is the practice of assigning a child to one teacher who becomes responsible for the child and for communication with the child's parents. The teacher must develop positive relationships with each child assigned to his/her care, tend to their physical and emotional needs, and work together with a second group teacher or assistant teacher who maintains this same relationship with another small number of children assigned to her/him. While each teacher is assigned to a small number of children, both are also responsible as a back-up for each other's assigned children when a need arises to safeguard the health and safety of any child in the classroom. Additionally, OCFS regulations reduce screen time activities, require daily physical activity, institute safe sleep measures, allow only healthy beverages, meals and snacks which meet CACFP standards in day care centers, and encourage breast feeding-friendly environments.

☑ Developing infant and toddler components within the early learning and developmental guidelines

Describe:

The Council on Children and Families (the Council), which serves to coordinate the state health, education, and human services agencies, is housed with the Lead Agency and, as such, works very closely with the Division of Child Care Services. The Council, through the Early Childhood Advisory Council (ECAC), has developed early learning guidelines for children birth through age five; the New York State Education Department (SED) has developed early learning standards for what children should know and be able to do by the end of their pre-school experience, upon entering kindergarten. The early learning guidelines developed by the ECAC's Workforce Development Work Group were formally released to the field in April 2012. They have been aligned with SED's Pre-Kindergarten Standards.

☑ Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

The New York State Infant/Toddler (I/T) service initiative has been funded since 2002 and addresses the unique and special needs of the I/T population statewide. The services include providing technical assistance to providers and parents regarding best practice strategies in serving infants and toddlers, assisting providers in addressing issues that have been identified in their program(s), working with providers as they develop new infant and toddler rooms and programs, promoting, facilitating and conducting specialized training to providers and parents that is specific to the infant and toddler population, and providing information about the unique needs of infants in toddlers in a various manners including links on websites, videos, through pamphlets, information and training sessions, and community events. Infant/toddler specialists throughout the seven regions of NYS currently provide these services to providers and parents for the purpose of improving the quality of I/T care. OCFS, in partnership with NYS Department of Health, Division of Family Health, Bureau of Early Intervention, has identified and added essential links throughout each of the agencies' websites related to child care and Early Intervention.

☑ Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

OCFS participates in a variety of activities, many of which are collaborative with NYS organizations and agencies, as well as other state and federal agencies as a means for improving the quality of infant and toddler care. Such activities include attending Infant/Toddler focused conferences, participating in various Peer Learning Forums including Conversations on Increasing Access and Quality for Infants and Toddlers and participating in NYS' Pyramid Model Leadership Team. OCFS co-chairs a collaborative workgroup that includes several NYS agencies and organizations who are working to complete the Strengthening State and Territory Infant/Toddler Child Care Policies and Practices Tool created by the Child Care State Capacity Building Center. The results of the tool will assist in developing additional short- and long-term goals related to

advancing infant/toddler child care quality. Two sub-workgroups have been developed as a result: one focusing on continuity-of-care and one focusing on the relationship between child care and Early Intervention. Additionally, OCFS participates in webinars such as the State Capacity Building Center's offering of The Program for Infant/Toddler Care (PITC): Six Essential Practices for Quality Infant/Toddler Care- Hot Topics Webinar.

☑ Coordinating with child care health consultants.

Describe:

Child Care Resource and Referral Centers contracts with NYS OCFS include health care consultant milestones related to providing consultations, conducting site visits and reviewing and signing health care plans for child care providers. Infant/toddler specialists throughout the seven regions of NYS have access to the health care consultants for collaboration as needed.

☑ Coordinating with mental health consultants.

Describe:

Infant/Toddler specialists throughout the seven regions of NYS have received training regarding the NYS Infant Mental Health Credential and the process involved for receiving the credential, as well as training related to Adverse Childhood Experiences (ACEs). The infant/toddler specialists incorporate various aspects from ACEs training into technical assistance and trainings for child care providers. OCFS co-chairs a collaborative workgroup that includes New York State's Association for Infant Mental Health.

☐ Other

Describe:

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

OCFS is mandated to submit a biennial report to the governor and Legislature on CCR&R services that includes evaluating the infant/toddler regional services that have been

performed over each past two-year period. This report specifies how funding was spent among the following categories of infant/toddler services: general services, basic technical assistance, intensive technical assistance and training. This report includes results of the seven CCR&R regional lead agencies' efforts to create a statewide framework to promote an understanding of the importance of, and strategies for, improving the quality of care for infants and toddlers. Additionally, OCFS co-chairs a collaborative workgroup that includes several NYS agencies and organizations including NYS Department of Health, Division of Family Health, Bureau of Early Intervention who are working to complete the Strengthening State and Territory Infant/Toddler Child Care Policies and Practices Tool created by the Child Care State Capacity Building Center. During 2017 and 2018, the workgroup completed the tool then determined the beginning focus would be based on strengthening Infant/toddler-focused and aligned cross-sector systems. Goals are ongoing and in coordination with the Child Care State Capacity Building Center.

Effective Date: 10/01/2018

7.6 Child Care Resource and Referral

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

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

OCFS employs a number of strategies that rely on CCDF quality funds for their implementation and sustainability.

The quarterly goal of unannounced monitoring visits to all licensed and registered child day care programs was put into practice based on research that indicates that there is a correlation between unannounced monitoring and inspection and program's adherence to regulation. Unannounced monitoring inspections provide the opportunity to see programming as it is occurring. This allows for spontaneous observations which leads to focused technical assistance and support. During an inspection, regulatory staff review files to ensure compliance with required training. Regulators utilize a checklist comprised of required regulations to ensure programs are meeting health and safety standards. In instances where a program exhibits chronic non-compliance, OCFS increases the number of unannounced visits, and provides more intensive monitoring. OCFS also conducts unannounced inspections during alternative work hours. These inspections occur outside of typical work hours at child care programs who provide alternate shifts of care. OCFS performs case reviews of regulators files to quality assure performance standards and improve consistency in practice. These findings are discussed with staff. When programs adhere to regulations, children benefit. OCFS mandates provider compliance with inspections, monitoring, training, and health and safety standards by requiring cooperation with OCFS licensors and agents of the state. When providers fail to maintain compliance, OCFS has progressive enforcement protocols as a means to sanction a license or registration. When children are at risk of imminent danger, OCFS will move to suspend or limit a program's the license or registration immediately. Enforcement can take the form of fines, suspension, revocation, limitations, or denial of licensure/registration or renewal. In addition, training and coaching by Pyramid Model trainers and infant and toddler (I/T) specialists are funded with the CCDF grant. The Pyramid Model supports social emotional competence in infants and young children and is a conceptual framework of evidence-based practices developed by two national, federally-funded research and training centers: The Center for the Social and Emotional Foundations for Early Learning (CSEFEL) and TACSEI. Pyramid model training is available to licensed, registered, and legally-exempt providers.

I/T specialists support the infant/toddler child care workforce by providing services such as professional development education and training; technical assistance; resource identification; and community outreach, education and support. In addition, I/T specialists can link the workforce to other quality support programs and initiatives, such as, child care licensing departments, early intervention services, and other consultant and technical assistance networks. The overall goal of the infant/toddler (I/T) specialist is to improve caregiver practices and the overall quality of each infant and toddler's developmental

experience.

OCFS also has produced e-Learning sessions, webcasts, on-demand trainings on a plethora of child care topics, and a Health and Safety Foundations training that covers all the federal health and safety required topics.

OCFS sets aside training dollars using CCDF funding to support the workforce in attaining child care specific training and coaching. The Educational Incentive Program scholarships can be used to cover the cost of CDA training, the CDA assessment fee and the CDA renewal fee. In addition, the scholarship is available for college credits and noncredit bearing courses to those in the workforce who are income eligible. QUALITYscholars enables participants in QUALITYstarsNY to purchase training and professional development to help them meet their quality improvement goals.

OCFS child care regulations set a standard for care. They provide consistent rules by which OCFS licensors can measure compliance and provide a method by which OCFS may intervene to produce outcomes which might not otherwise occur. OCFS continually reviews and implements changes to its regulations in an effort to provide clarity and to remain current with changes in technology and child care practices. OCFS's Child Care Facility Search function within the Child Care Facility System database allows OCFS to check on noncompliance across the state to determine what actions to take in response.

Effective Date: 10/01/2018

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

OCFS employs a number of strategies that rely on CCDF quality funds for their

implementation and sustainability.

The quarterly goal of unannounced monitoring visits to all licensed and registered child day care programs was put into practice based on research that indicates that there is a correlation between unannounced monitoring and inspection and program's adherence to regulation. When programs adhere to basic safety regulations, children benefit. OCFS mandates provider compliance with inspections, monitoring, training, and health and safety standards by requiring cooperation with OCFS licensors and agents of the state. When providers fail to remain in compliance, OCFS has a practice of progressive enforcement tactics when violations occur. In situations of imminent danger to children, OCFS will move to suspend or limit a program's the license or registration immediately. Enforcement can take the form of fines, suspension, revocation, limitations, or denial of licensure/registration or renewal. In addition, training and coaching by Pyramid Model trainers and infant and toddler (I/T) specialists are funded with the CCDF grant. The Pyramid Model supports social emotional competence in infants and young children and is a conceptual framework of evidence-based practices developed by two national, federally-funded research and training centers: The Center for the Social and Emotional Foundations for Early Learning (CSEFEL) and TACSEI. Pyramid model training is available to licensed, registered, and legally-exempt providers.

I/T specialists support the infant/toddler child care workforce by providing services such as professional development education and training; technical assistance; resource identification; and community outreach, education and support. In addition, I/T specialists can link the workforce to other quality support programs and initiatives, such as, child care licensing departments, early intervention services, and other consultant and technical assistance networks. The overall goal of the infant/toddler (I/T) specialist is to improve caregiver practices and the overall quality of each infant and toddler's developmental experience.

OCFS also has produced e-Learning sessions, webcasts, on-demand trainings on a plethora of child care topics, and a Health and Safety Foundations training that covers all the federal health and safety required topics.

OCFS sets aside training dollars using CCDF funding to support the workforce in attaining child care specific training and coaching. The Educational Incentive Program scholarships

can be used to cover the cost of CDA training, the CDA assessment fee and the CDA renewal fee. In addition, the scholarship is available for college credits and noncredit bearing courses to those in the workforce who are income eligible. QUALITYscholars enables participants in QUALITYstarsNY to purchase training and professional development to help them meet their quality improvement goals.

OCFS child care regulations set a standard for care. They provide consistent rules by which OCFS licensors can measure compliance and provide a method by which OCFS may intervene to produce outcomes which might not otherwise occur. OCFS continually reviews and implements changes to its regulations in an effort to provide clarity and to remain current with changes in technology and child care practices. OCFS's Child Care Facility Search function within the Child Care Facility System database allows OCFS to check on noncompliance across the state to determine what actions to take in response.

Effective Date: 10/01/2018

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

Effective Date: 10/01/2018

- [ ] No
- [x] Yes. If yes, which types of providers can access this financial assistance?
  - [x] Licensed CCDF providers
  - [x] Licensed non-CCDF providers
  - [x] License-exempt CCDF providers
  - [x] Other

Describe:

The NYS CCR&R programs provide small grants to help meet health and safety standards to become enrolled/registered/licensed or maintain such approvals. Grants for legally-exempt child care, licensed and registered child care programs will be allowed. CCR&S may also provide grants up to $1,500 to child care programs that have 25 percent of their child care slots committed to subsidized children.

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

Unannounced monitoring inspections provide the opportunity to see programming as it is occurring. This allows for spontaneous observations which leads to focused technical assistance and support. During an inspection, regulatory staff review files to ensure compliance with required training. Regulators utilize a checklist comprised of required regulations to ensure programs are meeting health and safety standards. In instances where a program exhibits chronic non-compliance, OCFS increases the number of unannounced visits, and provides more intensive monitoring. OCFS also conducts unannounced inspections during alternative work hours. These inspections occur outside of typical work hours at child care programs who provide alternate shifts of care. OCFS performs case reviews of regulators files to quality assure performance standards and improve consistency in practice. These findings are discussed with staff. OCFS subscribes to strategies in improving quality that have been tested through national research and training centers. The Pyramid Model, infant and toddler specialist programs, training and frequently of unannounced on-site inspections have all been studied as strategies to improve the quality of child care with positive outcomes noted.

Effective Date: 10/01/2018

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

New York State is in the process of creating a system of quality indicators in order to capture the elements of a child care program's characteristics above and beyond regulatory compliance. The system will be designed so that it is incorporated into OCFS licensing visits. There are approximately 19,000 regulated child care programs in New York State, more than 13,000 of which served at least one subsidized child in federal fiscal year 2017. Therefore, the lead agency determined that until QUALITYstarsNY (NY's quality rating and improvement system) goes statewide, New York State needs a quality "shorthand" to evaluate the quality of child care programs and services and expand consumer education as to what constitutes quality in a child care program. This will help parents make more informed decisions about the child care arrangement they choose for their child. New York State's approach is to create a system of quality indicators that capture the elements of a child care program's characteristics above and beyond regulatory compliance.

OCFS is drawing upon the expertise of its sister agencies. For example, the NYS Department of Health's Division of Family Health convened a staff workgroup to develop recommendations for OCFS on health-related indicators that include both physical and social-emotional indicators (development in collaboration with the New York State Office of Mental Health). In addition, private foundation funding has provided OCFS with the services of an outside expert to assist in the conceptualization and design of the system. It is important that the initiative be fiscally neutral once it is implemented, so a leaner approach to site inspections is needed. Approximately 53,000 child care inspections are conducted every year, the majority of which have no regulatory violations. That fact was of concern to our initial consultant (Dr. Richard Fiene, director of the Research Institute for Key Indicators and a retired professor from Pennsylvania State University), who urged us to conduct a study of inter-rater reliability so as to verify the validity of our inspection data. We did so, and were very pleased with the results (as was he).

Effective Date: 10/01/2018

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

As noted above in Section 7.8.1, New York State has begun work on developing a set of quality indicators to be incorporated into inspections of licensed programs and that will capture elements of a child care program's characteristics above and beyond regulatory compliance. This will allow for OCFS to generate trend data, and to examine the impact of selected professional development activities and other efforts to improve program quality. Currently, OCFS utilizes the electronic system of record, Child Care Facility System (CCFS) to glean inspection data. These reports illustrate trends such as most frequently cited violations, and/or severity level of violations. Based on this data, OCFS can identify areas for training opportunities for the provider community. OCFS also performs case reviews of regulator files to identify trends in commonly cited violations and technical assistance offered. This is also an indicator of a potential training need, as well as an opportunity to explore regulation and policy development regarding the issue.

Effective Date: 10/01/2018

7.9 Accreditation Support

7.9.1 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?

Effective Date: 10/01/2018

☑ Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

OCFS supports this in several ways. One way is through the PDP administers the Educational Incentive Program (EIP). This scholarship fund can be used by licensed and registered child care providers towards some of the costs to attain an accreditation through National Association for the Education of Young Children (NAEYC) and the National Association for Family Child Care (NAFCC). This includes costs for caregivers to earn college degrees, credentials such as CDAs, and the cost of the program's NAFCC accreditation fee. EIP staff provides assistance including: community outreach to inform educational organizations and child care providers about EIP the program, technical assistance to child care providers on how to complete the applications, rules of the program including compliance issues, understanding training regulations, evaluating course content, working with applicants so that courses support educational and career goals, and application processing and development. EIP staff monitor provider requests for training and educational funds to increase the child care providers' ability to select meaningful courses that will help them achieve specific career goals such as Child Development Associate (CDA). This includes reviewing the specific prerequisites, training requirements and portfolio evaluations. In addition, the Quality Scholars scholarship fund can be used to offset costs for programs to attain and sustain status in New York's QRIS system, QUALITYstarsNY. New York also offers the option for local districts to incentivize accreditation by a nationally recognized child care organization by offering a differential subsidy rate to accredited programs which can be set at between 5% and 15% higher than the actual cost of care or the applicable market rate, whichever is less.

☐ Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

☐ Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

☐ Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☐ No, but the state/territory is in the accreditation development phase

☐ Focused on child care centers

Describe:

☐ Focused on family child care homes

Describe:

☐ No, the state/territory has no plans for accreditation development

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

Despite the support for accreditation, rates of NAEYC and NAFCC accreditation are quite low; numbers are too small to evaluate the impact of accreditation on program quality by itself. As noted above in Section 7.8.1, New York State has begun work on developing a set of quality indicators to be incorporated into inspections of licensed programs and that will capture elements of a child care program's characteristics above and beyond regulatory compliance. This will allow for OCFS to generate trend data, and also to examine the impact of selected professional development activities and other efforts to improve program quality.

Effective Date: 10/01/2018

7.10 Program Standards

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

OCFS has a contract with CCR&R agencies to provide infant and toddler (I/T) specialists services to child care programs. The overall goal of the I/T specialist is to improve caregiver practices and the quality of care for infant and toddlers. I/T specialists provide professional development, technical assistance, observation and feedback, and community outreach. In addition, I/T specialists link providers to other quality initiatives such as early intervention services.

OCFS also supports the adoption of the Pyramid Model, an evidence-based approach to social-emotional development. This includes: creating a Master Cadre of 45 trainers offering training and coaching to providers across the state: targeted support for 40 programs and corresponding 200 classrooms/home-based settings; trained evaluators to use program assessments tools to fidelity; providing two webcasts for providers on using Pyramid Model; training OCFS licensors on Pyramid Model. This work is being done under the auspices of the Early Childhood Advisory Council and with multiple State agencies and organizations including the Department of Health, Office of Mental Health, Docs for Tots, Head Start Region II, NYC Administration for Children Services, NYS Association for the Education of Young Children, NYC Department of Education, NYS Association for Infant Mental health, NYS Parenting Education Partnership, NYS United Teachers, Prevent Child Abuse, and the Professional Development Program at the State University of New York (SUNY) .

High quality program standards are embedded in OCFS regulations and in our work to promote compliance with them. In the most recent ranking of child care program requirements and oversight by Child Care Aware, New York's scores were among the highest in the country. OCFS regulations also incorporate standards of Caring for Our Children. Inspections of programs are done regularly, with a goal of one visit per quarter. CACFP and health consultants serve as an additional monitoring source to report any health

issues seen during an inspection. OCFS collaborates with the NYS Education Department to monitor and correct any building safety issues that pose a risk to school age child care programs operating in public school buildings.

High quality standards related to health and safety are supported in several ways. A 15-hour training on health and safety is required of providers in family-based care, and directors in center and school-age programs. This training is also required directors of legally-exempt group programs when local districts opt to offer an enhanced rate for programs that meet higher standards. Standards for medication administration are supported through training for caregivers who opt to administer medications.

OCFS promotes the use Child and Adult Food Program (CACFP) standards by requiring day care centers and school age programs to be in compliance with them, and offering training on CACFP meal standards and Healthy Beverages in collaboration with the Department of Health.

OCFS continues its working relationship with NYS Department of Environmental Conservation, DOH, local building departments, and local fire departments on such issues as: environmental hazards, radon, hazardous waste sites, industrial or commercial discharges, localized hazards on site or adjacent properties and chemical spills when these issues are potential dangers to children in licensed and registered child day care programs

OCFS works closely with the New York State Department of Health (DOH) on such issues as: early intervention, educating parents on the prevention of the Flu, immunization surveys, the promotion of CACFP and CACFP mandatory standards, and the reporting and follow-up on communicable diseases in licensed and registered child day care programs.

OCFS provides webcasts and e-learning sessions to programs at no cost to the trainee. These sessions have a cast of content specialists and nationally renowned experts in many child care matters.

Effective Date: 10/01/2018

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

OCFS has a number of initiatives which seek to measure the quality of services being provided to children in licensed and registered care. OCFS has a computerized system of record that collects violations cited in every program and can assess the compliance histories of its licensed or regulated programs. This serves to inform OCFS on patterns of violations and where they are occurring. This information is used to select training topics, and as a focus for technical assistance, and information letters to programs. In addition, OCFS has committed to developing and implementing a quality indicators system that will allow OCFS to analyze violation histories and focus more inspection time on the programs that are not regularly in compliance with health and safety regulations. It also will provide information on program quality above and beyond regulatory compliance. And, as noted elsewhere, NYS has a quality rating and improvement system – QUALITYstasNY – which uses evidenced-based tools to rate programs on a variety of quality measures.

Effective Date: 10/01/2018

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

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

N/A

Effective Date: 10/01/2018

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

Not applicable.

Effective Date: 10/01/2018

8 Ensure Grantee Program Integrity and Accountability

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

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

-- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF

-- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF

-- Grants or contracts to other organizations that administer or carry out various aspects of

CCDF such as professional development and family engagement activities

-- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

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

Effective Date: 10/01/2018

☑ Train on policy manual

Describe:

Lead agency staff and sub-recipient staff have access to the OCFS website that provides access to the state's Child Care Participant Manual, state child care regulations and issued policy changes. OCFS provides on-site training on a regular basis to its staff as well as its sub-recipients staff. OCFS Audit staff are required to obtain 40 hours of continuing professional education training each calendar year required for "Yellow Book" accreditation. All OCFS regulatory and licensing staff attend an in-service training program known as the Licensing Institute shortly after beginning their employment. This program trains staff on policies, procedures and best practices regarding program requirements. In addition, OCFS Home Office management has regularly scheduled, bi-weekly conference calls with the OCFS regional office managers to keep them informed of on-going initiatives and issues of concern."

☑ Train on policy change notices

Describe:

Changes in policy are incorporated into existing trainings, and presented to stakeholders through a variety of methods including webinar, on-site technical assistance, classroom, computer based, and computer driven asynchronous learning opportunities. Lead agency staff and sub-recipient staff have access to the OCFS website that provides access to the state's Child Care Participant Manual, state child care regulations and issued policy

changes.

☑ Ongoing monitoring and assessment of policy implementation

Describe:

Ongoing monitoring of policy implementation takes place through the monitoring of division wide key performance indicators, quarterly oversight of contracted staff, and annual review of county child and family service plans.

☑ Other

Describe:

OCFS has launched an initiative to provide additional training and support to LDSS and county investigators on the use of the Child Care Program Integrity (CCPI) system, and to provide support to counties as they utilize CCPI.

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

Effective Date: 10/01/2018

☐ Verifying and processing billing records to ensure timely payments to providers

Describe:

☑ Fiscal oversight of grants and contracts

Describe:

OCFS, to strengthen its internal controls, has recently begun systematically performing a risk assessment and subsequent monitoring its grants.

☑ Tracking systems to ensure reasonable and allowable costs

Describe:

The Child Care Time and Attendance System (CCTA) is used in conjunction with the Benefit Issuance and Control System (BICS) and the Welfare Management System (WMS) to authorized care, track actual attendance, make payments and process claims

for each LDSS. CCTA maintains rate tables, children's age, special needs status, providers national accreditations, district specific choices, state market rates, contract provisions and other factors used to determine the correct rate. The system calculates payments by determining rates using these factors in conjunction with duration of care, determined by applying federal and state rules and regulations. Parent fees are calculated and applied to payments following selected options from each LDSS Child and Family Services Plan. Recently enhancements were added to CCTA for a homeless payment differential and to better standardize and define non-traditional hour of care. CCTA also includes a district level report that identifies provider billing as a percentage of the state Market Rate. Another report provides attendance by provider. Both of these reports have been used as a basis for targeted audits of attendance and billing practices.

☐ Other

Describe:

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Effective Date: 10/01/2018

☑ Conduct a risk assessment of policies and procedures

Describe:

OCFS through the CCDF Improper Payment Review, audits and follow-up corrective action plans (CAP) has identified some specific areas of risk. Examples include lack of reported absences for young children in provider settings outside the home, throughout the state, significant changes to the minimum wage landscape in the New York City (NYC) Metropolitan area in the past few years and additional requirement relating to family circumstances (e.g., homelessness), differential payments and health and safety requirements.

☑ Establish checks and balances to ensure program integrity

Describe:

OCFS as part of the CAP referenced below, expects the state's largest district to begin

using the state's Child Care Time and Attendance System (CCTA) during this plan cycle. This system possesses many features and edits lacking in the district's current system. It will integrate with the New York City Automated Child Care Information System (ACCIS). CCTA is utilized throughout a vast majority of the rest of the state and is integrated with the state's Child Care Facility System and Welfare Management System (WMS). CCTA assists in checking that state policies relating to hours of child care provided, absences, current status of provider licenses, registrations, or enrollments and payment at appropriate rates are followed. In addition, reporting on CCTA utilization provides the opportunity to analyze changes in LDSS usage which suggests the needs for further investigation or need for technical assistance.

☑ Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

OCFS is closely monitoring its largest district under a corrective action plan. One of this CAP's requirements is that the district conduct 100 case eligibility reviews each month. The CAP also required an outside monitor to conduct an eligibility audit for a six-month period. The CAP also requires additional training using as well as a LEAN initiative. OCFS conducts regular meetings with this district management. OCFS also has a CAP with another large district which requires the evaluation of payment rates for all its child care providers for an 18-month period. The CCDF Improper Payment Review is being conducted. Additional audits of districts throughout the rest of the state will be initiated based on a risk assessment that will include the results of the review.

☐ Other

Describe:

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may

not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

☑ Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe

The Welfare Management System (WMS) provides OCFS and district workers with information regarding TANF, NYS Safety-Net, Medicaid, Food Stamps, UIB, quarterly NYS tax and SSI. Many districts also have access to SSA information through SOLQ including OASDI. The NYS Office of Temporary and Disability Assistance performs many matches shared with local social services districts including Automated Finger Imaging System (AFIS), Intentional Program Violation (IPV), PARIS, National Directory of New Hires (NDNH) Front End Detection System (FEDS) and Eligibility Verification Review (EVR).

☑ Run system reports that flag errors (include types).

Describe:

The Child Care Time and Attendance System (CCTA) provides reports that can be manually run by LDSS staff and identify anomalous attendance information. These reports have been used to identify providers that should be evaluated more intensively. Information from these reports can be shared by LDSS with the OCFS Regional Office responsible for licensing and registration or the enrollment agency and may be used as a basis for a regulatory complain related to capacity. This information, in combination with inspection reports can be used in targeted audits to find significant billing issues.

☑ Review enrollment documents and attendance or billing records

Describe:

Audit districts records to determine if provider billing rates used in payments are supported by documentation and appropriate per regulations.

☐ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

☑ Audit provider records.

Describe:

Provider records are typically audited based on concerns identified through previous audits, licensing issues, complaints or unusual billing data. Areas of concern may be related to health and safety including criminal background processes, billing (rate and attendance) practices and district payments. Results of audits may include withholding of funds to districts, referrals to law enforcement and corrective action plans. Local districts are generally responsible to obtain remittance of funds from provider.

☑ Train staff on policy and/or audits.

Describe:

Lead Agency staff and sub-recipients have access to the OCFS Website that provides access to the most recent Child Care Participant Manual, state child care regulations and issue policy changes. Information Letters (INF), Local Commissioner Memorandum (LCM) and Administrative Directives are issued regularly and distributed through the internet and by email. OCFS offers on-site training regularly to its staff and to local district staff. An INF is issued after each CCDF Improper Payment Review reporting on the findings. Follow-up meeting with districts with significant findings are scheduled and when necessary targeted audits or "mock audits" to simulate the Improper Payment review are conducted.

☑ Other

Describe:

The New York City Human Resources Administration routinely matches Public Assistance data from WMS NYC to ACCIS. WMS statewide data is routinely matched to Social Security Administration (SSA)_data to verify the validity of the social security number and related demographic data.

New York City is in the process of implementing CCTA. The first pilot is currently scheduled for late 2018. CCTA will improve the city's compliance with federal and state requirements and significantly improve documentation while reducing the need for many manual tasks currently performed by its staff. The system will also provide numerous analytics that can be used to improve the detection of fraud and abuse detection. Since CCTA will be used statewide, a more unified training curriculum can be used and system updates based on changing requirements do not need to be changed in two separate systems.

b) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.

☑ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

WMS provides OCFS and district workers with information regarding TANF, NYS Safety-Net, Medicaid, Food Stamps, UIB, quarterly NYS tax and SSI. Many districts also have access to SSA information through SOLQ including OASDI. The NYS Office of Temporary and Disability Assistance performs many matches shared with local social services districts including Automated Finger Imaging System (AFIS), Intentional Program Violation (IPV), PARIS, National Directory of New Hires (NDNH) Front End Detection System (FEDS) and Eligibility Verification Review (EVR).

☑ Run system reports that flag errors (include types).

Describe:

CCTA flags the number of payments overridden. WMS allows districts to identify what other services the client receives and if the client is in receipt of services in another district.

☑ Review enrollment documents and attendance or billing records

Describe:

Audit districts records to determine if provider billing rates used in payments are supported by documentation and appropriate per regulations.

☐ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

☑ Audit provider records.

Describe:

Provider records are typically audited based on concerns identified through previous audits, licensing issues, complaints or unusual billing data. Areas of concern may be related to health and safety including criminal background processes, billing (rate and attendance) practices and district payments. Results of audits may include withholding of funds to districts and corrective action plans. Local districts are generally responsible to obtain remittance of funds from provider.

☑ Train staff on policy and/or audits.

Describe:

Lead Agency staff and sub-recipients have access to the OCFS Website that provides access to the most recent Child Care Participant Manual, state child care regulations and issue policy changes. Information Letters (INF), Local Commissioner Memorandum (LCM) and Administrative Directives are issued regularly and distributed through the internet and by email. OCFS offers on-site training regularly to its staff and to local district staff. An INF is issued after each CCDF Improper Payment Review reporting on the findings. Follow-up meeting with districts with significant findings are scheduled and when necessary targeted audits or "mock audits" to simulate the Improper Payment review are conducted.

☑ Other

Describe:

In addition to flagging errors, CCTA help to prevent unintentional program violations through enforcement of NYS regulations regarding financial eligibility, payment of the lower of Market Rate or billed amount and payment of rate differentials for homelessness, non-traditional hours and nationally accredited programs as specified in the districts CFS plan.

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

☑ Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

WMS provides OCFS and district workers with information regarding TANF, NYS Safety-Net, Medicaid, Food Stamps, UIB, quarterly NYS tax and SSI. Many districts also have access to SSA information through SOLQ including OASDI. The NYS Office of Temporary and Disability Assistance performs many matches shared with local social services districts including Automated Finger Imaging System (AFIS), Intentional Program Violation (IPV), PARIS, National Directory of New Hires (NDNH) Front End Detection System (FEDS) and Eligibility Verification Review (EVR).

☑ Run system reports that flag errors (include types).

Describe:

CCTA and the Child Care Program Integrity System (CCPI) run reports that identify unusual patterns.

☑ Review enrollment documents and attendance or billing records

Describe:

Audit districts records to determine if provider billing rates used in payments are supported by documentation and appropriate per regulations.

☐ Conduct supervisory staff reviews or quality assurance reviews.

Describe:

☑ Audit provider records.

Describe:

Provider records are typically audited based on concerns identified through previous audits, licensing issues, complaints or unusual billing data. Areas of concern may be related to health and safety including criminal background processes, billing (rate and attendance) practices and district payments. Results of audits may include withholding

of funds to districts and corrective action plans. Local districts are generally responsible to obtain remittance of funds from provider.

☑ Train staff on policy and/or audits.

Describe:

Lead Agency staff and sub-recipients have access to the OCFS Website that provides access to the most recent Child Care Participant Manual, state child care regulations and issue policy changes. Information Letters (INF), Local Commissioner Memorandum (LCM) and Administrative Directives are issued regularly and distributed through the internet and by email. OCFS offers on-site training regularly to its staff and to local district staff. An INF is issued after each CCDF Improper Payment Review reporting on the findings. Follow-up meeting with districts with significant findings are scheduled and when necessary targeted audits or "mock audits" to simulate the Improper Payment review are conducted.

☑ Other

Describe:

The state/lead agency initiated a corrective action plan (CAP) of a large district to address deficiencies identified in the 2013-14 CCDF Improper Payment review. The New York City Human Resources Administration routinely matches Public Assistance data from WMS NYC to ACCIS. WMS statewide date is routinely matched to Social Security Administration (SSA) data to verify the validity of the social security number and related demographic data.

New York City is in the process of implementing CCTA. The first pilot is currently scheduled for late 2018. CCTA will improve the city's compliance with federal and state requirements and significantly improve documentation while reducing the need for many manual tasks currently performed by its staff. The system will also provide numerous analytics that can be used to improve the detection of fraud and abuse detection. Since CCTA will be used statewide, a more unified training curriculum can be used and system updates based on changing requirements do not need to be changed in two separate systems.

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

☐ Recover through repayment plans.

Describe:

☐ Reduce payments in subsequent months.

Describe:

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

☑ Other

Describe:

Require that LDSSs reverse claims (federal payments) related to the improper payment. In addition, in early 2016 OCFS designed and implemented an automated fraud detection system known as CCPI (Child Care Program Integrity) that uses data mining and predictive analytics to identify potential cases of child care subsidy fraud. This was done in an effort to enhance the integrity of the child care subsidy program. The technical solution was provided at no cost to all Social Services Districts who administer the subsidy program outside of New York City, to assist them in identifying potential fraud cases for investigation. CCPI runs on a monthly basis and produces a ranked list of cases based on probability, as a result of potential indicators of fraud being identified in the data that is analyzed. CCPI also provides all of the background data in a drill down format, including payment data and potential fraud amounts. OCFS continues to work to support the implementation and on-going use of this technical solution at the district level and has recently developed an on-site training and technical assistance program to support it. Most recoveries are processed by the state's 59 districts (sub-recipients). In addition to districts reversing improper federal claims, districts typically refer significant Intentional Program Violations or fraud to local, state or federal criminal investigatory agencies. In New York City, by far the largest local district in the state, the NYC Department of Investigations is typically the agency contacted. Outside of New York City referrals are often made to the New York State Welfare Inspector General or to local district attorney offices. Additionally, many districts have created fraud investigation units for various forms of social service fraud.

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

☐ Recover through repayment plans.

Describe:

☐ Reduce payments in subsequent months.

Describe:

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

☑ Other

Describe:

Require that districts reverse claims (federal payments) related to the improper payment. We are also requiring one district on a corrective action to make significant payments to providers as restitution for payments identified in an audit. This audit was conducted as a result of information gathered during the 2013-14 CCDF Improper Payment review.

c) Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

☐ Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

☐ Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

☐ Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

☐ Reduce payments in subsequent months.

Describe:

☐ Recover through state/territory tax intercepts.

Describe:

☐ Recover through other means.

Describe:

☐ Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

☑ Other

Describe:

OCFS communicates through various methods to local regional staff, LDSS providers and clients. State websites include links to state policies, procedures and regulations. Clarification of policies and procedures are distributed through both the OCFS Website and through administrative directives, local commissioner memorandum, information letters and state and district training sessions. Regional office staff interact with districts as a regular component of their workdays.

OCFS addresses improper payments caused by agency errors through the requirement that districts file claims adjustments against CCDF grants and restitution is made to injured parties in the case of underpayments. OCFS may require

enforcement of a corrective action plan (CAP) and subsequent audits to test compliance with the requirements of the CAP.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

Effective Date: 10/01/2018

☐ Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

☐ Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

☐ Prosecute criminally.

Describe:

☑ Other.

Describe:

LDSS. NYS regulations prescribe actions including client and provider sanctions, recoupments and disqualifications. Some of these actions are listed below:

•With the exception of child care services authorized as a child protective or child preventive service, a recipient or former recipient of child care services who has been convicted of or has voluntarily admitted to, on or after May 15, 2004, fraudulently receiving child care services is subject to a disqualification from the child care subsidy program.

•A recipient or former recipient who has been convicted of or has voluntarily admitted to fraudulently receiving child care services on or after May 15, 2004, and the child care services unit for which he or she is a member, are disqualified from receiving child care services for periods of time varying from six months to five years determined by the dollar amount of the fraud and by the number of convictions or admission of fraudulently

receiving child care.

•The failure of a family receiving child care services to pay the family share for such services established by the or to cooperate with such LDSS to develop an arrangement satisfactory to the district to make full payment of all delinquent family shares constitutes an appropriate basis for suspending or terminating such child care services in accordance with the procedures set forth in state regulations.

•A family share also may be required of any family to recoup an overpayment for a child care services regardless of whether any member of the family is receiving public assistance.

•A person convicted of a felony or misdemeanor against children or, for caregivers of legally-exempt family child care, whose household includes an individual convicted of such a crime may not be enrolled by a legally-exempt caregiver enrollment agency as a child care caregiver.

•A LDSS may disqualify a provider from receiving payment for child care services provided under the child care subsidy program if a provider: (a) is criminally convicted of fraud; (b) is found to be civilly liable for fraud; (c) has voluntarily admitted to filing a false claim for reimbursement for child care services; (d) has been disqualified from the Child and Adult Care Food Program, by the New York State Department of Health and/or its sponsoring agency, for submission of false information on the application, submission of a false claim for reimbursement or failure to keep required records on the application, submission of a false claim for reimbursement or failure to keep required records; (e) has failed to comply with the terms of a repayment plan with the LDSS, or (f) has a conviction of any activity that occurred in the past seven (7) years that indicated a lack of business integrity; or (g) has been found by a LDSS, after the LDSS has conducted an administrative review to have submitted a false claim(s) to a LDSS for reimbursement.

•Overpayments for child care services resulting from payment for aid continuing for a caretaker who loses a fair hearing must be recovered as prescribed in regulations.

•New York State Office of Children and Family Services (OCFS) also maintains regional offices that monitor child care provider licensing and assess the health and safety of provider sites. These offices may suspend provider licensing under certain circumstances. OCFS also conducts periodic local district audits which often address both client and provider eligibility. Districts are instructed to redress audit overpayments, typically through recoupment, and to adjust district fund claiming as required. OCFS and local districts refer cases to local and or state law enforcement (e.g., New York City Department of Investigation, NYS Office of the Welfare Inspector General, local district

attorneys) in cases of suspected criminal activity based on threshold that vary by jurisdiction.

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

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

☑ **Appendix A.1:** In-state criminal registry or repository checks with fingerprints requirements for existing staff. (See related question at 5.4.1 (b))

Describe the provision from which the state/territory seeks relief.

OCFS seeks relief for in-state criminal registry or repository checks with fingerprint requirements for existing legally-exempt staff. OCFS is currently in partial compliance with this requirement, as it already conducted in-state criminal repository checks with fingerprints for all existing staff at licensed and registered programs.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The issuance of this waiver will allow OCFS to focus on streamlining the in-state criminal repository checks with fingerprints for prospective legally-exempt staff, which began September 25, 2019. OCFS will begin screening the existing legally-exempt population on October 1, 2019 and has developed a phased-in approach in its rollout plan to do so. OCFS will be able to address any challenges encountered in screening the prospective legally-exempt population, which will improve the delivery of child care services when screening the existing legally-exempt population. OCFS anticipates completing the existing legally-exempt population by September 30, 2020.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Existing legally-exempt providers that would be covered by this waiver were required to disclose criminal history for themselves and any employees, volunteers, and adult household members as a condition of enrollment. Additionally, a number of counties require a local criminal background check and/or verification of attestation information as part of an additional standard, and many existing legally-exempt providers in those counties also went through that process and obtained a positive result prior to enrollment. Therefore, it is believed that the health, safety, and well-being of children

served will not be compromised as a result of the waiver.

☑ **Appendix A.2:** In-state sex offender registry requirements for existing staff. (See related question at 5.4.2 (b))

Describe the provision from which the state/territory seeks relief.

OCFS seeks relief for in-state sex offender registry checks for existing licensed and registered staff, and existing staff at legally-exempt group programs. OCFS is currently in partial compliance with this requirement, as it already conducted in-state sex offender registry checks for all existing legally-exempt staff at informal child care programs.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The issuance of this waiver will allow OCFS to focus on streamlining the in-state sex offender registry checks for new (prospective) staff, which began September 25, 2019. OCFS will begin screening the existing population on October 1, 2019 and has developed a phased-in approach in its rollout plan to do so. OCFS will be able to address any challenges encountered in screening the prospective population, which will improve the delivery of child care services when screening the existing population. OCFS anticipates completing the existing population by September 30, 2020.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Existing licensed and registered staff that would be covered by this waiver have already completed NYS criminal background checks, criminal history attestations, and a search of the Statewide Central Register of Child Abuse and Maltreatment and the Justice Center for Vulnerable Person's Staff Exclusion List. Therefore, it is believed that any offense likely to be on the New York State Sex Offender Registry would already have been known. Existing legally-exempt group providers that would be covered by this waiver were required to disclose criminal history, child abuse/maltreatment, and removal of a child/termination of parental rights information as a condition of enrollment. Additionally, New York City requires a local criminal background check as part of an additional standard, and existing legally-exempt group providers there also went through that process and obtained a positive result prior to enrollment. Therefore, it is believed that the health, safety, and well-being of children served will not be compromised as a

result of the waiver.

☑ **Appendix A.3:** In-state child abuse and neglect registry requirements for existing staff. (See related question at 5.4.3 (b))

Describe the provision from which the state/territory seeks relief.

OCFS seeks relief for in-state child abuse and neglect registry checks for existing volunteers at home-based licensed and registered programs and legally-exempt staff. OCFS is currently in partial compliance with this requirement as it already conducted in-state child abuse and neglect registry requirements for all existing licensed and registered center-based staff, and all operators, employees and adult household members at home-based licensed and registered programs.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The issuance of this waiver will allow OCFS to focus on streamlining the in-state child abuse and neglect registry checks for prospective legally-exempt staff and prospective volunteers at home-based licensed and registered programs, which began September 25, 2019. OCFS will begin screening the existing legally-exempt population and existing volunteers at home-based licensed and registered programs on October 1, 2019 and has developed a phased-in approach in its rollout plan to do so. OCFS will be able to address any challenges encountered in screening the prospective legally-exempt and home-based licensed and registered volunteer population, which will improve the delivery of child care services when screening the existing legally-exempt and home-based licensed and registered volunteer population. OCFS anticipates completing the existing population by September 30, 2020.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Existing legally-exempt providers that would be covered by this waiver submitted an attestation indicating whether or not they and all employees, volunteers and adult household members have ever been the subject of an indicated abuse/maltreatment report, and whether or not they have had a child removed from their care and/or their parental rights terminated as a condition of enrollment. For legally-exempt informal providers, a search of the local child welfare database was also conducted to verify this information. Additionally, counties have the option to include such a verification search as

an additional standard for legally-exempt providers, and the following 15 counties currently do: Broome, Clinton, Columbia, Cortland, Greene, Ontario, Orange, Rensselaer, Saratoga, Schoharie, Seneca, Steuben, Tompkins, Wayne, and Westchester. Last, existing individuals at legally-exempt informal providers were already checked against the New York State Sex Offender Registry. Current (existing) volunteers at home-based licensed and registered programs that would be covered by this waiver cannot be left unsupervised with children in care. Therefore, it is believed that the health, safety, and well-being of children served will not be compromised as a result of the waiver.

☑ **Appendix A.4:** National FBI fingerprint search requirements for existing staff. (See related question at 5.4.4 (b))

Describe the provision from which the state/territory seeks relief.

OCFS seeks relief from the National FBI fingerprint search requirement for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The issuance of this waiver will allow OCFS to focus on streamlining the FBI checks with fingerprints for new (prospective) staff, which began September 25, 2019. OCFS will begin screening the existing population on October 1, 2019 and has developed a phased-in approach in its rollout plan to do so. OCFS will be able to address any challenges encountered in screening the prospective population, which will improve the delivery of child care services when screening the existing population. OCFS anticipates completing the existing population by September 30, 2020.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

NYS has already screened existing staff at licensed and registered child care providers against the NYS criminal history database (which information is maintained on a "search and retain" basis to alert of new information). Additionally, existing staff already disclosed criminal history information at the time of licensure/registration, enrollment or starting at the program, which information was further evaluated. Counties also have the option to submit approval for a wide range of additional standards that it deems appropriate to protect the health and safety of children in care, and a number of counties have opted to do so for a local criminal background check. The counties are responsible for

implementing and monitoring such standards. Therefore, it is believed that the health, safety, and well-being of children served will not be compromised as a result of the waiver.

☑ **Appendix A.8:** Interstate criminal registry or repository check for existing staff. (See related question at 5.4.6 (b))

Describe the provision from which the state/territory seeks relief.

OCFS seeks relief from the interstate criminal registry or repository check requirements for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The issuance of this waiver will allow OCFS to focus on streamlining the interstate criminal repository checks for new (prospective) staff, which began September 25, 2019. OCFS began screening the existing population on October 1, 2019 and has developed a phased-in approach in its rollout plan to do so. OCFS will be able to address any challenges encountered in screening the prospective population, which will improve the delivery of child care services when screening the existing population. OCFS anticipates completing the existing population by September 30, 2020.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Existing staff already disclosed criminal history information at the time of licensure/registration, enrollment or starting at the program, which information was further evaluated. Therefore, it is believed that the health, safety, and well-being of children served will not be compromised as a result of the waiver.

☑ **Appendix A.10:** Interstate sex offender registry or repository check for existing staff. (See related question at 5.4.7 (b))

Describe the provision from which the state/territory seeks relief.

OCFS seeks relief from the interstate sex offender registry or repository check requirements for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The issuance of this waiver will allow OCFS to focus on streamlining the interstate sex offender checks for new (prospective) staff, which began September 25, 2019. OCFS began screening the existing population on October 1, 2019 and has developed aphased-in approach in its rollout plan to do so. OCFS will be able to address any challenges encountered in screening the prospective population, which will improve the delivery of child care services when screening the existing population. OCFS anticipates completing the existing population by September 30, 2020.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Existing staff at licensed and registered programs have already undergone in-state criminal background checks, the Statewide Central Register of Child Abuse and Maltreatment database, and the Justice Center for Vulnerable Person's Staff Exclusion List database. New York also has procedures in place for existing legally-exempt providers that required disclosure of criminal history, child abuse and maltreatment, and termination of parental rights or court-ordered removal of a child information. Additionally, the New York State sex offender registry was checked for individuals at legally-exempt informal child care providers. Counties also have the option to submit approval for a wide range of additional standards that it deems appropriate to protect the health and safety of children in care, and many counties have done so and thus subjected legally-exempt providers to additional standards prior to enrollment. The counties are responsible for implementing and monitoring such standards. Therefore, it is believed that the health, safety, and well-being of children served will not be compromised as a result of the waiver.

☑ **Appendix A.12:** Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))

Describe the provision from which the state/territory seeks relief.

OCFS seeks relief from the interstate child abuse and neglect registry check requirement for existing staff.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The issuance of this waiver will allow OCFS to focus on streamlining the interstate child abuse and neglect registry checks for new (prospective) staff, which began September

25, 2019. OCFS began screening the existing population on October 1, 2019 and has developed a phased-in approach in its rollout plan to do so. OCFS will be able to address any challenges encountered in screening the prospective population, which will improve the delivery of child care services when screening the existing population. OCFS anticipates completing the existing population by September 30, 2020.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Existing staff at licensed and registered programs have already undergone in-state criminal background checks, the Statewide Central Register of Child Abuse and Maltreatment database, and the Justice Center for Vulnerable Person's Staff Exclusion List database. New York also has procedures in place for existing legally-exempt providers that required disclosure of criminal history, child abuse and maltreatment, and termination of parental rights or court-ordered removal of a child information. For legally-exempt informal providers, a search of the local child welfare database is also conducted to verify this information. Last, counties have the option to include such a verification search as an additional standard for legally-exempt providers, and 15 counties currently do. Therefore, it is believed that the health, safety, and well-being of children served will not be compromised as a result of the waiver.

☑ **Appendix A. 13:** New staff hired to work provisionally until background checks are completed. (See related question at 5.4.9)

Describe the provision from which the state/territory seeks relief.

New York originally issued regulations to require all background checks to be approved before employees and volunteers could begin work unless they had companion interstate checks. We received overwhelming public comment requesting that New York allow for provisional employment to provide relief to the field to ensure that programs remain in ratio. Programs have expressed that any delay in onboarding staff immediately creates significant operational impacts in the ability to serve families. New York requests that prospective directors, employees and volunteers at licensed/registered programs and employees and volunteers at legally-exempt group programs be able to begin provisionally after they have submitted prints for FBI fingerprint check, but before the results are received. Such employees will need to remain supervised (in a direct line of sight) at all times by an individual who has been fully cleared by the comprehensive background clearance process.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

New York estimates there are 220,000 individuals that will need a background check prior to September 30, 2020. As of April 6, 2020, on average it takes approximately 18 days to fully clear an individual through to approval. Currently, there are over 28,000 individuals in process, including 12,000 that are new individuals seeking emergency employment. By enacting this provisional employment provision, these 30,000 individuals could begin working immediately under supervision, instead of waiting up to three weeks. This will support program stability. Otherwise, a delay creates a barrier that could result in the reduction in the total number of children that can be served in a community.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

Staff hired to begin work provisionally will be supervised by cleared staff at all times. Provisional staff will never be alone with children.

OCFS staff have access to OCFS's regulatory database of record and can view the date when the fingerprints were submitted. This is a web-based system and it is real time. Licensors are also able to view the background check status of each individual as cleared or not cleared, both pre and post CCDBG implementation. Therefore, compliance can be determined if an individual has a "complete background application" status and is allowed to work provisionally and is under the direct supervision of an individual who has cleared the comprehensive background check. If an individual is found to be working without a completed status and/or without direct supervision of an individual who has cleared the background check requirements, the program will be cited for noncompliance with state background check regulations.

New staff allowed to work provisionally will ensure that staff/child ratios are met and that supervision is sufficient to ensure the health safety and well-being of children in care